

Students' Psychosocial Needs

Foreword

This handbook is one in a series of handbooks entitled *Students with Disabilities* created as part of the TEMPUS project Education for Equal Opportunities at Croatian Universities – EduQuality (Nr: 158757-TEMPUS-1-2009-1-HR-TEMPUS-JPGR) led by the University of Zagreb.

The series aims at equalizing the opportunities of students with disabilities to access higher education by informing, training and raising awareness of the academic and non-academic staff at Croatian universities and their constituents with regard to the specific needs of such students within Croatia's higher education system.

We consider students with disabilities to include students with vision and hearing impairments, motor impairment, chronic disease and learning difficulties such as dyslexia and ADHD, as well as students with mental disturbances and disorders. By categorizing these students as students with disabilities our intention is by no means to stigmatize or brand them, but rather to emphasize the need for accommodation of academic content to such students, as well as to present some examples of good practice.

The handbooks were written by members of all partner institutions in the project: the academic and non-academic staff of the University of Zagreb, Josip Juraj Strossmayer University in Osijek and the Universities of Rijeka, Zadar, Split and Dubrovnik; students with and without disabilities; and a representative of Croatia's Institute for the Development of Education. Particularly invaluable was the help we received from our colleagues from partner institutions abroad (the University of Århus, Masaryk University, the University of Strathclyde and the University of Gothenburg), who offered concrete advice and guidelines based on their vast experience in supporting students with disabilities.

Each handbook covers an important aspect of students' academic life, defining it and explaining its importance with regard to the acquisition of necessary professional competences. At the same time, the handbooks point to some obstacles that can exist with regard to accessibility, in an attempt to identify the preconditions for overcoming such obstacles without compromising the defined academic standards. By emphasizing the rights of all students to equal access to higher education and by proposing measures that can equalize opportunities, often in a simple way and at no additional cost, these handbooks aim at contributing to the definition of clear accessibility standards for students with disabilities at the national level.

I would like to use this opportunity to thank all the contributors who took part, either directly or indirectly, in the creation of these handbooks. I am particularly grateful to former, current and future students with disabilities who have used and will continue to use their perseverance, courage, patience and great motivation to build the much-needed support system for students with disabilities in Croatia's higher education by pointing out their specific needs and simple ways in which these needs can be met. However, their efforts would continue to be in vain if it had not been for a large number of academic and non-academic staff members who have provided support to students with disabilities in practice, often without the existence of clear guidelines and relying only on their empathy and wish to improve the situation. I believe that these handbooks will provide them with clear and systematic guidelines that will facilitate their future work.

Dr. Lelia Kiš-Glavaš, Project Leader

FOREWORD

Student life can be described as one of the best periods in many people's lives. It is characterized by many enjoyable activities, such as acquiring new knowledge, meeting new people and becoming independent. But student life also brings many challenges. Learning can be a painful process; meeting new people can cause trepidation; separation from one's family can be accompanied by loneliness; students can face stressful and traumatic situations, high levels of anxiety or even depression. Students with disabilities, just as abled students, can go through moments in their everyday lives which are marked by unpleasant emotional states.

This handbook, entitled *Students' Psychosocial Needs*, aims to help the academic and non-academic staff to understand their students' emotional and social needs, as well as the psychological difficulties they might face and the ways in which they can be helped to acquire knowledge, take an active part in academic activities and generally lead more enjoyable student lives. The handbook consists of six chapters, each of which is an article written by a different author, followed by a joint list of references.

The authors who took part in creating this handbook are psychologists from the University of Zadar and University of Zagreb. Dr. Anita Vulić-Prtorić, professor of clinical psychology in the Department of Psychology, University of Zadar, contributed with her article on depression in university students. The remaining authors work at the University of Zagreb: the section on learning problems was written by Dr. Nina Pavlin-Bernardić, and Daria Rovani, MS; the topic of anxiety was covered by Tanja Jurin; Dr. Anita Lauri Korajlija, wrote about stress and trauma; Dr. Larisa Buhin Lončar, focused on loneliness. I use this opportunity to thank them for their very valuable contributions.

The handbook is aimed at the academic and non-academic staff at Croatian universities. For this reason it was important to ensure that persons who are not psychologists should find it easy to understand and apply in their everyday work. An important role in this respect was played by Ivan Dolanc, a student of forensic science at the University in Split, who read the texts at various stages of their development, providing feedback on their appropriateness and readability. I use this opportunity to thank him for his effort and valuable suggestions.

