Chapter VII
Summary, Conclusion and Implications
CHAPTER- VII
SUMMARY, CONCLUSION AND IMPLICATIONS

7.1.0 INTRODUCTION

In the previous chapter Discussion of findings is given. In this chapter the study is presented in nutshell under headings, like, Rationale, Statement of Problem, Objectives, Hypotheses, Sample, Tools, Design, Procedure of Data Analysis, Findings and Implication in different captions.

7.2.0 RATIONALE

Our education system is examination oriented. Expectation of everyone is very high achievement. Students suffer very much from pressure of their parents and society. Due to this there are anxious moments. In this competitive age, everybody tries for good performance, which leads to mental as well as physical stress. Examination stress and anxiety are common problems among most of the students. It interferes with learning and performance in examination. This is more so during annual examination. For this reason, the achievement couldn’t touch the limit of high expectation. This result in wide difference in the input used and output achieved. In recent years, social commentators have reflected on the increased level of stress in our society and physical conditions associated with stress. According to Sapolsky (1996), stress causes impairment in the functioning of brain. Because of this increased level of stress there is a need to learn relaxation therapies so as to cope up with stressful situations. Once stress is managed then it may improve the performance of the person in all walks of life including examination.

Fear, worry and tension are the natural fall-outs of stress in students. Hence, researchers, like, Paul and Shennon (1966), Taylor (1971), Lazarus and Serber (1968), Jacobson (1938), Tsai (1933), Jainowak (1993) and Tate (1994) were advocating their theories for and against “Desensitization” as a possible answer to counter Stress amongst students. Among the behavioral techniques that have been used to help people control their physiological responses to stressful situations are Biofeedback, Relaxation Training, Meditation and Aerobic exercise, yoga, Imagery etc (Eysenck et al., 1975).
The Treatment of behaviour disorders by techniques derived from learning theory has been receiving increased attention in current psychological literature (Eysenck, 1960; Grossbing, 1964; Wolyze, Salter and Reyna, 1964). Various researches show that different relaxation techniques are effective in reducing Stress, Anxiety, Hyperactivity and Inattentiveness and enhance Self-esteem, Self-awareness and Self-actualization. Jacobsons (1938), Tsai (1993), Janowiak (1993) and Tate (1994) found lower levels of stress when treated through progressive muscle Relaxation, Relaxation Techniques, Meditation Practice and Mindfulness Meditation respectively.


Relaxation exercises, such as, Music (Fagen, 1982; Gross and Swart, 1982; Colwell, 1994; Adaman and Blancy, 1995; Byrnes, 1996; Lakovides et al., 2004; Voss et al., 2005; Kim & Koh, 2005; Knight and Rickard, 2001); Relaxation Treatment (Cohan, 1994; Wendy, 1996); Biofeedback (Carter and Russell, 1980; Hughes and Davis, 1980; Omizo, Loffredo & Hammet, 1982); Yoga (Diskin, 1977; Hopkins and Hopkins, 1976; Seiler and Renshow, 1978); Guided Imagery (Hammer, 1996); and Massage Therapy (Field, et al., 1997; Kim et al., 2001) were used as treatment. These studies advocated for the effectiveness of Relaxation Therapies in reducing Phobia, Anxiety (Test Anxiety, Social Anxiety, State and Trait Anxiety), Insecurity, Fear, Stuttering, Stress, Tension, Blood Pressure, Depression, Mood, Nausea, Pain, Arthritis etc. and enhancing positive psychological resources.

Relaxation Therapies, such as, Rehearsal Desensitization (Lazarus, 1971); Imagery (Mannix, 1998); Cognitive Behavioural Therapy (Moorey et al., 1994); Meditation/Mindfulness meditation Based self Reduction Programme (Otis, 1973; Hjelle, 1974; Benson and Clipper, 1976; Keefe, 1976; Kirtane, 198; Alexander and Marks, 1982; Jedrczak, et al., 1985; Kember, 1985; Nidich and Nidich, 1988; Dixon, 1989; Kabat-Zinn, 1992); Hypnosis (Gruzelier et al., 2001); Yoga (Datey, et al., 1969; Kochen and Pratap, 1971; Nidich et al., 1986;
Subramanian et al., 1986; Murthy and Venkatesh, 1987) were found effective in improving the overall health of subjects. Cognitive Behaviour Modification (Jacobson, 1938; Baer, 1992) and Music (Mathur, 1989; Winter et al., 1994; and Stratton and Annette, 1997) also were found effective in improving the overall health of subjects.

From the above mentioned researches it can be observed that most of the studies have been conducted abroad and a very few researches in this area have been conducted in India. From available therapies, Moving Focus Relaxation (which include, Progressive Muscle Relaxation and Deep Muscle Relaxation) has not been experimented very much in India. Also, various Relaxation therapies were tried out at different levels. The dependent variables considered by different researchers were Stress, Anxiety, Tension, Cancer, Blood Pressure, Frustration, etc. It is evident that there are still large numbers of variables, which need to be studied in the context of Relaxation therapies. Further, the studies are so diverse in respect of Sample, Design, Treatment, Analysis and areas that no generalization can be made.

In Indian context, Sharma (2004) studied the effect of Stress Reduction Model on Stress and found that it significantly reduced Stress amongst students. This study is not enough to generalize. There is a need to undertake researches using different Relaxation Therapies. Moreover, most of the studies on Stress have focused on clinical sample or patients. The findings so obtained may or may not be applicable to general population. So, it was thought to take up Stress Reduction Model as a treatment.

