ANXIETY AMONG ORPHANS TOWARDS EXAM IN CALICUT ORPHANAGE, KOLATHARA, CALICUT

PLAKAT SREESHA

11PSW04

A THESIS SUBMITTED TO THE

AVINASHILINGAM INSTITUTE FOR HOME SCIENCE AND HIGHER EDUCATION FOR WOMEN;COIMBATORE

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE

MASTER'S DEGREE IN SOCIAL WORK.

THE DEPARTMENT OF HOME SCIENCE EXTENSION EDUCATION

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6.5.13
Signature of the Head of the Department

M. Kasthuri
Signature of the Guide

CERTIFICATE

CERTIFICATE

This is to certify that the dissertation entitled **"ANXIETY AMONG ORPHANS TOWARDS EXAM IN CALICUT ORPHANAGE, KOLATHARA, CALICUT "** submitted to the Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore-641043, in partial fulfillment of the requirements for the award of the **DEGREE OF MASTER OF SOCIAL WORK** is a record of original research work done by **PALKAT SREESHA**, during the period of the study in the department of Home Science Extension Education, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore-641043, under my supervision and guidance, has not formed the basis for the award of any Degree/Diploma/Associate ship/ Fellowship or similar title to any other university.

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TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Mrs.Plakat Sreesha,** MSW student of Avinashilingam Deemed University for Women, Coimbatore has successfully completed her Project Work Training in our Orphanage from 01-12-12 to 06-12-12.

During this period her conduct and character were good.

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INTRODUCTION

INTRODUCTION

Psychiatric Social Work is a specialized branch of social work which concerns with theoretical as well as clinical work and the knowledge of psychiatry which primarily deals with problems of the mind and associated disorders. The essential purpose of psychiatric social work is to serve the people with problems of the mind and/or with behavior problems or precisely the problems of mind and brain. It has grown as a result of the need felt for people who are mentally or emotionally disturbed. These people could be helped more effectively by understanding their social and/or environmental factors responsible for the problems of mind and brain in their management. Anxiety is one among such problem faced by all people in their life where they seek the help of Psychiatric Social Worker (Talwar, 2013).

Anxiety reaction is the most common form of Psychoneurosis occurring among individuals possessing above average intelligence. The word Anxiety is derived from the Latin “Anxietas” (to choke, throuttle, trouble and upset) and encompasses behavioral, affective and cognitive responses to the perception of danger. In moderation, anxiety stimulates an anticipatory and adaptive response to challenging or stressful events. Anxiety is as much a part of life as eating and sleeping. Under the right circumstances, anxiety is beneficial. It heightens alertness and readies the body for action. Faced with an unfamiliar challenge, a person is often spurred by anxiety to prepare for the upcoming event. For example, many people practice speeches and study for tests as a result of mild anxiety. Likewise, anxiety or fear and the urge to flee are a protection from danger (Hurlock,2008).

According to Hallam (1992), anxiety is a word used in everyday conversation, and refers to a complex relationship between a person and his

situation. It may refer to a) the behavior of a person b) appraisal of the responses and their effect c) his intensions towards a situation and d) his evaluation of the resources available for dealing with it. Ross (1998) defined anxiety as, series of symptoms, which arise from faculty adaptations to the stresses and strains of life. It is caused by overaction in an attempt to meet these difficulties

Anxiety is a term used to describe uncomfortable and unpleasant feeling that's an individual experiences when in stressful or fearful situations. The root meaning of the word Anxiety is "to vex or trouble" in either presence or absence of psychological stress, anxiety can create feeling of fear, worry, uneasiness and dread (www.wikipedia.org/wiki/Anxiety).

Larsen and Buss (2003) viewed that anxiety is an unpleasant state, which acts as a signal that things are not right and something must be done. It is a signal that control of the ego is being threatened by reality, by impulses from the id, or by harsh controls exerted by the superego. Such anxiety might be expressed as physical symptoms, such as a rapid heartbeat, sweaty palms, and irregular breathing. A person in this state might also feel herself on the verge of panic. Regardless of the symptoms displayed, a person whose desires are in conflict with reality or with internalized morals will appear more anxious in such a situation.

Page (2007) opened that anxiety is a painful uneasiness of the mind concerning impending or anticipated ill: it represents a danger or threat within the individual rather than an external danger. It is a psychological and physiological state characterized by somatic, emotional, cognitive, and behavioral components. Anxiety is a normal emotional state that all experience at various times in our lives. It is closely related to fear, which is another normal and necessary emotion that everyone should experiences. But Anxiety should not be confused with fear, it is

more dreaded feeling about something which appears intimidating and can overcome an individual. It often a diffuse, unpleasant, and uncomfortable feeling of apprehension, accompanied by one or more bodily sensations that characteristically recurs in the same manner in the person. It is an alerting signal that warns an individual of imminent danger and enables him to take measures to deal with it.

In Anxiety, the disturbing stimulus doesn't physically precede or accompany the emotional state but is anticipated or expected to occur in the future. The response to this anticipated danger or threat is comprehension, uneasiness, or foreboding from which the person cannot immediately escape. Even more important, anxiety is accompanied by a sense of helplessness due to the person feeling blocked and unable to find a solution to his problem.

There is no single set of biological or psychological process that defines anxiety and it is also not possible to consider anxiety purely in objective terms, that is, as a state of the organism. This is because the concept of anxiety is used differently by different people and even the same person may use anxiety differently on different occasion (Baron, 2001).

Anxiety differs from fear and worry, though it develops from them, it is vaguer than fear. Unlike fear it does not come from a present situation which can be perceived but from some situation the person anticipates. Anxiety is more often stimulated by qualities within the person than by external stimuli. Frequently, the person is unaware of the conditions within himself which make him uneasy. Like worry, anxiety is generally due to imaginary, often irrational, causes rather than real ones. Anxiety differs from worry, however in two important respects. First, worry is related to specific situations, such as examinations, parties, or money

problems, while anxiety generalized emotional state; second, worry comes from an objective problem while anxiety comes from some subjective problem (Hurlock, 2008).

There are broadly two ways of conceptualizing Anxiety; Behavioral and Non-Behavioral when anxiety is defined from Behavioral perspectives, it is taken as a set of responses involving a combination of cognitive and psychological responses as well as the external stimuli and related situation. This physiological state of anxiety is associated with increased activation of the sympathetic pathways of the automatic nervous system and prepares the body for vigorous muscular activity. It usually includes a) Accelerated heart beat and increase in the blood volume being pumped with each beat b) Sweating , which triggers a rise in skin conductivity c) rapid respiration d) Inhibition of salivation , stomach contractions , digestive secretions and e) dilation of pupils and inhibition of tear glands. These reactions are often expressed by the patients as “trembling”, “pounding heart”, “knot in the stomach”, and so on. They are accompanied by a rise in muscular tension throughout the body resulting in fatigue. From the non behavioral perspective, anxiety is understood, either in terms of stimulus situation which may give rise to anxiety, or as a trait or characteristics of the individual’s personality.

Anxiety manifests itself differently in different persons. In some, it has an effect on the cardiovascular system (palpitations, sweating), in others on the gastro intestinal system (nausea, vomiting, diarrhea) or genitourinary system (increased urination frequency). In addition to these manifestations, anxiety may be seen in muscle tension or spasms, head ache or a wry neck (Veeraraghavan and Shalini, 2002).

Causes of Anxiety

Anxiety disorders may be caused by environmental factors, medical factors, genetics, brain chemistry, substance abuse, or a combination of these. It is most commonly triggered by the stress in our lives. Usually anxiety is a response to outside forces, but it is possible that we make ourselves anxious with "negative self-talk" - a habit of always telling ourselves the worst will happen.

Environmental and external factors

Environmental factors that are known to cause several types of anxiety include:

- Trauma from events such as abuse, victimization, or the death of a loved one
- Stress in a personal relationship, marriage, friendship, and divorce
- Stress at work
- Stress from school
- Stress about finances and money
- Stress from a natural disaster
- Lack of oxygen in high altitude areas

Medical factors

Anxiety is associated with medical factors such as anemia, asthma, infections, and several heart conditions. Some medically-related causes of anxiety include:

- Stress from a serious medical illness
- Side effects of medication
- Symptoms of a medical illness

- Lack of oxygen from emphysema, or pulmonary embolism (a blood clot in the lung)

Substance use and abuse

It is estimated that about half of patients who utilize mental health services for anxiety disorders such as Generalized Anxiety Disorder (GAD), panic disorder, or social phobia are doing so because of alcohol or benzodiazepine dependence. More generally, anxiety is also know to result from:

- Intoxication from an illicit drug, such as cocaine or amphetamines
- Withdrawal from an illicit drug, such as heroin, or from prescription drugs like Vicodin, benzodiazepines, or barbiturates

Genetics

A family history of anxiety increases the likelihood that a person will develop it. That is, some people may have a genetic predisposition that gives them a greater chance of suffering from anxiety disorders.

Brain chemistry

People with abnormal levels of certain neurotransmitters in the brain are more likely to suffer from generalized anxiety disorder. When neurotransmitters are not working properly, the brain's internal communication network breaks down, and the brain may react in an inappropriate way in some situations *(*www.medicalnewstoday.com/info/anxiety/what-causes-anxiety.php).

Prototypical situations

- Loss of a desired object
- Loss of Love
- Loss of identity
- Loss of Love for Self (Frager and Fadiman, 2000).

Ways to Diagnose Anxiety

A psychiatrist, clinical psychologist, or other mental-health professional is usually enlisted to diagnose anxiety and identify the causes of it. The physician will take a careful medical and personal history, perform a physical examination, and order laboratory tests as needed. There is no one laboratory test that can be used to diagnose anxiety, but tests may provide useful information about a medical condition that may be causing physical illness or other anxiety symptoms.

To be diagnosed with generalized anxiety disorder (GAD), a person must:

- Excessive worry and anxious about several different events or activities on more days than not for at least six months
- Find it difficult to control the worrying
- Have at least three of the following six symptoms associated with the anxiety on more days than not in the last six months: restlessness, fatigue, irritability, muscle tension, difficulty sleeping, difficulty concentrating

Generally, to be diagnosed with GAD, symptoms must be present more often than not for six months and they must interfere with daily living, causing the sufferer to miss work or school. If the focus of the anxiety and worry is confined to a particular anxiety disorder, GAD will not be the diagnosis. For example, a physician may diagnose panic disorder if the anxiety is focused on worrying about

having a panic attack, social phobia if worrying about being embarrassed in public, separation anxiety disorder if worrying about being away from home or relatives, anorexia nervosa if worrying about gaining weight, or hypochondriasis if worrying about having a serious illness. Patients with anxiety disorder often present symptoms similar to clinical depression and vice-versa. It is rare for a patient to exhibit symptoms of only one of these.
*(*www.medicalnewstoday.com/info/anxiety/what-causes-anxiety.php*).*

Ways to Overcome Anxiety

There are two general ways to decrease the Anxiety. The first is to deal with the situation directly. Person resolves the problem, they overcome obstacles, either confront to run from threats and come to terms with problems to minimize their impact. In these ways we are working to eliminate difficulties, lowering the changes of their future recurrence, and also decreasing the prospects of additional anxiety in future.

The alternative approach defends against by opposing and denying the situation itself. The ego protects the whole personality against the threat by falsying the nature of the threat. The ways in which the distortion is accomplished are called the Defense Mechanism (Frager and Fadiman, 2000).

A well balanced mind, one that is free from anxiety, is achieved by having a strong ego. It is the ego that balances the competing forces of the id, on the one hand, and the super ego on the other (Varma, 2000).

