

**STRESS MANAGEMENT AND SPIRITUAL ENRICHMENT**

(Resilient Quality Education)

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**Introduction:**

Man is born without any knowledge and language. We are born with our set of basic instincts. During the process of knowledge acquisition, we need to learn many new skills. This process of learning involves formation of new habits, acquisition and application of new knowledge.

Self care and Self management has been completely overlooked in modern education. Modern education talks about entire universe but Self evaluation and spiritual enrichment has been completely left out. That is why we have our youth depressed who are committing suicide playing deadly games on internet. A youth that feels hopeless. A youth that finds solace in drugs and escapism.

Evaluation is the most significant part of this evolutionary journey of Man. So, academic achievement gives a clear picture of the effectiveness of teaching learning process.

“Academic achievement is the extent to which a student, teacher or institution has achieved their short or long term educational goals. Completion of educational benchmarks such as secondary school Diplomas and bachelor degree represent academics achievement.”

Generally, we measure academic achievement through examination and comprehensive continuous assessment to determine how effective the learning is. But there is no criteria to assess their Spiritual Enrichment. But there is no general agreement to evaluate the academic achievement. The experts often have different views regarding the important aspects of academics achievement in relation to their priority. Some recommend to give priority to ‘Procedural knowledge’ such as skills while some favour to give preference to ‘Declarative knowledge’ such as facts. Indian Education system mostly evaluates the declarative knowledge based on the memory of the students.

There are many factor that directly or indirectly affect the academic achievement as well as mental health of the adolescents such as:

- Examination anxiety
- Academic anxiety
- Adolescent issues
- Emotional intelligence of the learner
- Environment, both physical and psychological
- Motivation
- Socio economic conditions of the learners
- Individual differences in intelligence
- Individual differences in personality
- Successful educational actions (SEAs) in schools with high absenteeism.
- Achievement Motivation
- Mental Curiosity
- Self control
- Co-curricular activities

Academic Achievement is measured by the Academic performance index. Recent studies show that of all the above enlisted factors, mental curiosity has an important influence on academic achievement in addition to intelligence and conscientiousness. Even then the pivotal factor is the mental health of the student. Even if the learners has high Iq and good socio economic conditions, that will not be able to yield good results due to the mental ill health.

Adolescence is an age of “stress and strain, storm and strife”, as said by stanlay hall. The adolescents are highly sensitive and valuable when we take their emotionality into account. The environment at their home as well as their own emotional status are significant factors. Parent’s academics socialization is a term describing the way parents influence learners’ Academics achievements by shaping their skills, behavior and attitudes towards school. The academics socialization is affected by the socio-economic conditions of the parents. A study revealed that highly educational parents tend to have more stimulating learning environments at home then the less educational parents.

Certain non-cognitive factors such as attitudes, behaviors and strategies also influence the academic and professional success such as academics self-efficacy, self control, emotional balance, motivation, and level of aspiration, goal setting queries, EQ and determination. Self control and motivation enhance the academic achievement of the learners.

Depression and Academic anxiety are other factors which lovers the academic achievement of the learner despite of the high intelligence and good socio economics conditions.

According to the ‘Mental Health status of Adolescents in South-East Asia: Evidence for Action’, a report published by WHO in April 2017,

**“In 2007, 5.8% population of India was in the age group of 13-15. The report suggested that about 25% adolescent in the Country reported being depressed for 2 weeks or more in a row.”**

**-A WHO report, Oct 10, 2017.**

**In Another report, as per/[www.dnaindia.com/](http://www.dnaindia.com/),”25% of adolescent were “depressed” and “sad or hopeless” while 11% were “depressed” and had a hard time staying focused on their work.”**

Depression is like a stigma in India. People feel ashamed to talk about it. There is a strange trend of looking perfectly happy outside even when you are dying inside. This may be due to the idealistic or superstitious religious practices in India. People are conditioned since childhood that being angry or sad is not graceful. No doubt, one should be able to lead a happy and content life but should keep in mind that negative emotions are also natural and a part of human life. There is nothing wrong if we feel sad or angry sometimes. It will pass. If it is prolonged, one should talk about it and seek help. The Indian youngsters today are suffering from ill mental health. They are victims of depression, anxiety and substance abuse.

According to World Health Organization,

**“1 in 4 teens in India of 13-15 age group have depression.”**

86 million people in South-East Asia region are affected by depression. 65% Indian youngsters have early signs of depression. India has the highest suicide rate among 10 South-East Asian countries as per the reports of WHO. WHO report in 2012 said that the estimated suicide rate per 1 lakh people in India in the age group of 15-29 years was 35.5. the estimated suicide rate per 1 lakh in this age group varied from 3.6 in Indonesia to 25.8 in Nepal. 25% of adolescents were “depressed” or “sad” or “helpless” while 11% were “distracted”. 8% faced “anxiety” or had “sleep disorders”. In India, 15 suicides testify every hour in the age group of 15-29 years. The real worry is the unawareness of masses. People either turn to superstitious ways or conceal mental issues. As mental illnesses are hard to be diagnosed, these remain unattended. People, instead of getting diagnosed and treated, choose the horrible way of suicide. One of the major reasons of unawareness is illiteracy. Moreover, mental health is not at all a part of Indian education today. India also has high rate of childhood depression today.