Keep in view the paucity of researches related to Stress Reduction Model the present study was planned to find out the potentiality of Stress Reduction Model for managing Examination Stress, Anxiety, Self-confidence and Tension of secondary students.

7.3.0 STATEMENT OF PROBLEM

The problem was worded as given below:

Comparison of Stress Reduction Model and Traditional Method on the basis of Examination Stress, Anxiety, Tension and Self-confidence of High School students of Sultanpur District of UP
7.4.0 OBJECTIVES

The following were the objectives of the study.

1. To compare adjusted mean scores of Examination Stress of Stress Reduction Model and Traditional Method Groups by considering Pre- Examination Stress as covariate.

2. To compare adjusted mean scores of Anxiety of Stress Reduction Model and Traditional Method Groups by considering Pre-Anxiety as covariate.

3. To compare adjusted mean scores of Tension of Stress Reduction Model and Traditional Method Groups by considering Pre- Tension as covariate.

4. To compare adjusted mean scores of Self-Confidence of Stress Reduction Model and Traditional Method Groups by considering Pre- Self-Confidence as covariate.

5. To study the effect of Treatment, Gender, Intelligence and their various interactions on Examination Stress by considering Pre-Examination Stress as covariate.

6. To study the effect of Treatment, Gender, Intelligence and their various interactions on Anxiety by considering Pre-Anxiety as covariate.

7. To study the effect of Treatment, Gender, Intelligence and their various interactions on Tension by considering Pre- Tension as covariate.

8. To study the effect of Treatment, Gender, Intelligence and their various interactions on Self-Confidence by considering Pre-Self-Confidence as covariate.

9. To study the effect of Treatment, Management of School, Intelligence and their various interactions on Examination Stress by considering Pre-Examination Stress as covariate.

10. To study the effect of Treatment, Management of School, Intelligence and their various interactions on Anxiety by considering Pre-Anxiety, as covariate.
11. To study the effect of Treatment, Management of School, Intelligence and their various interactions on Tension by considering Pre-Tension as covariate.

12. To study the effect of Treatment, Management of School, Intelligence and their various interactions on Self-Confidence by considering Pre-Self-Confidence as covariate.

13. To study the effect of Treatment, Board of School, Intelligence and their various interactions on Examination Stress by considering Pre-Examination Stress as covariate.

14. To study the effect of Treatment, Board of School, Intelligence and their various interactions on Anxiety by considering Pre-Anxiety as covariate.

15. To study the effect of Treatment, Board of School, Intelligence and their various interactions on Tension by considering Pre-Tension as covariate.

16. To study the effect of Treatment, Board of School, Intelligence and their various interactions on Self-Confidence by considering Pre-Self-Confidence as covariate.

17. To study the effect of Treatment, Gender, Residential Background and their various interactions on Examination Stress by considering Pre-Examination Stress as covariate.

18. To study the effect of Treatment, Gender, Residential Background and their various interactions on Anxiety by taking Pre-Anxiety as covariate.

19. To study the effect of Treatment, Gender, Residential Background and their various interactions on Tension by considering Pre-Tension as covariate.

20. To study the effect of Treatment, Gender, Residential Background and their various interactions on Self-Confidence by considering Pre-Self-Confidence as covariate.
21. To study the effect of Treatment, Gender, Adjustment and their various interactions on Examination Stress by considering Pre-Examination Stress as covariate.

22. To study the effect of Treatment, Gender, Adjustment and their various interactions on Anxiety by considering Pre-Anxiety as covariate.

23. To study the effect of Treatment, Gender, Adjustment and their various interactions on Tension by considering Pre-Tension as covariate.

24. To study the effect of Treatment, Gender, Adjustment and their various interactions on Self-Confidence by considering Pre-Self-Confidence as covariate.

25. To study the effect of Treatment, Gender, Management of School and their various interactions on Examination Stress by considering Pre Examination Stress as Covariate.

26. To study the effect of Treatment, Gender, Management of School and their various interactions on Anxiety by considering Pre-Anxiety as covariate.

27. To study the effect of Treatment, Gender, Management of School and their various interactions on Tension by considering Pre-Tension as covariate.

28. To study the effect of Treatment, Gender, Management of School and their various interactions on Self-Confidence by considering Pre-Self-Confidence as covariate.

29. To study the change in Reaction towards Stress Reduction Model of Experimental Group.

7.5.0 HYPOTHESES

The following were the hypotheses:
1. There is no significant difference between adjusted mean scores of Examination Stress of Stress Reduction Model and Traditional Method Groups by considering Pre-Examination Stress as covariate.
2. There is no significant difference between adjusted mean scores of Anxiety of Stress Reduction Model and Traditional Method Groups by considering Pre-Anxiety as covariate.

3. There is no significant difference between adjusted mean scores of Tension of Stress Reduction Model and Traditional Method Groups by considering Pre-Tension as covariate.

4. There is no significant difference between adjusted mean scores of Self-Confidence of Stress Reduction Model and Traditional Method Groups by considering Pre-Self-Confidence as covariate.

5. There is no significant effect of Treatment, Gender, Intelligence and their various interactions on Examination Stress by considering Pre-Examination Stress as covariate.

6. There is no significant effect of Treatment, Gender, Intelligence and their various interactions on Anxiety by considering Pre-Anxiety as covariate.

7. There is no significant effect of Treatment, Gender, Intelligence and their various interactions on Tension by considering Pre-Tension as covariate.