Based on the above knowledge an attempt is made to study "Anxiety among Orphan towards Exam" in Calicut Orphanage, Kolathara, Calicut with the following objectives: To

- Understand the personal profile of the Orphans.
- Analyze the anxiety level of orphans towards exams.
- Measures taken to overcome the Anxiety.

REVIEW OF LITERATURE

II REVIEW OF LITERATURE

The review of literature pertaining to the study entitled **"Anxiety among Orphans towards Exam in Calicut Orphanage, Kolathara, Calicut"** is discussed under the following heads:

F. Anxiety Disorder
G. Reasons for Anxiety Disorder
H. Assessment for Anxiety Disorder
I. Treatment for Anxiety Disorder
J. Related studies.

A. Anxiety Disorder

In the words of Feldman (2006) all of us, at time or another, experience anxiety, a feeling of apprehension or tension, in reaction to stressful situations. There is nothing "wrong" with such anxiety. Without some anxiety, for instance, most of us probably would not be terribly motivated to study hard, undergo physical exams, or spend long hours at jobs. But some people experience anxiety for no clear reason. When anxiety occurs without external justification and begins to affect a person's daily functioning, it is considered a psychological problem known as an anxiety disorders. It is a category of disorders whose hallmark is intense and pervasive anxiety and fear, or extreme attempts to avoid these feeling.

Children, adolescents, and adults experience anxiety in different forms; this is visible in some and can be inferred in others from their physiological and psychological responses. Anxiety also varies in frequency and intensity in different persons, often in response to the same stimulus. While anxiety may drive some towards positive action, in others it may lead to non-action, almost paralyzing them by its overwhelming presence. A certain amount of anxiety is considered essential

to get a person to perform at his/her highest levels of efficiency and productivity, but beyond a point it adversely affects both these. Thus, anxiety may be a positive or negative condition in a person though it generally originates as a symptom of psychiatric disorder. In anxiety disorders, the frequency and intensity of anxiety responses are out of proportion to the situations that trigger them, and the anxiety interferes with daily life (Passer and Smith 2007).

Anxiety disorders are the most common of all mental disorders. About one out of every four adults has an anxiety disorder sometime in their life and about one out of every ten people currently has an anxiety disorder. They are more common in women and can affect children and adults. Many people misunderstand these disorders and think they can get over them on their own (i.e., without treatment). This is usually not the case. Fortunately, there are many treatments available today to help the affected people.
(bodyandhealth.canada.com/channel_condition_info_details.asp)

Types of Anxiety Disorder:

There are many types of anxiety disorders that include panic disorder, obsessive compulsive disorder, post-traumatic stress disorder, social anxiety disorder, specific phobias, and generalized anxiety disorder.

- **Panic Disorder**

This is characterized by discrete episodes of acute anxiety. The panic attacks occur recurrently every few days. There may or may not be an underlying generalized anxiety disorder. The episode is usually sudden in onset, lasts for a few minutes and is characterized by very severe anxiety. Classically the symptoms begin unexpectedly or ‘out-of-the-blue’. Usually there is no apparent precipitating

factor, though some patients report exposure to phobic stimuli as a precipitant. The life time prevalence of panic disorder is 1.5-2%, with 3-4% reporting subsyndromal panic symptoms (i.e. panic symptoms not severe enough to qualify for panic disorder). Panic disorder is seen usually seen about 2-3 times more often in females. Panic disorder can present either alone or with agoraphobia (Ahuja, 2011).

- **Obsessive-Compulsive Disorder (OCD)**

Obsessive-compulsive disorder is marked by the presence of obsessions, either alone or in combination with compulsions. Obsessions are recurrent and persistent thoughts, impulses, or images that feel intrusive and inappropriate, and that are difficult to suppress or ignore. These are more than excessive worries about real problems, and may cause significant anxiety and distress. Common obsessions involve thoughts of contamination, repeated doubts, the need to have things in a certain order or aggressive or horrific impulses. Compulsions are repetitive behaviors or mental acts that some individuals feel driven to perform in response to an obsession. Examples of compulsive behaviors are washing in response to thoughts of contamination, checking, ordering and counting. Some people with Obsessive-compulsive disorder believe that a dreaded event will occur if they do not perform their ritual of checking, ordering and so on, but these compulsions are not realistically connected to what they are trying to ward off, at least not the frequency and duration with which the compulsion occurs (Kosslyn and Rosenberg, 2004).

- **Post-traumatic stress disorder (PTSD)**

Post-traumatic stress disorder is a condition that can develop following a traumatic and/or terrifying event, such as a sexual or physical assault, the unexpected death of a loved one, or a natural disaster. People with Post-traumatic stress disorder often have lasting and frightening thoughts and memories of the event and tend to be emotionally numb. It involves bursts of anxiety that happen after a person experiences a major emotional shock following a stressful event i.e. a trauma (wsww.beyondblue.org.au/index.aspx?link_id=90.615).

- **Social Anxiety Disorder**

Social phobias involve a fear of interacting with others or being in a social situation and are some of the most common phobias people experience. People with social phobia are afraid of being evaluated in some negative way by others, so they tend to avoid situations that could lead to something embarrassing or humiliating. They are very self-conscious as a result. Common types of social phobia are stage fright, fear of public speaking and fear of urinating in a public restroom. Not surprisingly, people with social phobias often have a history of being shy as children (Ciccarelli and Meyer, 2008).

- **Specific Phobia**

In a specific phobia, the person's fear, anxiety and avoidance are focused on particularly objects, activities, or situations. People affected by phobia recognize that their fears are unreasonable, but they cannot control them. Specific phobias can be linked to nearly any object or situation. Almost everyone has a few mild phobias, such as fearing heights, closed spaces, or bugs and crawly things.

- **Generalized anxiety disorder**

Generalized anxiety disorder is a chronic (ongoing) state of diffuse, or free-floating, anxiety that is not attached to specific situations or objects. The anxiety may last for months, with the signs almost continually present. This disorder can markedly interfere with daily functioning, even if the symptoms are not continually present for the 6 months required for a formal diagnosis. The person might find it hard to concentrate, to make decisions, and to remember commitments. One large scale study found that 5 percent of people between the ages of 15 and 45 reported having experienced the symptoms of generalized anxiety disorder. Onset tends to occur in childhood and adolescence (Levitt, 2006).

Symptoms of Anxiety disorders:

- **Physical Symptoms:** Motoric Symptoms- Fearful, Restlessness, Muscle twitches, Fearful facial expression. Autonomic and Visceral Symptoms- Flushes, Dyspnoea, Hyperventilation, Constriction in the chest, Dry mouth, Frequency and hesitancy of micturition, Dizziness, Diarrhoea, Mydriasis.
- **Psychological Symptoms**
  - Cognitive Symptoms- Poor concentration, Distractibility, Hyper arousal, Vigilance or scanning, Negative automatic thoughts
  - Perceptual Symptoms- Derealisation, Depersonalization
  - Affective Symptoms- Diffuse, unpleasant, and vague sense of apprehension, Fearfulness, Inability to relax, Irritability, Feeling of impending doom
  - Other Symptoms- Insomnia, Increased sensitivity to noise, Exaggerated startle response (Ahuja, 2011).

B. Reasons for Anxiety Disorder:

Anxiety disorders are forged over years of experiences. Anxiety is a complex phenomenon having biological, psychological, and environmental causes. The causes of anxiety disorders in children and adolescents are by no clear means. It is probable that anxiety disorders are resultant of multiple factors which interact with each other in complex ways. Different anxiety disorders result from different combinations of influences.

- **Biological Factors**

Genetic factors may create a vulnerability to anxiety disorders. Where clinical levels of anxiety concerned, identical twins have a accordance rate (i.e., if one twin has it, so does the other) of about 40 percent for anxiety disorders, compared with a 4 percent concordance rate in fraternal twins (Carey and Gottesman, 1981).

According to Barlow (2002) a leading expert on anxiety disorders, suggest that genetically caused vulnerability may take the form of an autonomic nervous system that overreact to perceived threat, creating high levels of physiological arousal. Hereditary factors may also cause over reactivity of neurotransmitter systems involved in emotional responses.

- **Psychological factors**

Psychological factors are also associated with anxiety disorder symptoms. Individuals prone to anxiety sensitivity may misinterpret bodily cues. Common psychological symptoms may be misinterpreted has a significant or dangerous problems, and this may lead to fear and anxiety symptoms. Other psychological

aspects common to anxiety disorders include the emotion of anxiety associated cognitions related to the threat of harm and behaviors related to preventing, avoiding or escaping anticipated. For example, an individual may suffer with panic attacks and misinterpret the increased heart rate, chest discomfort, and lightning headedness as symptoms of heart attack or stroke. Concerns about having the next episode can lead to anticipatory anxiety and perhaps avoidance of a place or a situation with an attack, where escape may be deemed as difficulty and impossible task (Vanin and Helsley, 2008).

- **Environmental Factors**

Of course, even in those with a genetic component, most believe that environment plays a triggering role in anxiety disorders and in some cases may cause anxiety disorders by themselves. In these cases, environment includes everything that is not genetic. According to a study of monozygotic twins (identical twins) and dizygotic twins (fraternal twins), monozygotic twins – who both share the same DNA – were twice as likely to develop anxiety disorders than fraternal twins, but in each of these cases their genetics did not guarantee an anxiety disorder, which indicates that environment still plays a role. It's also strongly believed that men and women can develop anxiety disorders from the environment alone. This is supported by the idea that anxiety can be treated without any medicine or surgery, indicating that a great deal of mental health is forged by life experiences. Common environmental causes of anxiety includes:

- **Stress**

There are certainly some very serious causes of anxiety disorders. But simple life stress is easily one of the most common reasons that people develop

anxiety. Stress – especially long term stress, like one would experience in a job they disliked or in a relationship that was emotionally damaging – appears to create anxiety disorders. How people react to stress and cope with stress plays a significant role in ability to prevent stress from causing an anxiety disorder, and many of those that suffer from persistent stress for an extended period of time find that the anxiety and stress doesn't leave them, even if the stressful situation goes away.

- **Upbringing/Life Experiences/Parenting**

Life is forged on millions of experiences, and each of these experiences can promote or prevent developing an anxiety disorder. People can learn anxiety from parents, simply by watching the way they react to fear when they are younger. They can become fearful as a result of bullying, or can develop anxiety because they are worried about school, teachers, classmates – anxiety disorders are either forged or prevented in nearly every life experience they had, sometimes in small ways and sometimes in much larger ways (Rynn at al., 2012).

- **Trauma**

Specific traumas may also lead to the development of anxiety disorders. This is especially common in those with Post-traumatic stress disorder, but may also affect those with generalized anxiety disorder, panic disorder, social phobia, and more. Trauma early in life has the potential to have serious, long term repercussions that may lead to anxiety later in life.

- **Change**

Change can actually lead to anxiety disorders as well. Some people adapt to change quickly, but many others do not. This includes smaller changes, like a new job or a new home, or larger changes, like the loss of a loved one, a divorce, or a significant move. Change puts people in an emotional place that feels unfamiliar, and that unfamiliarity can lead to significant stress and ultimately the creation of an anxiety disorder (Hyman amd Pedrick, 2007).

- **Abuse/Neglect**

As children and as adults, abuse and neglect can also lead to the creation of anxiety disorders. Some psychologists point to a person's childhood as the sole creator of anxiety, and often believe that abuse and neglect play significant roles. But in reality, some form of abuse and neglect can occur at any time. Those in emotionally damaging relationships, for example, often find that the emotional instability these relationships create ultimately ends up leading to anxiety. Both abuse and neglect can create very powerful responses, and anxiety is one of these responses. Anxiety could have been created in childhood as a result of the way that parents raised. But it also may have been created by smaller interactions that had over the course of life, each one reinforcing the anxiety experienced. Psychologists will often try to work with people to discover the origin of anxieties, but in some cases the answer may never be known, because it may have developed over the course of years of minor experiences that ultimately left you feeling more anxious (www.calmclinic.com/anxiety/causes).