Working in an academic environment, in particular working with students, can be a source of great pleasure, but also, occasionally, of stress. I hope this handbook will be of help, in particular in those situations where one might sense that a student is going through unpleasant emotional states. Understanding and kindness can perform miracles.

Professor Dr. Nataša Jokić-Begić

The Editor

NOTE:

This handbook was translated from Croatian into English by the following graduate students of translation in the English Department of the University of Zagreb: Kristina Lončarević, Ana Naletilić, Ivan Pandžić, Mario Perić, Martina Pranjić and Ana Sabljak. The translation was revised by their teacher, Dr. Nataša Pavlović.

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MENTAL HEALTH

Nataša Jokić-Begić

Introduction

My name is Branko. I'm a fourth-year student. The past few years were supposed to be the best years of my life. At least that's what everyone kept telling me. But they weren't. They were the worst. Ever since I came to university I have felt tense, lonely, sad and lost. I moved from a small town to a big city. I was terrified. No-one from my class enrolled in this university. I did because it offered the best conditions for me as a student with a disability. But my disability was the least of my problems. Everything was organized: transportation from the student dormitory to the Faculty building, access ramps, a special computer room for those of us who use wheelchairs, accessible elevators. Everything was fine other than the fact that I was hopelessly terrified and lonely. I was afraid of the exams. I'd never had to take an exam as such, I didn't know how to keep notes or how to study properly. I was scared to death before every exam; I suffered from insomnia, I was worried sick. My parents didn't know anything about this, they were so proud of me and I didn't want to disappoint them. When I called them over the phone I would always tell them that everything was great, that I was satisfied, but actually I was suffering. My colleagues wanted to hang out with me, but I didn't like to go to smoke-filled bars or noisy concerts and soon they stopped inviting me. I spent an enormous amount of time studying, I passed my exams, but the anxiety which troubled me was unbearable. I soon noticed problems such as insomnia and loss of appetite; I was constantly tired. When I was in my third year at the university, a professor noticed that something was wrong. He called me in for a talk and suggested that I should contact the Student Counseling Center. I was ashamed, I felt like a second-rater. But the professor was very encouraging and he told me that many students had problems adjusting and that I shouldn't feel embarrassed, but that I should take responsibility for myself and my mental health. I went to the Counseling Center for help. There I learned how to study and how to overcome test anxiety. I also learned a lot about communication. One of the key lessons

which I learned was that people don't know what I'm thinking, and that I have to tell them and show them. If I wanted to hang out with people I had to let them know that I wanted to and not just sit in my room feeling sorry for myself. Now my life is better, I'm not as scared of my exams as I used to be, I'm better at studying. I still don't go to smoke-filled bars, but that's not what I want to anyway. I feel better and I'm finally starting to enjoy this part of my life. I'm very grateful to the professor who invited me for a chat and encouraged me to take care of myself and my mental state. By doing that he showed me that someone cared about me, and that's very important. The feeling that you're not just a number and that you're not invisible meant a lot to me.

By enrolling in a university students do not become independent and mature persons who can successfully cope with the complex demands of academic life overnight. For many students, the beginning of their studies is a period marked by opposing developmental needs: the need for independence versus the need for family attachment; increased emotionality and sensitivity for what other people think about them versus the need for being accepted by others; the need for finding one's own way versus the need for developing close personal relations. Taking on a new role also involves acquiring a whole range of new life skills and academic skills, from building new relations with people from different social backgrounds, entering deeper personal relationships, developing practical skills needed for living on a budget, to acquiring new complex cognitive and metacognitive skills related to fulfilling academic tasks. In other words, for some students the transition from school to university is stressful because their educational experience so far has not provided them with sufficient skills necessary for becoming "self-regulated" students and critical thinkers.

Students with disabilities also face these usual transitional difficulties, but their level of stress is likely to be even higher due to the specific requirements and limitations imposed by their disabilities.

During the course of their higher education, most students will encounter transient difficulties originating both in the turbulent stage of development in which they find themselves and in the specific demands which are imposed by their studies. Their difficulties

are therefore likely to be related to their academic obligations and/or to their emotional problems.

The most common difficulties related to academic obligations have to do with time management, test anxiety, public presentations in front of colleagues and teachers, assertive communication with colleagues and teachers (assertive communication means stating what a person wants in a clear way while respecting their own rights and feelings, as well as the rights and feelings of others), fear of failure, problems concentrating, and motivation. If students experience academic failure at the beginning of their studies they may lose their self-confidence and motivation. Although these students usually have the same abilities as others, the difficulties which they encounter can significantly lower the quality of their lives and have a negative effect on their mental health.