8. There is no significant effect of Treatment, Gender, Intelligence and their various interactions on Self-Confidence by considering Pre-Self-Confidence as covariate.

9. There is no significant effect of Treatment, Management of School, Intelligence and their various interactions on Examination Stress by considering Pre-Examination Stress as covariate.

10. There is no significant effect of Treatment, Management of School, Intelligence and their various interactions on Anxiety by considering Pre-Anxiety, as covariate.

11. There is no significant effect of Treatment, Management of School, Intelligence and their various interactions on Tension by considering Pre-Tension as covariate.
12. There is no significant effect of Treatment, Management of School, Intelligence and their various interactions on Self-Confidence by considering Pre-Self-Confidence as covariate.

13. There is no significant effect of Treatment, Board of School, Intelligence and their various interactions on Examination Stress by considering Pre-Examination Stress as covariate.

14. There is no significant effect of Treatment, Board of School, Intelligence, and their various interactions on Anxiety by considering Pre-Anxiety as covariate.

15. There is no significant effect of Treatment, Board of School, Intelligence and their various interactions on Tension by considering Pre-Tension as covariate.

16. There is no significant effect of Treatment, Board of School, Intelligence and their various interactions on Self-Confidence by considering Pre-Self-Confidence as covariate.

17. There is no significant effect of Treatment, Gender, Residential Background and their various interactions on Examination Stress by considering Pre-Examination Stress as covariate.

18. There is no significant effect of Treatment, Gender, Residential Background and their various interactions on Anxiety by considering Pre-Anxiety as covariate.

19. There is no significant effect of Treatment, Gender, Residential Background and their various interactions on Tension by considering Pre-Tension as covariate.

20. There is no significant effect of Treatment, Gender, Residential Background and their various interactions on Self-Confidence by considering Pre-Self-Confidence as covariate.
21. There is no significant effect of Treatment, Gender, Adjustment and their various interactions on Examination Stress by considering Pre-Examination Stress as covariate.

22. There is no significant effect of Treatment, Gender, Adjustment and their various interactions on Anxiety by considering Pre-Anxiety as covariate.

23. There is no significant effect of Treatment, Gender, Adjustment and their various interactions on Tension by considering Pre-Tension as covariate.

24. There is no significant effect of Treatment, Gender, Adjustment and their various interactions on Self-Confidence by considering Pre-Self-Confidence as covariate.

25. There is no significant effect of Treatment, Gender, Management of School and their various interactions on Examination Stress by considering Pre-Examination Stress as covariate.

26. There is no significant effect of Treatment, Gender, Management of School and their various interactions on Anxiety by considering Pre-Anxiety as covariate.

27. There is no significant effect of Treatment, Gender, Management of School and their various interactions on Tension by considering Pre-Tension as covariate.

28. There is no significant effect of Treatment, Gender, Management of School and their various interactions on Self-Confidence by considering Pre-Self-Confidence as covariate.

29. There is no significant change in Reaction towards Stress Reduction Model of Experimental Group.
7.6.0 SAMPLE

The schools from Sultanpur District of Uttar Pradesh having secondary classes were selected through the use of Stratified Random Sampling Technique. The stratification was done on the basis of Gender, Residential Background, Examination Board, and Management of Institute. Thus four schools were selected. The selected schools were Central school, Sultanpur; Sri Hanumat Inter College, Dhammore; Stella Maris Convent School, Sultanpur and Gandhi Gyan Mandir, Sultanpur. Further, from each Board one school was Private and other was Government funded. From the selected schools, class X students were taken up for this study. Thus, the sample consisted of 277 students of class X. Out of 277 students, 139 students were in Experimental Group and 138 in Control Group.

7.7.0 EXPERIMENTAL DESIGN

The present study was Experimental in nature. The Non-equivalent Control Group Design was followed. According to Campbell and Stenly (1963), the layout of Non-equivalent Control Group Design is as follows:

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There were two groups. One Group was designated as Experimental Group and the other as Control Group. The students in both the groups were as existed in the field. Both the groups were pre-tested by administering Examination Stress Scale developed and standardized by researcher, Shinha’s Comprehensive Anxiety Test, Frustration Test, and Self-confidence Inventory. The Experimental Group was treated through Stress Reduction Model. Five phases of Stress Reduction Model followed were: Setting the stage, Warm up and Transition, Moving Focus Relaxation, Wind up, and Debriefing and Transfer.

Treatment was given to the Experimental Group for 35 minutes per day. The total Treatment duration was four months at the rate of 35 minutes per working day before the Board Examination. On the other hand, the Control Group continued with routine activities. During experimentation Intelligence was assessed with the help of Verbal Intelligence Test and Adjustment with the help of Adjustment Inventory for School students by K.P.Sinha and R.P.Singh. After one month of initiation of the Treatment, the Experimental Group was
administered a Reaction toward Stress Reduction Model Scale to assess their Reaction toward Stress Reduction Model. At the end of Treatment both the groups were post-tested with the help of the same tools which were used for per-testing. The Reaction Scale to assess Reaction toward Stress Reduction Model was administered only to Experimental Group at the end of the Treatment.

7.8.0 TOOLS

In this study variables related to which data collected were Examination Stress, Anxiety, Frustration, Self-confidence, Intelligence, Adjustment and Reaction toward Stress Reduction Model. The tools used in respect of each one of them are described in separate captions in the following.