C. Assessment for Anxiety Disorder:

A physical examination and medical and personal history is essential. Because anxiety accompanies so many medical conditions, some serious, it is extremely important for the doctor to uncover any medical problems or medications that might underlie or be masked by an anxiety attack. The patient should describe any occurrence of anxiety disorders or depression in the family and mention any other contributing factors, such as excessive caffeine use, recent life changes, or stressful events. It is very important to be honest with the doctor about all conditions, including excessive drinking, substance abuse, or other psychological or mood states that might contribute to, or result from, the anxiety disorder. Diagnosing children with an anxiety disorder can be very difficult, since anxiety often results in disruptive behaviors that overlap with attention-deficit hyperactivity or oppositional disorder. Other conditions with symptoms similar to anxiety disorders include pervasive developmental disorders such Asperser syndrome, learning disabilities, bipolar disorder, and depression. Many children have anxiety disorder and a co-occurring condition, which should be treated along with anxiety (Spielberger 2001).

If symptoms of an anxiety disorder are present, the doctor will begin an evaluation by asking the questions about the medical history and perform a physical exam. Although there are no lab tests to specifically diagnose anxiety disorders, the doctor may use various tests to look for physical illness as the cause of the symptoms. If no physical illness is found, the patient may be referred to a psychiatrist or psychologist, mental health professionals who are specially trained to diagnose and treat mental illnesses. Psychiatrists and psychologists use specially designed interview and assessment tools to evaluate a person for an anxiety disorder. The doctor bases his or her diagnosis on the patient's report of the

intensity and duration of symptoms including any problems with daily functioning caused by the symptoms and the doctor's observation of the patient's attitude and behavior. The doctor then determines if the patient's symptoms and degree of dysfunction indicate a specific anxiety disorder (www.webmd.com/anxiety-panic/.../mental-health-anxiety-disorders).

D. Treatment of Anxiety Disorders:

In general, anxiety disorders are treated with medication, specific types of psychotherapy, or both. Treatment choices depend on the problem and the person's preference. Before treatment begins, a doctor must conduct a careful diagnostic evaluation to determine whether a person's symptoms are caused by an anxiety disorder or a physical problem. If an anxiety disorder is diagnosed, the type of disorder or the combination of disorders that are present must be identified, as well as any coexisting conditions, such as depression or substance abuse. Sometimes alcoholism, depression, or other coexisting conditions have such a strong effect on the individual that treating the anxiety disorder must wait until the coexisting conditions are brought under control (Liebert at al., 1998).

People with anxiety disorders who have already received treatment should tell their current doctor about that treatment in detail. If they received medication, they should tell their doctor what medication was used, what the dosage was at the beginning of treatment, whether the dosage was increased or decreased while they were under treatment, what side effects occurred, and whether the treatment helped them become less anxious. If they received psychotherapy, they should describe the type of therapy, how often they attended sessions, and whether the therapy was useful.Often people believe that they have "failed" at treatment or that the treatment didn't work for them when, in fact, it was not given for an adequate length of time or was administered incorrectly. Sometimes people must try several

different treatments or combinations of treatment before they find the one that works for them (Ditomasso and Gosch, 2002).

- **Medication**

Medication will not cure anxiety disorders, but it can keep them under control while the person receives psychotherapy. Medication must be prescribed by physicians, usually psychiatrists, who can either offer psychotherapy themselves or work as a team with psychologists, social workers, or counselors who provide psychotherapy. The principal medications used for anxiety disorders are antidepressants, anti-anxiety drugs, and beta-blockers to control some of the physical symptoms. With proper treatment, many people with anxiety disorders can lead normal, fulfilling lives (Velotis, 2005).

- **Antidepressants**

Antidepressants were developed to treat depression but are also effective for anxiety disorders. Although these medications begin to alter brain chemistry after the very first dose, their full effect requires a series of changes to occur; it is usually about 4 to 6 weeks before symptoms start to fade. It is important to continue taking these medications long enough to let them work.

- **SSRIs**

Some of the newest antidepressants are called selective serotonin reuptake inhibitors, or SSRIs. SSRIs alter the levels of the neurotransmitter serotonin in the brain, which, like other neurotransmitters, helps brain cells communicate with one another. Fluoxetine (Prozac®), sertraline (Zoloft®), escitalopram (Lexapro®), paroxetine (Paxil®), and citalopram (Celexa®) are some of the SSRIs commonly prescribed for panic disorder, OCD, PTSD, and social phobia. SSRIs are also used

to treat panic disorder when it occurs in combination with OCD, social phobia, or depression. Venlafaxine (Effexor®), a drug closely related to the SSRIs, is used to treat GAD. These medications are started at low doses and gradually increased until they have a beneficial effect. SSRIs have fewer side effects than older antidepressants, but they sometimes produce slight nausea or jitters when people first start to take them. These symptoms fade with time. Some people also experience sexual dysfunction with SSRIs, which may be helped by adjusting the dosage or switching to another SSRI.

- **Tricyclics**

Tricyclics are older than SSRIs and work as well as SSRIs for anxiety disorders other than Obssesive Compulsive Disorder. They are also started at low doses that are gradually increased. They sometimes cause dizziness, drowsiness, dry mouth, and weight gain, which can usually be corrected by changing the dosage or switching to another tricyclic medication. Tricyclics include imipramine (Tofranil®), which is prescribed for panic disorder and Generalized anxiety disorder, and clomipramine (Anafranil®), which is the only tricyclic antidepressant useful for treating Obsessive Compulsive Disorder.

- **Monoamine oxidase inhibitors**

Monoamine oxidase inhibitors are the oldest class of antidepressant medications. The most commonly prescribed for anxiety disorders are phenelzine (Nardil®), followed by tranylcypromine (Parnate®), and isocarboxazid (Marplan®), which are useful in treating panic disorder and social phobia. People who take Monoamine oxidase inhibitors cannot eat a variety of foods and beverages (including cheese and red wine) that contain tyramine or take certain medications, including some types of birth control pills, pain relievers (such as

Advil®, Motrin®, or Tylenol®), cold and allergy medications, and herbal supplements; these substances can interact with Monoamine oxidase inhibitors to cause dangerous increases in blood pressure. The development of a new Monoamine oxidase inhibitors skin patch may help lessen these risks. Monoamine oxidase inhibitors can also react with SSRIs to produce a serious condition called "serotonin syndrome," which can cause confusion, hallucinations, increased sweating, muscle stiffness, seizures, changes in blood pressure or heart rhythm, and other potentially life-threatening conditions (Emilien at al., 2005).

- **Anti-Anxiety Drugs**

High-potency benzodiazepines combat anxiety and have few side effects other than drowsiness. Because people can get used to them and may need higher and higher doses to get the same effect, benzodiazepines are generally prescribed for short periods of time, especially for people who have abused drugs or alcohol and who become dependent on medication easily. One exception to this rule is people with panic disorder, who can take benzodiazepines for up to a year without harm. Clonazepam (Klonopin®) is used for social phobia and Generalized Anxiety Disorder, lorazepam (Ativan®) is helpful for panic disorder, and alprazolam (Xanax®) is useful for both panic disorder and Generalized Anxiety Disorder. Some people experience withdrawal symptoms if they stop taking benzodiazepines abruptly instead of tapering off, and anxiety can return once the medication is stopped. These potential problems have led some physicians to shy away from using these drugs or to use them in inadequate doses. Buspirone (Buspar®), an azapirone, is a newer anti-anxiety medication used to treat Generalized Anxiety Disorder. Possible side effects include dizziness, headaches, and nausea. Unlike benzodiazepines, buspirone must be taken consistently for at least 2 weeks to achieve an anti-anxiety effect.

- **Beta-Blockers**

Beta-blockers, such as propranolol (Inderal®), which is used to treat heart conditions, can prevent the physical symptoms that accompany certain anxiety disorders, particularly social phobia. When a feared situation can be predicted (such as giving a speech), a doctor may prescribe a beta-blocker to keep physical symptoms of anxiety under control (Lenkel, 2005).

- **Psychotherapy**

Psychotherapy involves talking with a trained mental health professional, such as a psychiatrist, psychologist, social worker, or counselor, to discover what caused an anxiety disorder and how to deal with its symptoms.

- **Cognitive-Behavioral Therapy**

Cognitive-behavioral therapy (CBT) is very useful in treating anxiety disorders. The cognitive part helps people change the thinking patterns that support their fears, and the behavioral part helps people change the way they react to anxiety-provoking situations. For example, Cognitive-behavioral therapy can help people with panic disorder learn that their panic attacks are not really heart attacks and help people with social phobia learn how to overcome the belief that others are always watching and judging them. When people are ready to confront their fears, they are shown how to use exposure techniques to desensitize themselves to situations that trigger their anxieties. People with Obsessive Compulsive Disorder who fear dirt and germs are encouraged to get their hands dirty and wait increasing amounts of time before washing them. The therapist helps the person cope with the anxiety that waiting produces; after the exercise has been repeated a number of times, the anxiety diminishes. People with social phobia may be encouraged to

spend time in feared social situations without giving in to the temptation to flee and to make small social blunders and observe how people respond to them. Since the response is usually far less harsh than the person fears, these anxieties are lessened. People Post-traumatic stress disorder with may be supported through recalling their traumatic event in a safe situation, which helps reduce the fear it produces. Cognitive-behavioral therapy therapists also teach deep breathing and other types of exercises to relieve anxiety and encourage relaxation (Gray and Zide, 2008).

Exposure-based behavioral therapy has been used for many years to treat specific phobias. The person gradually encounters the object or situation that is feared, perhaps at first only through pictures or tapes, then later face-to-face. Often the therapist will accompany the person to a feared situation to provide support and guidance. Cognitive-behavioral therapy is undertaken when people decide they are ready for it and with their permission and cooperation. To be effective, the therapy must be directed at the person's specific anxieties and must be tailored to his or her needs. There are no side effects other than the discomfort of temporarily increased anxiety. Cognitive-behavioral therapy or behavioral therapy often lasts about 12 weeks. It may be conducted individually or with a group of people who have similar problems. Group therapy is particularly effective for social phobia. Often "homework" is assigned for participants to complete between sessions. There is some evidence that the benefits of Cognitive-behavioral therapy last longer than those of medication for people with panic disorder, and the same may be true for Obsessive Compulsion Disorder, Post-traumatic stress disorder, and social phobia. If a disorder recurs at a later date, the same therapy can be used to treat it successfully a second time. Medication can be combined with psychotherapy for

specific anxiety disorders, and this is the best treatment approach for many people (www.nimh.nih.gov/.../anxiety-disorders/treatment-of-anxietysdisorders.shtml *).*

E. Related Studies

Eccles (2010) conducted a study on "Test Anxiety in Elementary and Secondary School Students" at Adrian School London, the sample size for the study was 120 students, and the data was collected by using the questionnaire. The study revealed that, Anxiety is posited to be a multidimensional construct that has roots in how parents react to children's early achievement strivings. Its ontogeny is tied to children's developing capacity to interpret their school performance relative to their previous performance, to the performance of other children, as well as to the increasingly strict evaluative practices children encounter as they move through school. Intervention strategies for alleviating anxious children's poor performance in evaluative situations are discussed. Important issues for future anxiety research are presented, including the need for new measures of children's anxiety and for a more thorough assessment of both individual differences in how students experience anxiety and the developmental course 0f the components of anxiety.