What is mental health?

When we hear the phrase “mental health”, many of us think of mental illnesses. Mental health is more than just the absence of mental illnesses. Mental health is part of one’s general health and a precondition for high quality of life.

Text box 1: Mental health includes:

- Feeling good about oneself, being aware of one’s rights, the feeling of self-worth and self-respect, along with a conscious understanding and acceptance of possible psychological problems;
- The ability to recognize, accept and express thoughts and emotions, the ability to be aware of others, to create and maintain friendships and good relations with other people, the ability to accept life changes and effectively confront stressful events and the ability to use stress as part of the psychological process of personal empowerment.

The connection between mental health and mental illnesses is the same as the connection between physical health and physical illnesses. Good mental and physical health is a protective factor against potential causes of illness. Good physical health will protect a

person from catching the flu during an epidemic. In much the same way good mental health will protect a person from the effects of stress. When a person is mentally stable, they look at themselves and the world around them in a positive way and they have the strength to cope with all the problems which everyday life brings. When a person is emotionally vulnerable, every untoward event causes a high level of unpleasant emotions that can be overwhelming. It is at this point that we say that mental health is at risk. This does not yet mark the appearance of mental illness, but makes it more likely to appear. It is important to note that poor mental health will also increase the risk of physical illness.

The connection between mental health and mental illness

In the past, the link between mental health and mental illness was seen as a continuum, with perfect health on the one end and illness on the other. Minor mental difficulties or disturbances were placed in the middle. Such a view has led to several misconceptions. The first, which is very damaging, is that most people are mentally healthy, and that those individuals who are not are “sick” or “mad”. This view has led to an unnecessary and inaccurate categorization of people into healthy and sick, which has in turn fostered a fear of illness. Negative attitudes such as these are the source of stigmatization of mental illnesses and of seeking help for such illnesses, because “only deranged people need psychological help”. They are the reason that people who are experiencing difficulties seek help only when it becomes impossible for them to function in their daily lives, which makes treatment more difficult and postpones recovery.

Another misconception is that once a person belongs to the category of either health or illness they belong there forever, unless something very significant happens. However, the truth is that a person’s mental states change rather frequently. People can feel depressed and overwhelmed by problems without being mentally ill. On the other hand, people who have been diagnosed with mental illness can function better than the average person, and have a good quality of life.

A different model for conceptualizing mental health and mental illness can be viewed as a Cartesian co-ordinate system with mental health and mental illness as its two axes (Tudor, 1996). Figure 1 shows this model.