7.8.1 Examination Stress

For assessing Examination Stress, there is no tool available. So Examination Stress Scale was developed and standardized by researcher

7.8.2 Anxiety

In the present study the age of students ranged from 13-16 years. For this age group the tool available for assessing Anxiety was Sinha’s Comprehensive Anxiety Scale developed by Sinha and Sinha. By keeping in mind the reliability, the age and availability of the tool, Sinha Comprehensive Anxiety Scale was selected. The Sinha’s Comprehensive Anxiety Scale comprised of 90 items. Against each statement, Yes and No choices were given. The subjects were asked to read each statement carefully and choose between Yes and No which best represent the response of the subject. There was no time limit for responding. The ‘Yes’ response to any item indicated Anxiety and was given a score of one. A score of zero was given to a ‘No’ response, which indicated no Anxiety. Sinha's Comprehensive Anxiety Scale is meant for subjects from 16-19 years. Its' Test-retest Reliability coefficient was 0.85 and Content Validity was established.
7.8.3 Tension

The Comprehensive scale of Tension developed by Rajeevlochan Bhardwaj was selected for the present study by keeping in mind age, reliability, language and availability of Tool. The tool consisted of 32 item with five point scale, the minimum score was 32 and highest 160.

7.8.4 Self-Confidence

The present study was conducted on standard X students whose age ranged from 13-16 years. From the available tools, Verbal Measure of Self-Confidence developed by Bhawalkar (1992) was selected. Self-Confidence as assessed by Verbal Measure of Self-Confidence was the faith in one’s own ability which enables the individual to be dependable, to rely upon his own judgment, not to be submissive and to feel himself adequate to do things he wants to do. It comprised of 23 statements. Each statement was followed by three alternatives. There was no fixed time limit for responding. The students were allowed to take as much time as they required. The score of the students could range from 23 to 69. Its’ Split-half reliability coefficient was 0.84. Content and concurrent validity were established. The Concurrent validity coefficient was found to be 0.43

7.8.5 Intelligence

The intelligence test developed by R. K. Ohja & K. Ray Chowdhary was selected for the present study by keeping in mind the age, the reliability, the language and the availability. It comprised of eight sub-sections with 112 items. The time given to subjects for answering was 40 min. The scoring was done as per scoring key given in the manual. The Split-half reliability coefficient was found to be 0.87 and its’ Content validity was established

7.8.6 Adjustment

In the present study the age of student ranged from 13-16 years. For this age group the tool available for assessing Adjustment was Adjustment Inventory for school students developed by A.K.P. Sinha and R. P. Singh. By keeping in mind the reliability, language, age and the availability of tools, Adjustment
Inventory for school student was selected. It comprised of 60 items. The subjects responded to each item in terms of Yes or No. There was no time limit for responding. For scoring any answer not indicative of adjustment, zero was given otherwise a score of one was awarded. The Test-retest reliability coefficient was for Emotion 0.96, Social 0.90, Education 0.93 and for total 0.93. The tool had Content Validity.

7.8.7 Reaction Toward Stress Reduction Model

The Investigator developed the Reaction Scale for assessing Reaction toward Stress Reduction Model. The aspects to which statements belonged were Language used, Modulation of voice, Clarity of voice, Speed of presentation, Proper pause, Pitch of voice, Utility of cassette, Softness of voice, Consistency in delivering the instructions, Muscle coverage, Environment of Practicing, Time of Practicing, Duration of Practicing, Position during Practice, Instructions during Practice, Activities before and after practice, Size of the Group, Physical Facilities, Feedback Session, Reinforcement, Concentration, Utility of Therapy, Controlling Negative emotions, Level of Understanding, Synchronization, Drowsiness during practice, Health of mind and body, Organization and Administration of the Program etc. Against each statement, five choices given were Strongly Agree (SA), Agree (A), Undecided (U), Disagree (D), and Strongly Disagree (SD). The students were asked to read each statement carefully and choose one appropriate alternative out of the given five alternatives. Both positive as well as negative statements were included in the Reaction Scale. In all there were 40 statements in the scale. For scoring positive statements 5, 4, 3, 2, 1 and for negative statements 1, 2, 3, 4, 5 weightages were assigned to SA, A, U, D and SD respectively. There was no time limit for responding the reaction scale.

7.9.0 PROCEDURE OF DATA COLLECTION

The present study was Experimental in nature. There were two groups. One was designated as Experimental Group and the other as Control Group. The data were collected from both the groups in respect of Examination Stress, Anxiety, Tension, Self-confidence, Intelligence and Adjustment from four schools situated in Sultanpur district. Schools were spread in different areas of Sultanpur district. The data in respect of above mentioned variables were
collected on different days. The instructions mentioned in respective manuals were followed so as to get the reliable data. Further, the care was taken not to administer more than one tool on a day. Therefore, in a school the tools were administered spread over four working days. To start with, Examination Stress Scale developed by Investigator was administered. Students were asked to read the instructions given in the scale and in case of doubt, they were allowed to ask questions. Further, they were also requested not to leave any statement unanswered. On the second day, Sinha’s Comprehensive Anxiety Scale developed by Sinha and Sinha was administered. Students took about 30 min. to complete this scale. Next day, Tension scale developed by R.L. Bhardwaj was administered. For this too students took about 35 minutes. Fourth day Verbal measure of Self-confidence developed by Bhawalker was administered. The students started responding after reading and understanding the instructions. There was no fixed time for responding the Verbal measure of Self-confidence. The total time required for the administration of Verbal measure of Self-confidence was about 30 minutes. Next to this, the above mentioned procedure was followed for collecting data from all the Institutions before giving Treatment. After this, Experimental Group was treated through Stress Reduction Model. The Stress Reduction Model consisted of five phases, namely, Setting up the Stage, Warm up and Transition, Moving Focus Relaxation, Wind Up and Debriefing and Transfer. These five phases of Stress Reduction Model were presented in the form of a script given by Bruce Joyce and M. Weil as it might occur in the classroom. The Hindi translation of transcript of Stress Reduction Model was presented in the form of audio taped instructions. Every day in Phase I- Setting up the Stage, students were allowed to find a comfortable position and close their eyes. They were allowed to do this by loosening their belts, removing their shoes, taking out their specks, ties etc. After this in Phase II- Warm Up and Transition, general orientation and instructions were given to the students. In Phase III- Moving Focus Relaxation, relaxed atmosphere was established through voice, tone, and tempo. The students were instructed to focus on individual parts of the body from feet to face. The instructions were as follows:

“Allow your focus to fall on your feet. Be aware of how they are becoming relaxed, how those muscles in the top of your feet, in your arches, around your ankles, all the way down to the tips of your toes are smoothing out and becoming very relaxed. Good

Now allow your attention to move up to your calves. Notice as you focus on these muscles gently, they begin to stretch out and become more and more
relaxed. Those long muscles in your calves are smoothing out and become more and more relaxed. Good”

The instructions were given so as to shift the focus to all the important muscles. The important muscle groups include large muscles in their thighs that extend up to their hips, waist muscles, abdomen muscles, lungs and breathing muscles, muscles of neck, hands, arms and waist, face muscles, muscles associated with mouth and tongue. In this way simply by letting their muscles stretch out and let go they become calm and relaxed. In phase IV - Wind up phase students practiced rest, and tension and release. This they have done by first noticing where the tension is still remaining and then they were instructed to tense that muscle, observe the tension in that muscle and finally release the tension. In this way the remaining tension in the muscle ends and subjects aroused from relaxation. In phase V of Debriefing and Transfer, experimenter obtained feedback from students based on their reactions, feelings and sensations. Students were motivated to interact about their new ideas and experiences after doing the therapy. The Experimenter also discussed with students how and when they could use Relaxation Therapy during the day. Along with this, the Experimenter responded to their questions or problems faced by students during and after the Relaxation Therapy. The Treatment continued for four months at the rate of 35 min. per working day-before Board Examination. After one month from the date of application of the Treatment the Reaction towards Stress Reduction Model of students was assessed with the help of Reaction towards Stress Reduction Model Scale developed by the investigator. On the other hand, the Control Group continued with routine activities. During Experimentation, Verbal Intelligence Test Developed by R.K. Ojha & K. Ray Chaudhary and Adjustment Inventory developed by A.K.P. Sinha and R.P. Singh were administered. At the end of the Treatment both the groups were post-tested on the same variables using same tools as did at pre-testing stage. The Reaction towards Stress Reduction Model Scale was administered only to the Experimental Group at the end of the Treatment.

7.10.0 DATA ANALYSIS

The objective wise data analysis is as follows:

1. In order to compare adjusted mean scores of Examination Stress of Stress Reduction Model and Traditional Method Groups by considering Pre-
Examination Stress as covariate, the data were analyzed with the help of ANCOVA.

2. In order to compare adjusted mean scores of Anxiety of Stress Reduction Model and Traditional Method Groups by considering Pre-Anxiety as covariate, the data were analyzed with the help of ANCOVA.

3. In order to compare adjusted mean scores of Tension of Stress Reduction Model and Traditional Method Groups by considering Pre-Tension as covariate, the data were analyzed with the help of ANCOVA.

4. In order to compare adjusted mean scores of Self-Confidence of Stress Reduction Model and Traditional Method Groups by considering Pre-Self-Confidence as covariate, the data were analyzed with the help of ANCOVA.

5. In order to study the effect of Treatment, Gender, Intelligence and their various interactions on Examination Stress by considering Pre-Examination Stress as covariate, the data were analyzed with the help of Three way ANCOVA.

6. In order to study the effect of Treatment, Gender, Intelligence and their various interactions on Anxiety by considering Pre-Anxiety as covariate the data were analyzed with the help of Three way ANCOVA.

7. In order to study the effect of Treatment, Gender, Intelligence and their various interactions on Tension considering Pre- Tension as covariate, the data were analyzed with the help of Three way ANCOVA.

8. In order to study the effect of Treatment, Gender, Intelligence and their various interactions on Self-Confidence by considering Pre-Self-Confidence as covariate, the data were analyzed with the help of Three way ANCOVA.

9. In order to study the effect of Treatment, Management of School, Intelligence and their various interactions on Examination Stress by considering Pre-Examination Stress as covariate, the data were analyzed with the help of Three way ANCOVA.
10. In order to study the effect of Treatment, Management of School, Intelligence and their various interactions on Anxiety by considering Pre-Anxiety as covariate, the data were analyzed with the help of Three way ANCOVA.

11. In order to study the effect of Treatment, Management of School, Intelligence and their various interactions on Tension by considering Pre-Tension as covariate, the data were analyzed with the help of Three way ANCOVA.

12. In order to study the effect of Treatment, Management of School, Intelligence and their interaction on Self-Confidence by considering Pre-Self-Confidence as covariate, the data were analyzed with the help of Three way ANCOVA.