McDonald (2010) had conducted a study entitled "The Prevalence and Effects of Test Anxiety in School Children" it was done at St. Antony School Canada, the total number of the sample was 75 and the source of data collection was Interview schedule. The study reveals that, tests are identified as a major source of concern to many children, and the overall prevalence of test anxiety appears to be increasing, possibly due to increased testing in schools and pressures associated with this. Studies of children are generally in accordance with the wider

literature, namely that test anxiety impairs test performance, although this is moderated by individual differences and the testing environment.

Sovani (2008) conducted a study on "Test anxiety in Indian children: A cross-cultural perspective". Participants included 231 schoolchildren at Kolkata. Qualitative data were collected to examine culture-specific variables using structured focus groups and open-ended questions. Quantitative data were collected using translated and adapted versions of Spielberger's Test Anxiety Inventory and the Friedben Test Anxiety Scale. The study revealed that, test anxiety in Indian children from a cross-cultural perspective. Test anxiety has been studied extensively in western countries but much less so in eastern countries. Furthermore, the cross-cultural research conducted in eastern countries possesses significant limitations and continues to possess a western bias. Qualitative data indicated culture-specific elements of test anxiety in Indian youth, including the high stakes associated with exam performance and future schooling as well as the role of somatization and social derogation in the phenomenological experience of test anxiety.

Hembree (2008) conducted a study on "Correlates, Causes, Effects, and Treatment of Test Anxiety" the results of 562 studies were integrated by meta-analysis to show the nature, effects, and treatment of academic test anxiety. Effect sizes were computed through the method invented by Glass (Glass, McGaw, & Smith, 1981). Correlations and effect-size groups were tested for consistency and significance with inferential statistics by Hedges and Olkin (1985). The study revealed that, test anxiety causes poor performance. It relates inversely to students self-esteem and directly to their fears of negative evaluation, defensiveness, and other forms of anxiety. Conditions giving rise to differential test anxiety levels include ability, gender, and school grade level. A variety of treatments are effective

in reducing test anxiety. Contrary to prior perceptions, improved test performance and grade point average consistently accompany test anxiety reduction.

Sharma (2005) conducted a study on "A cross-cultural study of the test anxiety levels in Iranian and Indian students" at Himachal Pradesh University, India, this study compared the test anxiety levels of Iranian (N = 160) and Indian (N = 160) school and college students by using the Test Anxiety Scale, the study revealed that, significant main effects of Culture, Educational Level and Sex indicated that the Iranian students had higher Test Anxiety scores than their Indian counterparts, and females reported higher test anxiety than males. A significant Culture x Educational Level x Sex interaction revealed, however, that level of education had opposite effects within the Indian culture: Indian school females reported more test anxiety than their college counterparts; Indian college males had higher test anxiety than their school counterparts. Iranian school males and females both reported higher test anxiety than their college counterparts. Tricultural differences in the test anxiety levels of comparable student groups in Iran, India and the U.S. were interpreted as reflecting East-West cultural factors that influenced reactions to objective examinations, resulting in greater test anxiety in Eastern cultures.

Supon (2004) had conducted a study on "Test anxiety and student performance" at Delhi University, the sample size of the study was 180 and interview schedule was used for data collection, the study revealed that, in recent years, with the passage of legislations such as the No Child Left Behind Act, standardized testing has become an integral part of student learning from elementary school to high school levels. Due to the increase in testing, it is vital for educators, especially classroom teachers who are responsible for preparing the

students for these tests, to be aware of the impact of test anxiety of student performance.

Johnson (2002) conducted a study on "Cognitive Test Anxiety and Academic Performance" The impact of cognitive test anxiety as well as emotionality and test procrastination were subsequently evaluated on three course exams and students' self-reported performance on the Scholastic Aptitude Test for 168 undergraduate students. The study revealed that, higher levels of cognitive test anxiety were associated with significantly lower test scores on each of the three course examinations. High levels of cognitive test anxiety also were associated with significantly lower Scholastic Aptitude Test scores. Procrastination, in contrast, was related to performance only on the course final examination. Gender differences in cognitive test anxiety were documented, but those differences were not related to performance on the course exams. Examination of the relation between the emotionality component of test anxiety and performance revealed that moderate levels of physiological arousal generally were associated with higher exam performance. The results were consistent with cognitive appraisal and information processing models of test anxiety and support the conclusion that cognitive test anxiety exerts a significant stable and negative impact on academic performance measures.

Rashid (2000) conducted a study on "Problems Faced by Institutionalized Orphans in Anantnag, Srinagar". The study was conducted on a sample of 40 orphan children. Purposive sampling technique was used to select the sample and self designed interview schedule was used to collect the data. The study revealed that, majority of the respondents felt lonely in the institutions in the absence of home environment. It was found that the children generally get aggressive when they feel that caretakers as well as others do not look after them properly. It was

found that majority of the respondents are being given punishment in the institutions. Most of the relatives of the respondents do not visit the institution and it was also found that majority of the relatives do not take their wards home at all. It was depicted that most of the respondents felt that they did not have all the facilities available in their institution like in other normal schools. It was also found that the co-curricular activities available were not satisfactory. It was revealed that most of the respondents studying in the institution are being financed by the government; the funds made available are not sufficient to meet their expenditure fully. It was analyzed that majority of the respondents who felt upset get overwhelmed by emotions. Anxiety was found in almost all the respondents which are an alarm for the upcoming future.

RESEARCH METHODOLOGY

III RESEARCH METHODOLOGY

The methodology pertaining to the study entitled **"Anxiety among Orphans towards Exam in Calicut Orphanage, Kolathara, Calicut"** is presented under the following heading:

G. Selection of the Locale
H. Selection of the Sample
I. Selection of the Tool
J. Collection of Data and
K. Analysis and Interpretation

A. Selection of the Locale

The Locale selected for the study is Calicut Orphanage. Easy accessibility and co-operation were the reasons for the selection of the locale.

Calicut Orphanage is run by Calicut Islamic Cultural Society (CICS) which is charitable trust/ voluntary and welfare organization. The CICS runs 13 other institutions such as Calicut Higher Secondary School for Handicapped, C.I.C.S Residential Higher Secondary School, Sneha Mahal Special School Mentally Challenges, C.I.C.S College of Teacher Education, Calicut Orphanage Teacher Training Institute, Calicut Orphanage Private Industrial Training Institute, Calicut Orphanage High School, Calicut Orphanage L.P. School, C.I.C.S Medical and Community Dialysis Center etc. It was started in the year 1986. The society has deep- rooted tradition in social, cultural and educational spheres. The motto of the society is to uplift and rehabilitate of the destitute and the deprived children.

B. Selection of the Sample

Sampling may be defined as, the selection of part of an aggregate or totality on the basis of which a judgement or inference about the aggregate or totality is made (Saravanavel, 2007).

Simple Random Sample is one in which the parent population is not divided into different groups or strata. All units are treated on the same footing. Simple Random Sample method assigns an equal probability of inclusion in the sample to all units of the parent population (Sharma and Jain, 2004). Out of 163 Orphans, Fifty Orphans were randomly selected for the study.

C. Selection of the Tool

Researcher used Test Anxiety Scale as the tool for the study. This Scale was reproduced by Sarason I.G in 1980. Test Anxiety Scale is used access the anxiety level of students while attending an important test. This scale consists of 37 aspects. The score for the responses is estimated by True or False. A score of 12 or below ranks in the mild anxiety range. A score of 12-20 ranks in the moderate range. Any score above 20 signifies severe test anxiety. .

According to Kerlinger (2004) the interview is face to face inter personal situation in which the interviewer asks a person being interviewed, the respondents, questions, designed to obtain answer pertinent to research problem. Interview method was used for collecting required information from the respondents.

D. Collection of Data

Interview Schedule was administered to collect relevant information.

E. Analysis and Interpretation

Kothari (2005) revealed that the data after collection has to be processed and analyzed in accordance with the outline laid down for the purpose at the time of developing the research plan. Technically, processing implies, editing, coding and tabulation of collected data was over, it was consolidated and tabulated to the purpose of the study. Thus the collected information were analyzed and presented in the following chapter.

RESULTS AND DISCUSSION

IV RESULTS AND DISCUSSION

The results of the study entitled "**Anxiety among Orphans towards Exam in Calicut Orphanage, Kolathara, Calicut"** is discussed under the following heads,

F. Personal Profile of Orphans
G. Information regarding the Age of Joining the Orphanage
H. Information regarding Education
I. Information regarding Anxiety
J. Opinion of Respondent regarding the Orphanage

A. Personal Profile of Orphans

Table I explains the Personal profile of Orphans.

TABLE I

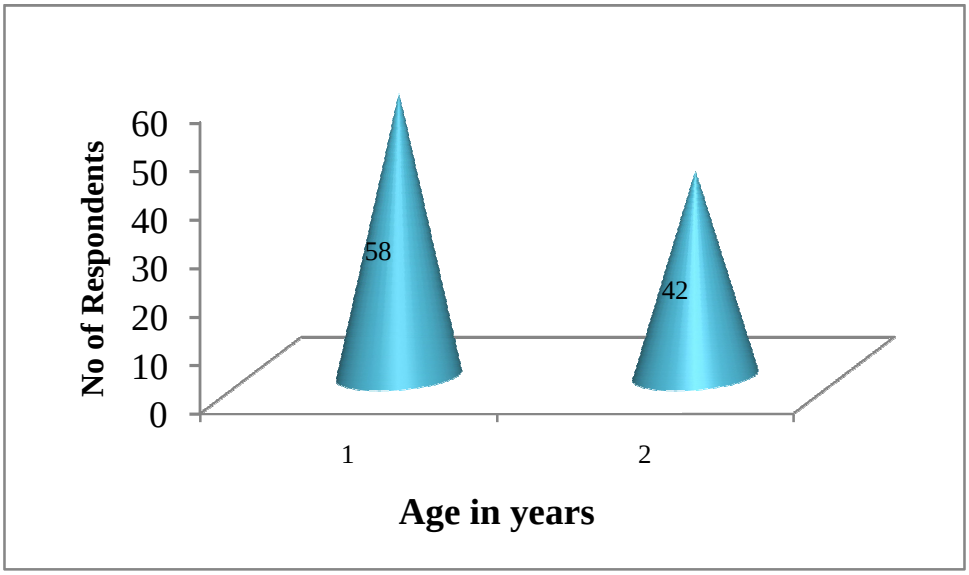
PERSONAL PROFILE OF ORPHANS

Age (in Years)	**No. of Respondents(N=50)** **Percentage**
15 and above	58
13-15	42

It is inferred from the above table that fifty eight percent of the boys belonged to the age group of 15 years and above and forty two percent of the respondents belonged to the age group of 13-15. All the respondents are the followers of Islam.