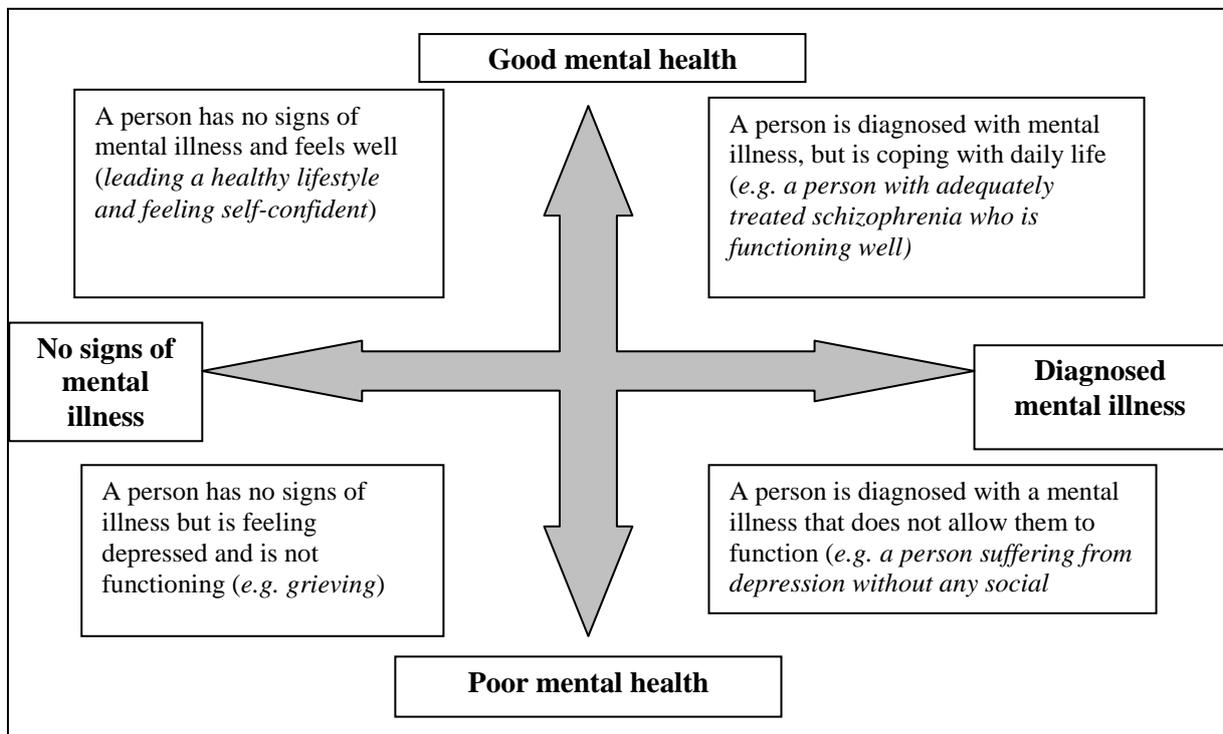


Figure 1: A model of mental health and mental illness according to Tudor (1996)

According to this model, a person’s mental state depends on the salience of mental disturbances, but also on the subjective feeling of well-being.

The left-hand side of Figure 1 shows situations when there is no sign of mental illness and when a person is feeling mentally healthy and strong, although they may occasionally feel depressed and vulnerable. Generally speaking, people react to external circumstances and/or internal changes (e.g. hormonal changes). Thus the end of a long-term relationship will cause sadness; the person may feel depressed and listless and this may cause them to neglect their obligations. They cannot be diagnosed with a mental illness or disorder, but during that period mental health can be said to be at a low point. The help and support which the person will receive from their loved ones and, if necessary, from professionals, will soon help them regain the feeling of mental balance, and their mental health will improve. If positive events occur (e.g. passing an exam, getting a job), they will feel full of energy and their mental health will be very good.

The same principle applies to the right-hand side of Figure 1. A person diagnosed with a mental disorder and/or illness may function extremely well, providing that their primary disorder is treated appropriately, but also providing that they have a good social support and adequate life and work conditions. However, if a person with a mental illness is isolated, stigmatized and outcast, their mental health will be affected by more than just their illness, which is sure to intensify their mental disturbances.

It is important to know the following:

Mental states are always changing and this is true of everyone. Everyone can experience periods when they feel unhappy, just as they will experience periods which are exceptionally happy and fulfilling. The change often depends on external events.

The support people get from others, the feeling of being accepted and the possibility of accomplishing personal goals are all necessary for good mental health.

Students' mental health

University students are a vulnerable group when it comes to mental health. They find themselves at a point in their lives (between the ages of 18 and 25) when they are experiencing psychological and physiological maturation. The interesting fact that mental illness usually appears for the first time by the time people are 24 years old (Hunt and Eisenberg, 2010) serves to illustrate the vulnerability of this period of life. Although contemporary development theories suggest that the period of adolescence is not as tumultuous and problematic as it was believed some 60 years ago and that most adolescents overcome their developmental tasks without any significant problems, a substantial number of students will feel an elevated level of stress and emotional hardship at this stage of their lives. This is especially true of students who appraise their colleagues to be more successful in making these developmental steps than they are. The fact that this is a subjective appraisal, which may or may not match the objective situation, is of key importance.

Text box 2: Which conditions increase vulnerability?

The following additional factors may increase vulnerability in students, especially first-year students:

- Moving to a new town or city in order to go to the university can cause a loss of or separation from the student's social network;
- Moving to a town or region whose culture is significantly different from the culture or way of life in which the student has grown up;
- Minority status among colleagues (based on gender, age, sexual orientation, place of birth, social status or parents' level of education);
- Having a visible or invisible disability and the subsequent social marginalization.

In this sense, all students are potentially vulnerable. However, it should be pointed out that there are certain personality traits that can increase one's vulnerability, e.g. personal limitations and immaturity when it comes to establishing deep and meaningful relations with colleagues, emotional instability, some characteristics of temperament, the feeling of loneliness, inadequately developed academic skills, a pronounced disability, etc.