13. In order to study the effect of Treatment, Board of School, intelligence and their interaction on Examination Stress by considering Pre-Examination Stress as covariate, the data were analyzed with the help of Two way ANCOVA.

14. In order to study the effect of Treatment, Board of School, intelligence and their interaction on Anxiety by considering Pre-Anxiety as covariate, the data were analyzed with the help of Two way ANCOVA.

15. In order to study the effect of Treatment, Board of School, intelligence and their interaction on Tension by considering Pre-Tension as covariate, the data were analyzed with the help of Two way ANCOVA.

16. In order to study the effect of Treatment, Board of School, intelligence and their interaction on Self-Confidence by considering Pre-Self-Confidence as covariate, the data were analyzed with the help of Two way ANCOVA.

17. In order to study the effect of Treatment, Gender, Residential Background and their various interactions on Examination Stress by considering Pre-Examination Stress as covariate, the data were analyzed with the help of Three way ANCOVA.

18. In order to study the effect of Treatment, Gender, Residential Background and their various interactions on Anxiety by considering Pre-Anxiety as covariate, the data were analyzed with the help of Three way ANCOVA.
19. In order to study the effect of Treatment, Gender, Residential Background and their various interactions on Tension by considering Pre-Tension as covariate, the data were analyzed with the help of Three way ANCOVA.

20. In order to study the effect of Treatment, Gender, Residential Background and their various interactions on Self-Confidence by considering Pre-Self-Confidence as covariate, the data were analyzed with the help of Three way ANCOVA.

21. In order to study the effect of Treatment, Gender, Adjustment and their various interactions on Examination Stress by considering Pre-Examination Stress as covariate, the data were analyzed with the help of Three way ANCOVA.

22. In order to study the effect of Treatment, Gender, Adjustment and their various interactions on Anxiety by considering Pre-Anxiety as covariate, the data were analyzed with the help of Three way ANCOVA.

23. In order to study the effect of Treatment, Gender, Adjustment and their various interactions on Tension by considering Pre-Tension as covariate, the data were analyzed with the help of Three way ANCOVA.

24. In order to study the effect of Treatment, Gender, Management of School and their various interactions on Self-Confidence by considering Pre-Self-Confidence as covariate, the data were analyzed with the help of Three way ANCOVA.

25. In order to study the effect of Treatment, Gender, Management of School and their various interactions on Examination Stress by considering Pre-Examination Stress as covariate, the data were analyzed with the help of Three way ANCOVA.

26. In order to study the effect of Treatment, Gender, Management of School and their various interactions on Anxiety by considering Pre-Anxiety as covariate, the data were analyzed with the help of Three way ANCOVA.

27. In order to study the effect of Treatment, Gender, Management of School and their various interactions on Tension by considering Pre-Tension as covariate, the data were analyzed with the help of Three way ANCOVA.
28. In order to study the effect of Treatment, Gender, Management of School and their various interactions on Self-Confidence by considering Pre-Self-Confidence as covariate, the data were analyzed with the help of Three way ANCOVA.

29. In order to study the change in Reaction toward Stress Reduction Model of Experimental Group, data were analyzed with the help of correlated t-test.

7.11.0 FINDINGS

The following were the findings of this study.

1. Stress Reduction Model was found to be significantly superior to Traditional Method in decreasing Examination Stress, Anxiety, Tension, and improving Self-Confidence of students when each of these variables was taken as covariate separately.

2. Examination Stress, Anxiety, Tension and Self-Confidence were found to be independent of Gender when each of these variables was taken as covariate.

3. Examination Stress, Anxiety and Tension were found to be independent of Intelligence when Pre-Examination Stress, Anxiety and Tension were separately taken as covariate. But students with Above Average Intelligence were found to have higher Self-Confidence in comparison to their counter parts of Below Average Intelligence when Pre-Self-Confidence was taken as covariate.

4. Examination Stress and Anxiety were found to be independent of interaction between Treatment and Gender when each of these variables separately was taken as covariate. Stress Reduction Model was found to suit more to Males than Females in managing Tension and improving Self-Confidence when each of these variables separately were taken as covariate.

5. Examination Stress, Anxiety and Tension were found to be independent of interaction between Treatment and Intelligence when Pre-Examination Stress, Anxiety and Tension separately were taken as covariate. Stress Reduction Model improved Self-Confidence of Above Average Intelligent
students than Below Average Intelligent students when Pre-Self-Confidence was taken as covariate.

6. Examination Stress, Anxiety, Tension, and Self-Confidence were found to be independent of interaction between Gender and Intelligence when Pre-Examination Stress, Anxiety, Tension and Self-Confidence separately were taken as covariate.

7. Examination Stress and Tension was found to be independent of interaction among Treatment, Gender and Intelligence when Pre-Examination Stress and Tension separately were taken as covariate. In comparison to Traditional Method, Stress Reduction Model was found to reduce Anxiety significantly of Males with different levels of Intelligent and Females with Below Average Intelligence when Pre-Anxiety was taken as covariate. Stress Reduction Model was found to benefit both Males and Females irrespective of their level of Intelligence in improving Self-Confidence of students when Pre-Self-confidence was taken as covariate. Further Males and Females of above Average Intelligence benefited more from Stress Reduction Model than their counterparts of Below Average Intelligence when Pre-Self-Confidence was considered as covariate.