PERSONAL PROFILE OF ORPHANS

FIGURE I



1. 15 and above years
2. 13-15 years

B. Information regarding the Age of Joining the Orphanage

Table II reveals the Information regarding the age at which the respondents joined the Orphanage

TABLE II

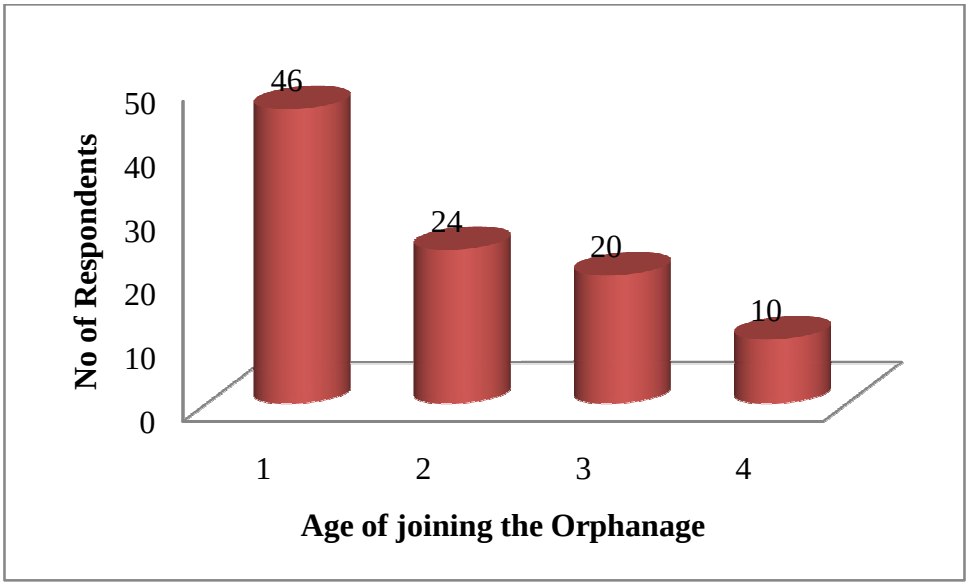
INFORMATION REGARDING THE AGE OF JOINING THE ORPHANAGE

Age of joining the Orphanage (in years)	**No. of the Respondents (N=50) Percentage**
9-12	46
5-8	24
13-15	20
0-4	10

Out of fifty respondents, forty six percent of the respondents joined the orphanage at the age of 9-12 years, twenty four percent of the respondents joined at the age of 5-8 years, twenty percent at the age of 13-15 years and remaining ten percent joined the orphanage at the age of 0-4 years.

INFORMATION REGARDING THE AGE OF JOINING THE ORPHANAGE

FIGURE II



1. 9- 12 years
2. 5-8 years
3. 13-15 years
4. 0-4 years

C. Information regarding Education

Table III shows the Information regarding Education pattern of the Orphanage.

TABLE III

INFORMATION REGARDING EDUCATION

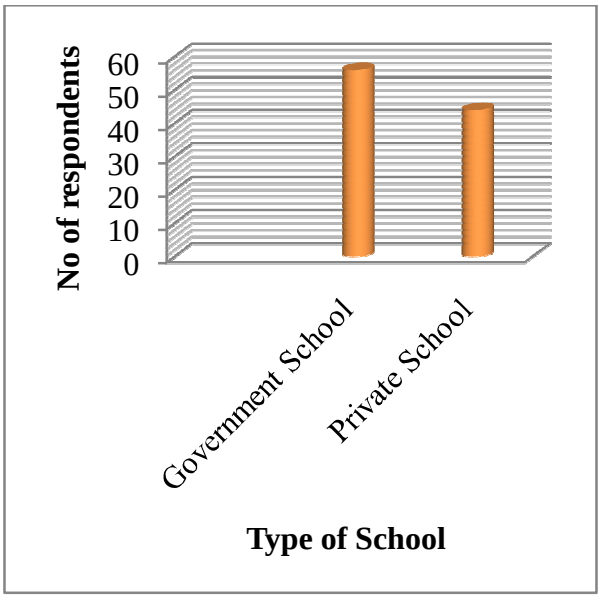
Aspects	**No. of Respondents (N=50)** **Percentage**
Type of School	
Government School	56
Private School	44
Type of Syllabus	
State Syllabus	60
Central Syllabus	40
Anxious about a subject	
Mathematics	40
Social Studies	28
Science	20
Languages	12

Out of 50 respondents, fifty six percent of respondents are placed in government school and remaining forty four percent of respondents in private school. Sixty percent of the respondents follow the state syllabus and remaining forty percent follow central syllabus. Forty percent of respondents revealed that mathematics is a hindrance, twenty eight percent respondents feel anxious about

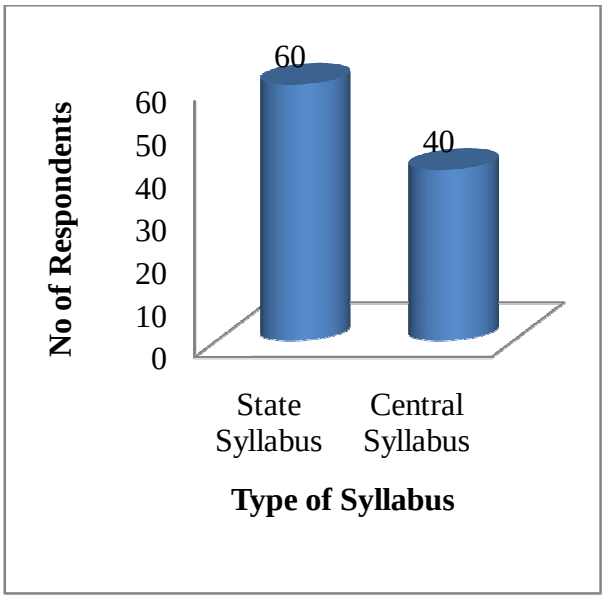
social studies it affected their learning ability, twenty percent respondents found difficulty to learn science and remaining twelve percent experienced anxiety during the language class, due to this they are unable to do their regular functions smoothly. Due to anxiety students felt uncomfortable and unpleasant feeling it resulted in stressful and fearful situation.

INFORMATION REGARDING EDUCATION

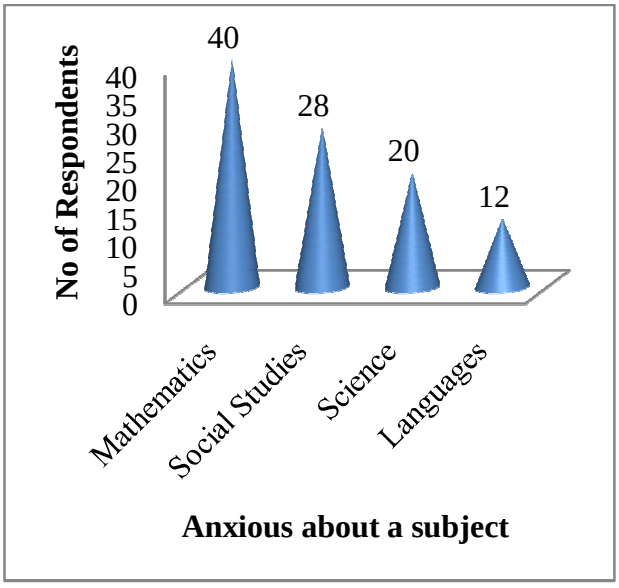
FIGURE III



Type of School



Type of Syllabus



Anxious about a subject

D. Information regarding Anxiety are

a) Information regarding Anxiety

b) Test Anxiety Scale

c) Aspects of Test Anxiety Scales

a) Information regarding Anxiety

Table IV reveals about the Anxiety level of Orphans towards the Exam

TABLE IV

INFORMATION REGARDING ANXIETY

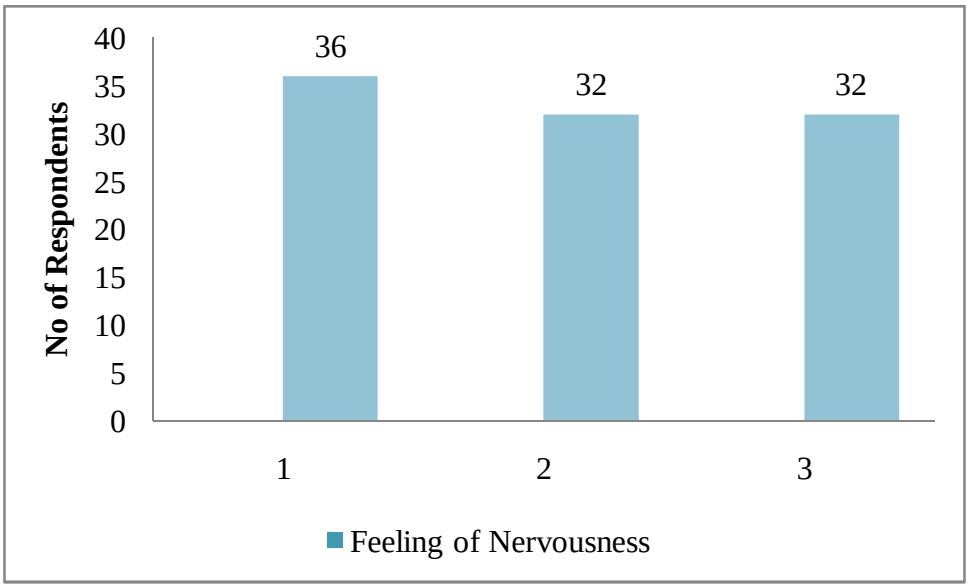
Feeling of Nervousness	**No of the Respondents (N=50)** **Percentage**
After Exam	36
Before Exam	32
At the Time of Exam	32

The above table reveals that thirty six percent of the respondents feel nervous after exam, thirty two percent of the respondents at the time of exam and remaining thirty two percent feel nervous before the exam.

Anxiety is an unpleasant state might be expressed as physical symptoms, such as rapid heartbeat, sweaty palms, and irregular breathing. There will be no co-ordination between the individuals stimulus and response.

INFORMATION REGARDING ANXIETY

FIGURE IV



1. After Exam
2. Before Exam
3. At the Time of Exam

b) Test Anxiety Scale

Table V reveals about the Test Anxiety of Orphans in Calicut Orphanage

TABLE V

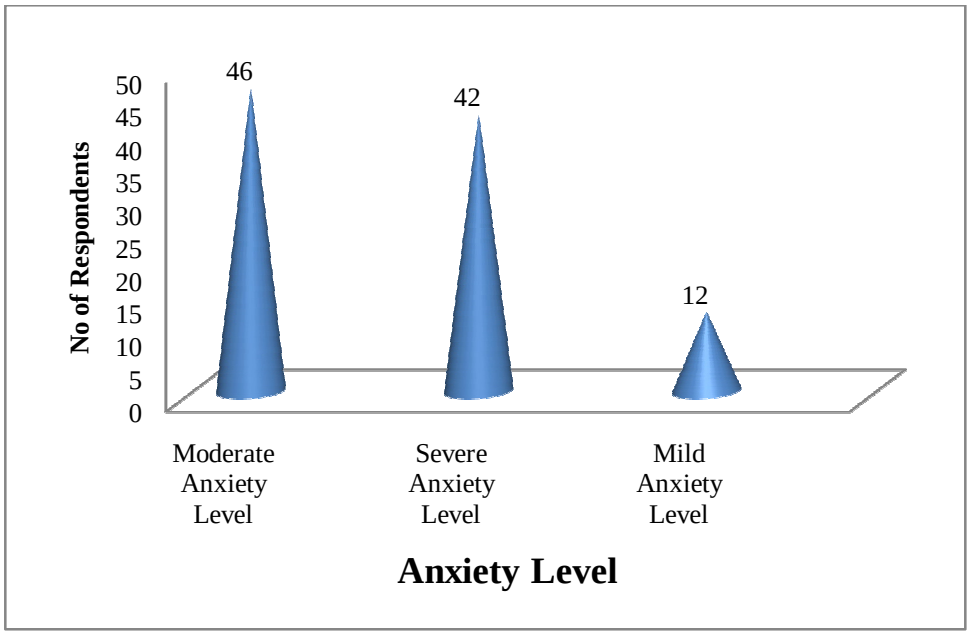
TEST ANXIETY SCALE

Test Anxiety	**No of Respondents (N=50)** **Percentage**
Moderate Anxiety Level(12 to 20)	46
Severe Anxiety Level(20 and above)	42
Mild Anxiety Level(12 and below)	12

The above table depicts that forty six percent of the respondents feel moderate anxiety (12 to 20) during the important test which enable the students to study well inorder to score good grade, forty two percent revealed that they had a severe anxiety due to which they forgot the answers which affect their performance and remaining twelve percent felt mild anxiety since the students consider examination as simple task which bring good results. Students who experience test anxiety tend to be distracted easily during the test, experience difficulty with comprehending the simple instructions, and have trouble in organizing or recalling relevant information.