Childhood depression is a matter of major concern because of its prevalence, potential for recurrence, and impairment of functioning. Depressive episodes in childhood depression are recurrent and may lead to depression in adulthood, if the contributing factors remain unabated. Early depressive vulnerability is a predictive factor for depression in adulthood (*Petersen AC, Compas BE, Brooks-Gunn J, Stemmler M, Ey S, Grant KE. 1993*) Depressive disorders occur in approximately 2% of primary schoolchildren, and 4 to 8% of adolescent (*Lewinsohn PM, Clarke GN, Seeley JR, Rohde P. 1994*) About 45% of adolescents with major depression will relapse in young adulthood. 4 Children and adolescents with depression are also at increased risk of suicide, substance use disorders, early pregnancy, poor academic performance, and impaired psychosocial functioning. (*Brent DA, Baugher M, Bridge J, Chen T, Chiappetta L. 1999*)

Psychosocial problems associated with being depressed are relatively well known in adults. However, the extent to which these characteristics associate with depression in adolescents has received much less attention. 8 Stressful life events, cognitive distortion, low self-esteem, increased self-consciousness, reduced social support, and impaired coping skills were among factors associated with depression (*Allgood-Merten B, Lewinsohn PM, Hops H. 1990-99*) Although previous studies vary greatly in their methodology and focused on adults, sufficient convergence has emerged to implicate the following variables as potential risk factors for depression: previous history of depression; female gender; living in a dysfunctional family; low parental education; stressful life events and low social support; cigarette smoking; low self-esteem and body image; high self-consciousness; depression-related cognitions; school problems and reduced intellectual competence and coping skills; physical disability and poor physical health; excessive interpersonal dependence; problematic interpersonal behaviours; conflict with parents; and early death of a parent (*Poli P, Sbrana B, Marcheschi M, Masi G, 2003*) Moreover, although many risk factors have been proposed and studied, relatively few have been examined systematically.

Recently, many studies have been carried out on the rate of depression among students (Chen et al., 2013). They report that depression is a widespread problem and continues to increase in the student population (Sarokhani et al., 2013). For instance, one study stated that the rate of depression varied from 10% to 40% among university students in Turkey (Ustun & Kessler, 2002). In addition, Green, Lowry and Kopta (2003) indicated that adult students reported higher levels of symptoms of depression compared to the adult non-student population. Other studies in this area have also found that the symptoms of depression range from 27% and over, among students and these symptoms represent the most common problems encountered by university counselling centres (Mobley, 2008).

Although the prevalence of depression in the student population compared to the general population has not been well researched. A number of studies have looked at the rate of depression among particular groups of students. A systematic review of published studies, from January 1980 to May 2005 about the rate of depression in Canadian and US medical students, reported higher levels of depression in the student population compared to the general population (Dyrbye, Thomas & Shanafelt, 2006). However, based on this study we cannot conclude that the prevalence of depression in students is higher than the general population. This is because the study used only Canadian and US medical students, and the sample of this systematic review only included 40 studies during the period January 1980 to May 2005.

Knowledge regarding the risk factors for depression in adolescence would seem to be especially important given that early onset depression appears to represent a more serious form of the disorder. Specifically, adolescents with mood disorder have been found to be at elevated risk for relapses'. Adolescent depression has also been shown to predict a variety of negative outcomes, including academic problems, marital difficulties, delinquency, unemployment, drug involvement, medical hospitalization, car accidents arrest, and criminal convictions.

Although previous studies vary greatly in their methodology and have focused on adults more than on adolescents, sufficient convergence has emerged to implicate the following variables as potential risk factors for depression: (a) low self-esteem and body image; (b) cigarette smoking; (c) high self-consciousness; (d) depression-related cognitions; (e) previous history of depression ; (f) being female; (g) living in a dysfunctional family; (h) low parental education; (i) stressful life events and low social support; (j) school problems and reduced intellectual competence and coping skills; (k) anxiety; (l) subclinical depression level; (m) physical disability and poor physical health; (n) early death of a parent; (o) suicidal behavior; (p) excessive interpersonal dependence<sup>1</sup>; (q) problematic interpersonal behaviors, including conflict with parents and interpersonal attractiveness; and (r) early or late pubertal maturation. It should be noted that although many risk factors have been proposed and studied, only a relatively small number have been examined together in any given study. Therefore, knowledge of the contribution of the risk factors in interaction with each other is

**Anxiety is a psychological and physiological state characterized by physical, emotional, cognitive, and behavioural components. According to a study by Australian Journal of Educational and Developmental Psychology 10(1), 18-31, 2010,**

**“Academic anxiety was prevalent in the samples of 220 boys and 240 girls to the extent that 20.1% of boys and 17.9% of girls were found to be suffering from high level of academic anxiety.”**

**According to an article Stress among School Going Adolescents by Ms.M. Reena Rebellow and Dr. Sam Deva Asir in IOSR Journal of Humanities and Social Sciences,e-ISSN:2279-0837,PP 77-79,**

“Adolescents school students especially in their higher secondary face academic stress which was overloaded many a times by calling it a mere ‘age factor’. Parents’ expectation of their child to be a ‘Winning Horse’ further makes the situation worse. It is shocking to know that many students fear to talk to their teachers which shows that sharing of problems with them is also low. It is also observed in Indian setting that very few schools appoint professional social workers or counselors.”

How to attain Spiritual Enrichment ?

We can try these simple additions to our present education system.

- 1.Mediation as an intellectual boost
- 2.Focus on Self improvement
- 3.Behaviour modification in focus
- 4.Spirituality as a back bone to education
5. Every type of counseling at hand
6. Character building should be an aim not earning degrees only
7. Practically applicable social work
8. Team work
9. Social Service as a part of Curriculum
10. Charity begins at home. Sensitize their home.

**CONCLUSION:** Spiritual enrichment is the only way to attain resilient quality education that the materialistic mentality can't attain. We need to imbibe internal strength in our students. No other way is left. They must learn self care and self management.