8. Students studying in Private Schools were found to have significantly lower Examination Stress, Tension and higher Self-Confidence as compared to those studying in Government Schools when Pre-Examination Stress, Tension, and Self-Confidence separately were taken as covariate. Anxiety was found to be independent of Management of School when Pre-Anxiety was taken as covariate.

9. Examination Stress, Anxiety and Tension were found to be independent of interaction between Treatment and Management of School when Pre-Examination Stress, Anxiety and Tension separately were taken as covariate. Self-Confidence of students studying in both Private and Government Schools benefited more from Stress Reduction Model than Traditional Method when Pre-Self-Confidence was taken as covariate. Further the students of Private Schools benefited more from Stress Reduction Model when Pre-Self-Confidence was taken as covariate.

10. Examination Stress, Anxiety and Self-Confidence were found to be independent of interaction between Management of School and
Intelligence when Pre-Examination Stress, Anxiety and Self-Confidence separately were taken as covariate. Below Average Intelligent students from Private Schools and Above Average Intelligent students from Government schools were found to have lower Tension as compared to their counter parts when Pre-Tension was taken as covariate.

11. Examination Stress, Anxiety and Self-Confidence were found to be independent of interaction among Treatment, Management of School and Intelligence when Pre-Examination Stress, Anxiety and Self-Confidence separately were taken as covariate. Stress Reduction Model was best suited to Private Schools students with below Average Intelligent and Government Schools students with above Average Intelligent in managing Tension when groups were matched with respect to Pre-Tension.

12. Examination Stress and Anxiety were found to be independent of Board of School when Pre-Examination Stress and Anxiety were separately taken as covariate. UP Board students were found to possess significantly higher Tension and lower Self-Confidence than CBSE Board students when groups were matched in respect of Pre-Tension and Self-Confidence separately.

13. Examination Stress and Tension were found to be independent of interaction between Treatment and Board of School when Pre-Examination Stress and Tension separately were taken as covariate. Irrespective of types of School, Stress Reduction Model was found to help students in managing their Anxiety as well as Self-Confidence significantly better than Traditional Method. Further Anxiety of students studying in Schools affiliated to CBSE Board was significantly lower but Self-Concept was higher when treated through Stress Reduction Model than those of UP Board affiliated schools when Pre-Anxiety and Self-Concept separately were taken as covariate.

14. Examination Stress, Anxiety, Tension and Self-Confidence were found to be independent of interaction between Board of School and Intelligence when Pre-Examination Stress, Anxiety, Tension and Self-Concept separately were taken as covariate.

15. Examination Stress, Anxiety, Tension and Self-Confidence were found to be independent of interaction among Treatment, Board of School and
Intelligence when Pre-Examination Stress, Anxiety, Tension and Self-Confidence separately were taken as covariate.

16. Rural Students were found to have significantly lower Examination Stress and Anxiety but higher Tension in comparison to Urban Students when Pre-Examination Stress, Anxiety and Tension separately were considered as covariate. Both Urban and Rural students were found to possess Self-Confidence to the same extent when Pre-Self-Confidence was taken as covariate.

17. Examination Stress, Anxiety and Self-Confidence were found to be independent of interaction between Treatment and Residential Background when Pre-Examination Stress, Anxiety and Self-Confidence separately were taken as covariate. Stress Reduction Model was found to help both Rural and Urban students in reducing their Tension in comparison to Traditional Method when Pre-Tension was taken as covariate. Also Urban students benefited more from Stress Reduction Model than those belonging to Rural area when Pre-Tension was taken as covariate.

18. Females from Rural area had lower Examination Stress in comparison to Males while Males from Urban area had lower Examination Stress in comparison to Females when Pre-Examination Stress was taken as covariate. Anxiety, Tension and Self-Confidence were found to be independent of interaction between Gender and Residential Background when Pre-Anxiety, Tension and Self-Confidence separately were taken as covariate.

19. Examination Stress, Anxiety and Tension were found to be independent of interaction between Treatment, Gender and Residential Background when Pre-Examination Stress, Anxiety and Tension separately were taken as covariate. Both Males and Females belonging to Urban and Rural area benefited more from Stress Reduction Model than Traditional Method. Further Stress Reduction Model was found to be more beneficial for Urban Males and Rural Females than their counterparts when Pre-Self-Confidence was taken as covariate.

20. Examination Stress, Anxiety and Tension were found to be independent of Adjustment when Pre-Examination Stress, Anxiety and Tension separately were taken as covariate. Above Average adjusted students were
found to possess significantly higher Self-Confidence than Below Average adjusted students when Pre-Self-Confidence was taken as covariate.

21. Examination Stress and Tension were found to be independent of interaction between Treatment and Adjustment when Pre-Examination Stress and Tension separately were taken as covariate. Irrespective of Adjustment, Stress Reduction Model could significantly reduce the Anxiety of subjects in comparison to Traditional Method when Pre-Anxiety was taken as covariate. Further, Stress Reduction Model was found to benefit more to subjects having Below Average Adjustment when Pre-Anxiety was taken as covariate. Stress Reduction Model was found to be more beneficial for all students irrespective of their level of Adjustment. Further students with Above Average Adjustment were found to benefit more from Stress Reduction Model when Pre-Self-Confidence was taken as covariate.

22. Examination Stress, Anxiety, Tension and Self-Confidence were found to be independent of interaction between Gender and Adjustment when Pre-Examination Stress, Anxiety, Tension and Self-Confidence separately were taken as covariate.