TEST ANXIETY SCALE

FIGURE V



c) Aspects of Test Anxiety Scale

Table VI reveals all the aspects of Test Anxiety Scales

TABLE VI

ASPECTS OF TEST ANXIETY SCALE

Aspects	**No of Respondents (N=50)** **Percentage**	
While taking an important test	**True**	**False**
I think of the other brighter students.	46	54
I would worry a great deal before taking it.	30	70
I would feel confident and relaxed.	80	20
I perspire a great deal.	52	48
I think unrelated to the actual course material.	40	60
I feel Panicky.	48	52
I think of being failed.	40	60
After test, I am tensed that my stomach gets upset.	14	86
I freeze upon intelligence tests and final tests.	42	58

Depending upon my grade, my confidence does not seem to increase.	50	50
I feel that my heart beat is very fast.	44	56
After test, I feel that I would have done better.	78	22
I usually get depressed.	72	28
Before test, I feel uneasy and upset.	50	50
My emotional feelings do not interfere in my performance.	40	60
I frequently get so nervous that I forgot facts I really know.	54	46
I seem to defeat myself while working.	66	34
I get more confused on studying harder.	50	50
I try to stop worrying about test.	62	38
I wonder if I'll ever get through school.	36	64
I would rather write a paper than take a test for my grade in a course.	44	56

I wish test did not bother me so much.	64	36
I feel there should be no time limits.	30	70
I think I would actually learn more.	78	22
I take the attitude, that “If I don’t know it now, there’s no point in worrying about it”.	62	38
I really feel why people worry on test.	50	50
Thoughts of doing poorly interfere with my performance.	42	58
I do not study harder for my final test.	28	72
I feel anxious even when I am prepaid.	50	50
I do not take food before an important test.	24	76
I find my hands or arms trembling.	38	62
I seldom feel the need for “cramming”.	44	56

The university should recognize student's nervousness will affect their performance.	64	36
Test period must not be made such intense situation.	66	34
I feel uneasy just before getting a test paper back.	62	38
I dread courses where there is a habit of giving "pop" quizzes.	64	36

The above table reveals the aspects of Test Anxiety Scale and the respondents attitude towards the same. About 50 percent of the respondents felt that when compared with the other fellow students they themselves are not brighter, according to them writing test is the herculean task, they got tensed and forgot the answers during the test and consequently they had worried about the result. Most of the student used to freeze during the time of intelligence test. Their heartbeat will be upnormal which resulted in uneasiness and emotional upset so their performance is poor and they are depressed and nervous. During the test they become nervous and forgot the correct answers and some of the students felt that they got defeated at some subjects like mathematics, science, languages and they revealed that the hard work could not bring best result in the test. Time limit is another threat and it is a hindrance for writing the exam. The nervousness of the

students does not allow them to take food in time, so their hands were trembling and could not write the answers legibly and correctly so the students become tensed. The teachers had recognized that the poor performance is due to the fear and nervousness. Tests are identified as a major source of concern to many children, and the overall prevalence of test anxiety appears to be increasing, possibly due to increased testing in schools.

The above mentioned are reason for the anxiety since they felt even the simple test is a big task and found difficult in getting high marks which resulted in depression, so the level of anxiety is more. The condition for the high anxiety levels includes ability, type of school, parental care. Effective treatments such as Psychotherapy, Cognitive Behavioral therapy are used to reduce the anxiety level among students.

E. Opinion of Respondent regarding the Orphanage are

a) Facilities needed by Orphans
b) Relationship with fellow mates
c) Parental Love from the Official
d) Feeling while staying at Orphanage
e) Benefits from the facilities provided at Orphanage

a) Facilities needed by Orphans

Table VII depicts the views of the respondents towards facilities needed by Orphans

TABLE VII

FACILITIES NEEDED BY ORPHANS

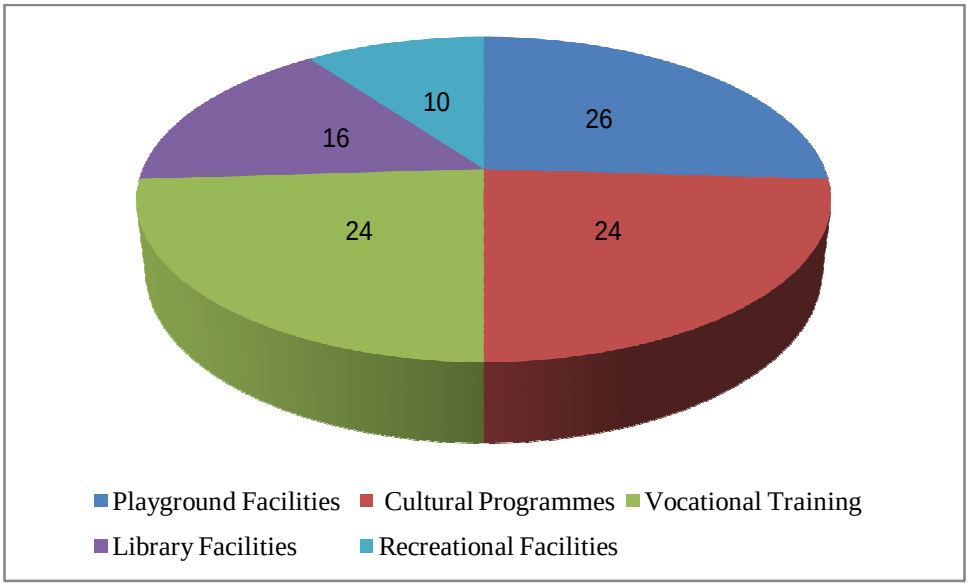
Facilities to be needed	**No of the Respondents (N=50)** **Percentage**
Playground Facilities	26
Cultural Programmes	24
Vocational Training	24
Library Facilities	16
Recreational Facilities	10

The facilities available at the Orphanage are Good Food, small playground, reading room etc. Apart from these the respondents expressed their additional needs such as Playground Facilities (26), Vocational training

(24), Cultural Programmes (24), Library Facilities (16) and Recreational Facilities (10).

FACILITIES NEEDED BY ORPHANS

FIGURE VII



b)Relationship with fellow mates

Table VIII explains the relationship which they maintain with their fellow mates in orphanage

TABLE VIII

RELATIONSHIP WITH FELLOW MATES

Relation with Fellow mates	No of the Respondents (N=50) Percentage
Cordial	50
Co-operative	32
Hostile	10
Non- Co-Operative	8

The above table depicted that fifty percent of the respondents had cordial relation with their fellowmates which means that they had a peaceful life in Orphanage; the other thirty two percent maintain co-operation with their fellowmates. The remaining ten percent respondents have a hostile and non-co-operative (8) which is a sign of unhealthy situation in Orphanage. The respondents revealed that they cannot be friendly because of lack of attention and love which make them antagonistic.

RELATIONSHIP WITH FELLOW MATES

FIGURE VIII

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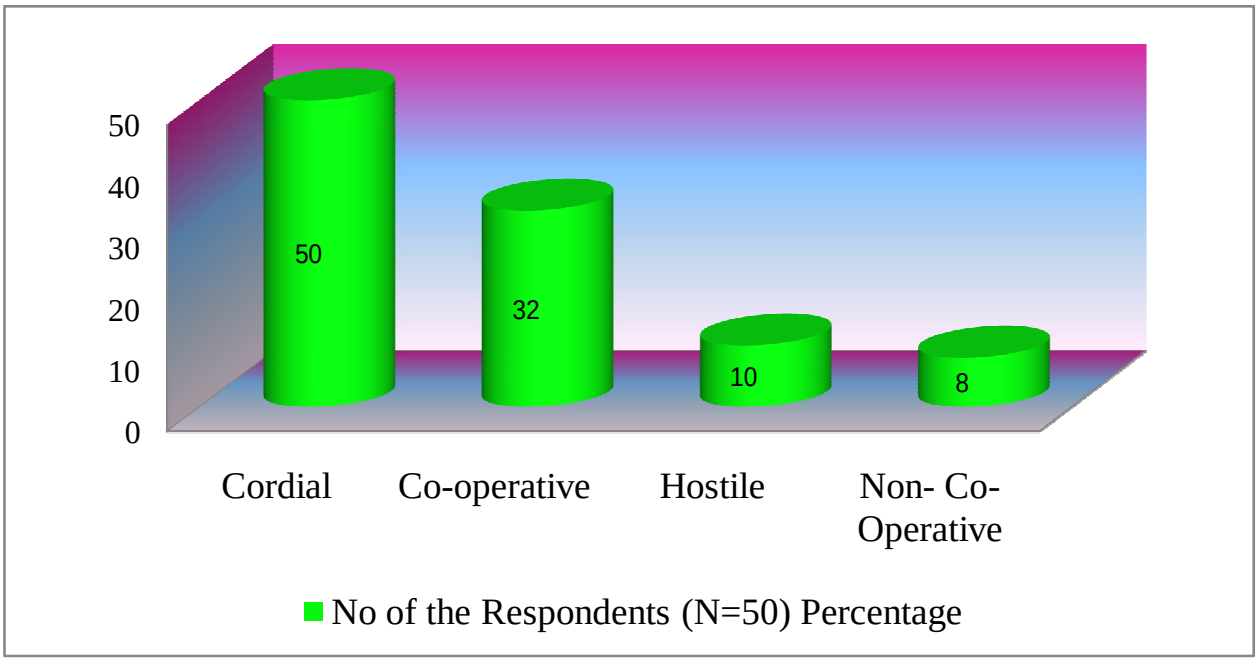


c)Parental love from the official

Table IX explains about the parental love which the respondents receive from the officials of the Orphanage.

TABLE IX

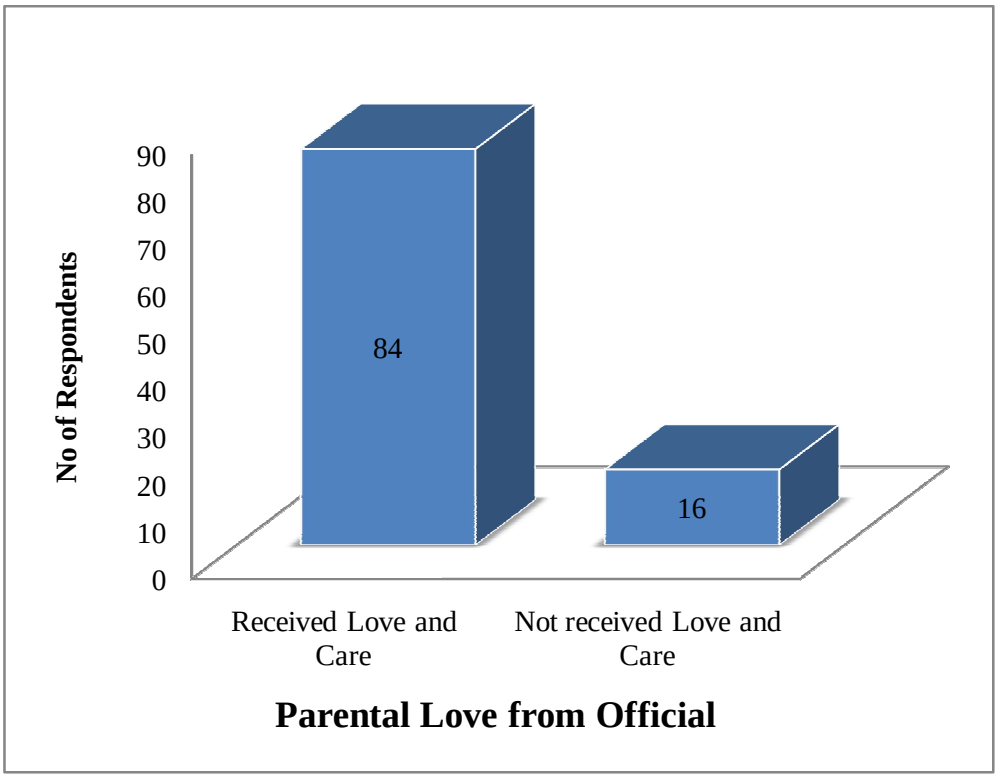
PARENTAL LOVE FROM THE OFFICIAL

Factor	**No of the Respondents (N=50)** **Percentage**
Received Love and Care	84
Not received Love and Care	16

Eighty four percent of the respondents felt that they had received a parental love from the official and remaining sixteen percent of the respondents did not receive the parental love and care from officials.

PARENTAL LOVE FROM THE OFFICIAL

FIGURE IX



d)Feeling while staying at orphanage

Table X shows about the feeling among the respondents when they stay at the Orphanage.

TABLE X

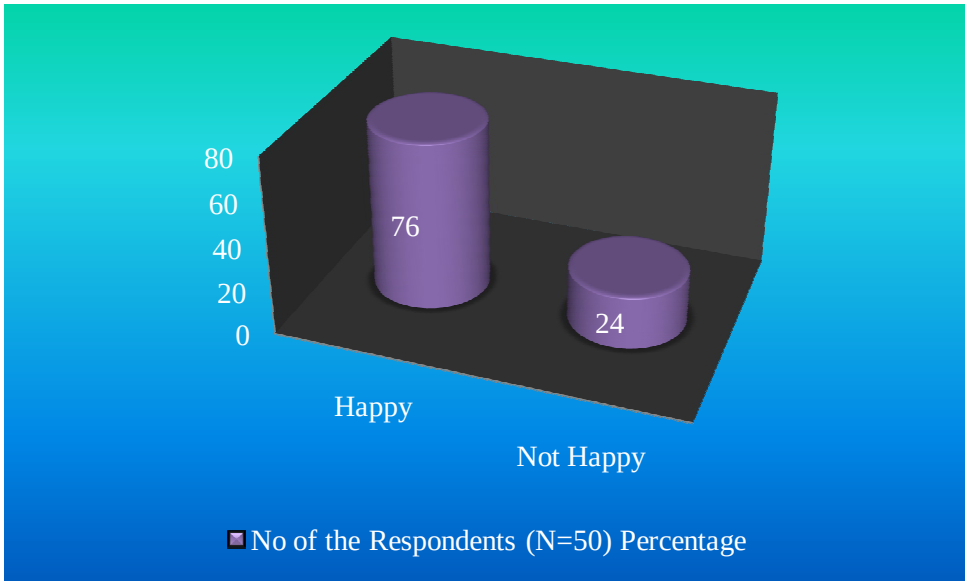
FEELING WHILE STAYING AT ORPHANAGE

Feeling of the Respondents	**No of the Respondents (N=50)** **Percentage**
Happy	76
Not Happy	24

Seventy six percent of the respondents feel happy in Orphanage and remaining twenty four percent of the respondents feel unhappy in Orphanage, it is because they need a special care from the people who are around them and they feel lonely even when they are with other children.

FEELING WHILE STAYING AT ORPHANAGE

FIGURE X



e)Benefits from the facilities provided at orphanage

Table XI reveals the level of benefits from the facilities provided by the Orphanage.

TABLE XI

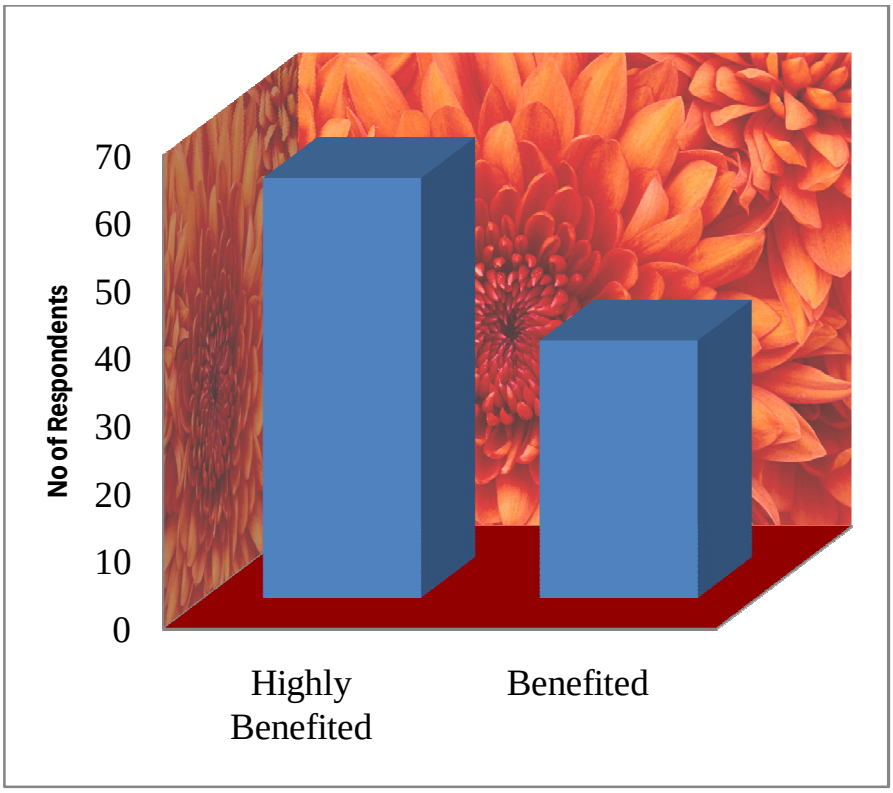
BENEFITS FROM THE FACILITIES PROVIDED AT ORPHANAGE

Factors	No of the Respondents (N=50) Percentage
Highly Benefited	62
Benefited	38

It is interesting to note that sixty two percent of the respondents had highly benefited out of the facilities provided by the Orphanage, thirty eight percent of the respondents had benefited.

BENEFITS FROM THE FACILITIES PROVIDED AT ORPHANAGE

FIGURE XI



SUMMARY AND CONCLUSION

V SUMMARY AND CONCLUSION

An anxiety disorder is a serious mental illness. It is a normal human emotion that everyone experiences at times. Many people feel anxious, or nervous, when faced with a problem at work, before taking a test, or making an important decision. They can cause such distress that it interferes with a person's ability to lead a normal life. . For people with anxiety disorders, worry and fear are constant and overwhelming, and can be crippling.

The relevant information has been collected from the Calicut Orphanage, Calicut. Fifty samples were selected randomly and interview schedule was administered to collect the required information.

` The finding of the study is summarized under the following heads:

A. Personal Profile of Orphans
B. Information regarding the joining the Orphanage
C. Information regarding Education
D. Information regarding Anxiety
E. Opinion of respondent regarding the Orphanage

A.Personal Profile of Orphans

The personal profile of the respondents had revealed that fifty eight percent of the boys belonged to the age group of 15 years and above and forty two percent of the respondents belonged to the age group of 13-15. All the respondents are the followers of Islam.

B.Information regarding the joining the Orphanage

Regarding the joining of the Orphanage out of 50 respondents, forty six percent of the respondents joined the orphanage at the age of 9-12 years, twenty

four percent of the respondents joined at the age of 5-8 years, twenty percent at the age of 13-16 years and remaining ten percent joined the orphanage at the age of 0-4 years.

C.Information regarding Education

Out of 50 respondents, fifty six percent of respondents are placed in government school and remaining forty four percent of respondents in private school. Sixty percent of the respondents follow the state syllabus and remaining forty percent follow central syllabus. Forty percent of respondents revealed that mathematics is a hindrance, twenty eight percent respondents feel anxious about social studies it affected their learning ability, twenty percent respondents found difficulty to learn science and remaining twelve percent experienced anxiety during the language class, due to this they are unable to do their regular functions smoothly. Due to anxiety students felt uncomfortable and unpleasant feeling it resulted in stressful and fearful situation.

D.Information regarding Anxiety

a) Information regarding Anxiety
b) Test Anxiety scale
c) Aspects of Test Anxiety Scale

a)Information regarding Anxiety

Regarding anxiety the respondents revealed that thirty six percent of the respondents feel nervous after exam, thirty two percent of the respondents at the time of exam and remaining thirty two percent feel nervous before the exam.

Anxiety is an unpleasant state might be expressed as physical symptoms, such as rapid heartbeat, sweaty palms, and irregular breathing. There will be no co-ordination between the individuals stimulus and response.

b)Test Anxiety scale

Out of 50 respondents, forty six percent of the respondents feel moderate anxiety (12 to 20) during the important test which enable the students to study well inorder to score good grade, forty two percent revealed that they had a severe anxiety due to which they forgot the answers which affect their performance and remaining twelve percent felt mild anxiety since the students consider examination as simple task which sometimes bring good results and sometimes bad results. Students who experience test anxiety tend to be distracted easily during the test, experience difficulty with comprehending the simple instructions, and have trouble in organizing or recalling relevant information.

c) Aspects of Test Anxiety Scale

The above table reveals the aspects of Test Anxiety Scale and the respondents attitude towards the same. About 50 percent of the respondents felt that when compared with the other fellow students they themselves are not brighter, according to them writing test is the herculean task, they got tensed and forgot the answers during the test and consequently they had worried about the result. Most of the student used to freeze during the time of intelligence test. Their heartbeat will be upnormal which resulted in uneasiness and emotional upset so their performance is poor and they are depressed and nervous. During the test they become nervous and forgot the correct answers and some of the students felt that they got defeated at some subjects like mathematics, science, languages and they revealed that the hard work could not bring best result in the test. Time limit is

another threat and it is a hindrance for writing the exam. The nervousness of the students does not allow them to take food in time, so their hands were trembling and could not write the answers legibly and correctly so the students become tensed. The teachers had recognized that the poor performance is due to the fear and nervousness. Tests are identified as a major source of concern to many children, and the overall prevalence of test anxiety appears to be increasing, possibly due to increased testing in schools.

The above mentioned are reason for the anxiety, since they felt even the simple test is a big task and found difficult in getting high marks which resulted in depression, so the level of anxiety is more. The condition for the high anxiety levels includes ability, type of school, parental care. Effective treatments such as Psychotherapy, Cognitive Behavioral therapy are used to reduce the anxiety level among students.

E.Opinion of respondent regarding the Orphanage

a. Facilities needed by Orphans
b. Relationship with fellow mates
c. Parental Love from the Official
d. Feeling while staying at Orphanage
e. Benefits from the facilities provided at Orphanage

a. Facilities needed by Orphans

Regarding the facilities needed by orphans they revealed that even though they have the facilities like good food, small playground, reading room etc. Apart from these the respondents expressed their additional needs such as Playground

Facilities (26), Vocational training (24), Cultural Programmes (24), Library Facilities (16) and Recreational Facilities (10).

b. Relationship with fellow mates

It is depicted that fifty percent of the respondents had cordial relation with their fellowmates which means that they had a peaceful life in Orphanage; the other thirty two percent maintain co-operation with their fellowmates. The remaining ten percent respondents had a hostile and non-co-operative (8) which is a sign of unhealthy situation in Orphanage. The respondents revealed that they cannot be friendly with others because of lack of attention and love which make them antagonistic.

c. Parental Love from the Official

Eighty four percent of the respondents felt that they had received a parental love from the official and remaining sixteen percent of the respondents did not received parental love and care from officials.

d. Feeling while staying at Orphanage

Seventy six percent of the respondents feel happy in Orphanage and remaining twenty four percent of the respondents feel unhappy in Orphanage, it is because they need a special care from the people who are around them and they feel lonely even when they are with other children.

e. Benefits from the facilities provided at Orphanage

It is interesting to note that sixty two percent of the respondents had highly benefited out of the facilities provided by the Orphanage, thirty eight percent of the respondents had benefited.