23. Examination Stress and Tension were found to be independent of interaction among Treatment, Gender and Adjustment when Pre-Examination Stress and Tension separately were taken as covariate. Stress Reduction Model was found to benefit all Males irrespective of their Adjustment but Stress Reduction Model benefited more to Females having Below Average Adjustment than those having Above Average Adjustment when Pre-Anxiety was taken as covariate. Irrespective of Gender and Adjustment Stress Reduction Model was found to improve the Self-Confidence of students. Further Stress Reduction Model was found to improve Self-Confidence of Males and Females having Above Average Adjustment than their counterparts having Below Average Adjustment when Pre-Self-Confidence was taken as covariate.

24. Examination Stress, Anxiety and Tension were found to be independent of interaction between Gender and Management of School when Pre-Examination Stress, Anxiety and Tension separately were taken as covariate. Female students studying in Private Schools and Male Students of Government Schools were found to have higher Self-Confidence in
comparison to their counterparts when Pre- Self-Confidence was taken as covariate.

25. Examination Stress, Anxiety and Self-Concept were found to be independent of interaction among Treatment, Gender and Management of School when Pre-Examination Stress, Anxiety and Self-Concept separately were taken as covariate. Stress Reduction Model was found to suit to Males of both Private as well as Government Schools and Females of Private School in managing Tension of students when Pre-Tension was taken as covariate.

26. Students treated through Stress Reduction Model were found to have significantly favourable Reaction towards Stress Reduction Model.

7.12.0 IMPLICATIONS

The findings of the present study have implications for Teacher Educators, Students, Teachers, Administrators, Book Writers, and Parents. Each of these have described in this caption.

7.12.1 Teacher Educators

Teacher Educators are responsible for training teachers who in turn teaches in schools. As per Right to Education schools cannot appoint untrained teachers. This speaks about the importance of Teacher Training. So Teacher Educators’ job has become more challenging. Teacher Educators have to train teachers so that they can help students in controlling their Anxiety, Tension and Examination Stress, and help in improving Self-Confidence, and the ability to teach with confidence. Stress Reduction Model Stress was found to help in reducing Anxiety, Tension and Examination Stress and improving Self-Confidence of group who used Stress Reduction Model for over a period of time. Thus Teacher Educators need to be trained in the use of Stress Reduction Model so that they in turn train future teachers. The present study gives details of Stress Reduction Model along with the transcript. This will help in training teachers. The teacher educator of Academic Staff Colleges as well as teacher training Institution can use different Relaxation Therapies. If strategies of Stress Reduction are implemented in these institutions then it will develop competency
in the use of Stress Reducing Techniques. Therefore, it will be easy to use strategies of Stress Reduction in the class. So, the findings of present study have strong implication for Teacher Educators of both Academic Staff Colleges and Teacher Training Institution.

7.12.2 Students

These-days students are being trained in Yoga because it helps them to maintain calm. Yoga is very popular among people. Students can be trained in the use of Stress Reduction Model. After the training Students can use Stress Reduction Model independently. The steps of its use are simple and can be used independently at any time, place and posture. It can be used by students any time they feel like relaxing their mussels. Use of Stress Reduction Model will help students in improving their Self-Confidence and controlling Anxiety, Tension and Examination Stress. All schools and colleges may implement Stress Reduction Model in their institutes as its use does not involve money and special setting.

7.12.3 Teachers

The findings of the present study have implications for the Teachers. This study has shown that Stress Reduction Model can help in managing Anxiety, Tension and Examination Stress and improving Self-Confidence. Teachers can easily use this Model which may help them in maintaining the equilibrium in mind and body. Thus, teachers can be assured of attaining the objectives of teaching by maintaining the normal stress level by using Stress Reduction Model during their teaching. Teachers may be encouraged to use Stress Reduction Model in their classrooms as well as at home. They even can train street children in the use of Stress Reduction Model as they can also benefit from it. Teachers even can use it at home for the welfare of their family members.

7.12.4 Administrators

The Stress Reduction Model is quite beneficial for the administrators. It not only helps in the development of affective domain but helps in the improvement of psychomotor and cognitive domains. The benefit of the Stress
Reduction Model is to use in the classroom by the support of administrators. Administrators can use Stress Reduction Model themselves as well as can train their family members. Administrators may organize workshops for teachers, provide literature related to Relaxation Therapies, allow freedom in making time table, and changing the setting of the classroom, maintaining silence during practice of Stress Reduction Model, and allowing others to tolerate the noise which may be during the process of discussion. The administrator can help in the implementation of Stress Reduction Model by way of motivating teachers and providing maximum possible help in above mentioned area.

7.12.5 Book writers

Books are one of the best sources of the information. Books play an eminent role in the development of personality of human beings. Due to the technological advancements, there have been drastic changes in the ways and means of writing book. The writers at appropriate place can insert tips of Stress Reducing Techniques so that the reader is influenced by giving 5 min. for relaxation and some significant changes may be observed in the reader. The writer can easily accommodate phases of Stress Reduction Model in their writing. Thus the findings of present study have implications for book writers too.

7.12.6 Parents

Parents play an important role in the development of their children. They are very much familiar with the behavior of their children. They manage all the requirements of their family members. In the management of whole family, parents face lots of problems in their life. Stress Reduction Model is one of the best techniques to be used for reducing the Stress of Parents also. The use of Stress Reduction Model can create a healthy family life. The Parents have to manage their children’s Anxiety, Examination Stress, Tension, and improve Self-confidence. Parents can get training in the use of Stress Reduction Model. Once it is done than Parents can use it with their children at least during Examination time.