Conclusion

Anxiety consists of a range of thoughts, feelings, and behaviors, and is influenced by biological, psychological and environmental factors. The subject experience of anxiety differs, but familiar presentation include symptoms such as uneasiness, apprehension, “butterflies in stomach”, anticipation and dread. Objective behavioral manifestations include looking strained and tensed, hyper vigilance, shakiness, muscle tensions, sweaty palms, rapid pulse, and difficulty in breathing, restlessness, and avoidance.

Test anxiety is a combination of perceived physiological over arousal, feelings of worry and dread, self-depreciating thoughts, tension, and somatic symptoms that occur during test situations. Test anxiety is prevalent among the student populations of the world. Too much anxiety can result in emotional or physical distress, difficulty concentrating, and emotional worry. Test anxiety has been shown to have a consistently negative relationship with test performance, and test-anxious students are found to perform about twelve percent below their non-anxious peers. Inferior performance arises not because of intellectual problems or poor academic preparation, but because testing situations create a sense of threat for those experiencing test anxiety; anxiety resulting from the sense of threat then disrupts attention and memory function.

BIBLIOGRAPHY

BIBLIOGRAPHY

Angus S. McDonald, 2010. “British Journal of Psychology”. Pp: 89-101.

Anuradha V. Sovani, 2008. “Journal of Personality and Individual Differences”. Pp: 117–120.

Calvin M. Velotis, 2005. “Anxiety Disorder Research”, Nova Science Publishers, New York. Pp: 332-333.

Carey .G and Gottesman I.I, 1981. “Anxiety: New research and changing concepts”, Reven Press, New York.Pp:117

Charles D. Spielberger, 2001. “Anxiety and behavior”, Academic press INC (London) Limited. Pp: 25-28.

David Barlow, 2002. “Clinical Handbook of Psychological Disorders”, Galferd Press, New York. Pp: 321.

Elizebeth B. Hurlock, 2008. “Personality Development”, Tata Mc. Graw-Hill Publishing Company Limited, New Delhi. Pp.224-225.

EruceM.Hyman and Cherry Pedrick, 2007. “Anxiety Disorder” , Pertinence Publishing House, Germany. Pp: 142.

Francis Lenkel,2005. “Introduction to Physiological Psychology”, CBS Publishers and Distribution. Pp: 420 to 421.

Gerard Emilien, Cecile Durlach, Ulla Lepola, Timothy Dinan,2005. “Anxiety Disorder Pathophysiology and Pharmacological Treatment”, Pertinence Publishing House, Germany. Pp: 654-656.

Ierilyn Ross, 1998. “Triumph over Fear”, Pearson Education, U.S.A. Pp: 2 to 3.

James D.Page, 2007. “Abnormal Psychology”, Tata Mc. Graw-Hill Publishing Company Limited, New Delhi, Pp.112-113.

John R. Vanin, James D. Helsley, 2008. “Anxiety Disorders”, Humana Press New Jersey. Pp: 231-232.

Jacquelynne S. Eccles, 2010. “Psychological Studies”, Journal of Applied Psychology. Pp: 159-183.

Kerlinger 2004, “Research Methodology”, Rawat Publishers, New Delhi. P.140.

Kothari C.R. 2003, “Research Methodology Methods and Techniques”, Wishwaprakashan, New Delhi. Pp: 96-98.

Michael W. Passer, Ronald E. Smith 2007, “Psychology The Science of Mind and Behaviour”, Tata Mc-Graw Hill Publishing Company Limited, New Delhi. Pp:430 to 434.

Moira A. Rynn, Hilary Vidair, Jennifer Blackford, 2012. “Anxiety Disorder”, Medicine publication limited, New York. Pp: 453-454.

Mohammed Rashid, 2000. “Indian Journal of Psychiatry”. Pp: 56-60.

Niraj Ahuja, 2011, “A Short Textbook of Psychiatry”, Jaypeeth Brothers Medical Publishers (P) Limited, New Delhi.Pp:89-98.

Pal Levitt, 2006. “Anxiety Disorder Psychological Disorders”, Infobase Publishing New York. Pp: 98-100.

Ray Hembree, 2008. “Review of Educational Research”. Pp: 47-77.

Randy J. Larsen and David M. Buss, 2003. “Personality Psychology”, Tata Mc. Graw-Hill Publishing Company Limited, New Delhi, Pp: 284-293.

Richard Hallam, 1992. “Counseling for Anxiety Problems”, Sage publications India private limited. Pp: 1.

Robert A. Baron, 2001. “Psychology”, Prentice Hall of India Private

Limited, New Delhi.Pp: 280.

Robert A. Ditomasso, Elizabeth A. Gosch, 2002. “Anxiety Disorder Comparative Treatments”, Springer Publishing Company London.Pp:220-221.

Robert. S. Feldman 2006. “Understanding Psychology”, Tata Mc- graw Hill publishing company Limited, sixth edition, New Delhi, Pp: 478 to 485.

Robert Frager and *James* Fadiman, 2000. “Personality And Personal Growth”, Pearson Education U.S.A. Pp: 99.

Robert M.Liebert, Rita Wicks Poulous, Gloria Strauss Marmous, 1977. “Developmental Psychology”, Prentice Hall Publishers, New York. Pp: 456-461.

Ronald e. Johnson, 2002. “Journal of Contemporary Educational Psychology”. Pp: 45-47.

Sagar Sharma, 2005. “Indian Journal of Psychology”. Pp: 34-37.

Saravanavel. P, 2007. “Research Methodology”, Kitab Mahal Agencies, New Delhi. P: 188.

Saundra Ciccarelli and Glenn Meyer, 2008. “Psychology” Pearson Education, U.S.A. Pp: 543.

Sharma C.K, Jain M.K. 2004, “Research Methodology”, Shree Publishers, New Delhi. Pp: 99 to 100.

Stephen M. Kosslyn, Robin S. Rosenberg 2004, “Psychology”, Pearson Education, U.S.A. Pp: 589 to 598.

Supon. A ,2004. “Review of Educational Research”. Pp: 68-73.

Susan W.Gray and Marilyn R.Zide 2008, “Psychopathology a Competency based Assessment Model for Social Workers” Thomson Brooks Publication, New York.Pp:154-160.

Upmesh K Talwar, 2013. “Employment News”. New Delhi.

Ved P. Varma 2000, “Anxiety in children”, Croom Helm, Newyork. Pp: 19.

Vimala Veeraraghavan and Shalini Singh, 2002. “ Anxiety Disorder”, Sage Publications India Private Limited, NewDelhi, Pp: 7-13.

WEB REFERENCES

http//anxiety among children.htm.

http://www.beyondblue.org.au/index.aspx?link_id=90.615

http://bodyandhealth.canada.com/channel_condition_info_details.asp

http://www.calmclinic.com/anxiety/causes

http://En.wikipedia.org/wiki/Anxiety

http://www.medicalnewstoday.com/info/anxiety/what-causes-anxiety.php

http://www.nimh.nih.gov/.../anxiety-disorders/treatment-of-anxietysdisorders.shtml

http:// www.webmd.com/anxiety-panic/.../mental-health-anxiety-disorders

APPENDICES

APPENDIX I

AN INTERVIEW SCHEDULE TO ELICIT INFORMATION ON ANXIETY AMONG ORPHAN TOWARDS EXAM IN CALICUT ORPHANAGE, KOLATHARA, CALICUT.

1. Name:

2. Age:

3. At which age did you join the Orphanage?

   a) 0-4 years b) 5-8 years c) 9-12 years d) 13-16 years

4. Type of School:

   a) Government School b) Private School c) Tutorial

5. Type of Syllabus:

   a) State Syllabus b) Central Syllabus c) International Syllabus

6. Are you anxious about a particular subject?

   a) Languages b) Mathematics c) Science d) Social Studies

8. Do you have Group studies?

   a) Yes b) No

9. When do feel more anxious?

   a) Before Exam b) At the time of Exam c) After Exam

10. What kind of facilities you need in the Orphanage?

    a) Vocational Training b) Recreational Facilities

    c) Cultural Programmes d) Library Facilities

11. What kind of relationship you have with your fellowmates?

    a) Cordial b) Co-operative c) Hostile d) Non-Co-operative

12. Do you get parental love from the officials of Orphanage?

a) Yes b) No

13. Do you feel comfortable staying in this Orphanage?

a) Yes b) No

14. Have you been benefited from facilities from provided at Orphanage?

a) Highly benefited b) Benefited c) Not benefited

APPENDIX II

TEST ANXIETY SCALE

1. While taking an important test, I find myself thinking of how much brighter the other students are than I am.

a) True b) False

2. If I were to take an intelligence test, I would worry a great deal before taking it.

a) True b) False

3. If I knew I was going to take an intelligence test, I would feel confident and relaxed.

a) True b) False

4. While taking an important test, I perspire a great deal.

a) True b) False

5. During class tests, I find myself thinking of things unrelated to the actual course material.

a) True b) False

6. I get to feeling very panicky when I have to take a surprise test.

a) True b) False

7. During a test, I find myself thinking of the consequensces of failing.

a) True b) False

8. After important tests, I am frequently so tense my stomach gets upset.

a) True b) False

9. I freeze upon things like intelligence tests and final tests.

a) True b) False

10. Getting good grades on one test doesn't seem to increase my confidence on the second.

a) True b) False

11. I sometimes feel my heart beating very fast during important test.

a) True b) False

12. After taking a test, I always feel I could have done better than I actually did.

a) True b) False

13. I usually get depressed after taking a test.

a) True b) False

14. I have an uneasy, upset feeling before taking a final test.

a) True b) False

15. When taking a test, my emotional feelings do not interfere with my performance.

a) True b) False

16. During a course test, I frequently get so nervous that I forgot facts I really know.

a) True b) False

17. I seem to defeat myself while working on important tests.

a) True b) False

18. The harder I work at taking a test or studying for one, the more confused I get.

a) True b) False

19. As soon as a test is over, I try to stop worrying about it, but I just can't.

a) True b) False

20. During test, I sometimes wonder if I'll ever get through school.

a) True b) False

21. I would rather write a paper than take a test for my grade in a course.

a) True b) False

22. I wish test did not bother me so much.

a) True b) False

23. I think I could do much better on tests if I could take them alone and not feel pressured by time limits.

a) True b) False

24. Thinking about the grade I may get in a course interferes with my studying and performance on tests.

a) True b) False

25. If test could be done away with, I think I would actually learn more.

a) True b) False

26. On test I take the attitude, "If I don't know it now, there's no point in worrying about it".

a) True b) False

27. I really don’t see why people get so upset about tests.

a) True b) False

28. Thoughts of doing poorly interfere with my performance on tests.

a) True b) False

29. I don’t study any harder for final test than for the rest of my coursework.

a) True b) False

30. Even when I’m well prepared for a test, I feel very anxious about it.

a) True b) False

31. I don’t take food before an important test.

a) True b) False

32. Before an important test, I find my hands or arms trembling.

a) True b) False

33. I seldom feel the need for “cramming” before a test.

a) True b) False

34. The university should recognize that some students are more nervous than others about tests and that this affects their performance.

a) True b) False

35. It seems to me that test periods should not be made such intense situations.

a) True b) False

36. I started feeling very uneasy just before getting a test paper back.

a) True b) False

37. I dread courses where the instructor has the habit of giving “pop” quizzes.

a) True b) False

Test Anxiety Scale Reproduced from Sarason, I.G (1980), Text Anxiety: Theory, Research, and Applications, Permission granted by Lawrence Eribaum Associates, Inc.