At the opposite end of the spectrum to the notion of psychological vulnerability is the notion of psychological resilience to negative influences. Psychological resilience is defined as success and progress *in spite of* negative, stressful events and situations. Academic and personal success, as well as the satisfying of their psychosocial needs, will depend on students' level of resilience and vulnerability, and on their academic environment, but also on the efforts of the academic community, as well as society in general, to continually reduce psychosocial vulnerability and foster psychosocial resilience (Prilleltensky and Nelson, 2000).

The role of the academic community in preserving students' mental health

Table 1 shows positive and negative effects on mental health. Many of these can be achieved within the academic environment. For example, if we ensure that students have

purposeful activities during the classes, if we explain to them how they will be able to use the things they are learning later in life, if we define clear goals, if we give them a reasonable workload, if we ensure that they feel physically and psychologically safe while they are at university, if we do not have perfectionist grading criteria, if we encourage their creativity whenever possible, if we support excellence, but not perfection, if we encourage cooperation, but not competition, we will do everything in our power to ensure conditions for good mental health.

Table 1: Positive and negative effects on mental health

Positive influence	Negative influence
<ul style="list-style-type: none"> • The feeling of safety • Developed problem solving skills • Developed stress coping skills • The feeling of being in control • Good social relations • Financial security • Purposeful activity • Well-defined goals • Spirituality • Creativity 	<ul style="list-style-type: none"> • Family problems • Problems in relationships with others • Financial concerns • Physical and/or mental fatigue • Sleeping difficulties • Use of psychoactive substances (drugs) • Over-consumption of alcohol • Major life changes • Perfectionism • Over-expectations and/or unclear expectations during the studies (or at work)

Positive experiences from abroad suggest that universities need to create conditions in which students will be encouraged to take care of their own lives. Academic environments which emphasize the need to take care of one’s personal mental health have a protective effect on students’ mental health. Universities possess certain characteristics which distinguish them as places where organized care for mental health can give particularly good results:

- They include a substantial portion of young people, as around 70% of all secondary school graduates enroll in universities (Jokić-Begić, Lugomer Armano and Vizek-Vidović: 2009);
- The university period is the only period in adulthood in which many activities are done within the same system: the acquisition of knowledge, career planning, social relations as well as healthcare, social, legal and other support;
- Due to their educational function, universities encourage the discovery of new, as well as deepening and broadening of existing knowledge regarding mental health, and the empowerment of persons with mental disorders;
- The academic environment provides a unique framework for consistent care for and promotion of mental health.

At universities in Europe and around the world psychological support is provided to students as part of psychological counseling, which is a standard aspect of student care. At Croatian universities there are counseling centers, some of which offer a very high level of services, while some are rather neglected or organized sporadically, at the level of individual faculties. Universities have a responsibility to include care for students' mental health into their strategic goals.

How can that be done? Firstly, students should be sensitized to recognize mental difficulties early on, but university teachers and other staff should also be made aware of the importance of care for mental health. Secondly, efficient types of support should be set up and consistently implemented. This will create conditions for preventing more serious mental difficulties. Research shows that the sooner a person seeks help in dealing with mental difficulties, the more likely it is that they will make a complete recovery (Garety et al., 2006). Another important aspect of promoting mental health in the academic community should also be emphasized: the destigmatization of mental disorders and help-seeking. It is not easy for students to admit that they need professional help or to seek it. The stigma attached to mental difficulties is still strong and omnipresent. It is still considered unnecessary to take care of one's mental health, and the prevailing opinion is that "mental difficulties are a sign of a weak character." The assumption is that mentally healthy individuals will spontaneously adapt to the demands of the social roles which they acquire during their growth and development, and this also applies to academic demands. If a

difficulty arises it is ascribed to personal weakness and incompetence. This is the reason why many students hesitate to see an expert early on in order to prevent more serious difficulties from arising.

What is the situation regarding students' mental health in Croatia?

A study was conducted as part of the "Developing University Counseling and Advisory Services" (DUCAS) project involving a sample of two thousand students during the summer term of the academic year 2007/2008. The aim of the study was to determine student difficulties as well as needs for certain types of psychological help. The study was carried out at the University of Zagreb, the University of Rijeka and the University of Zadar.

The results (Jokić-Begić, Lugomer Armano and Vizek-Vidović: 2009; Živčić-Bećirević, Smojver-Ažić, Kukić and Jasprica: 2007) show the following:

- Most students (over 90%) encounter mild and transient disturbances such as tension, anxiety and insecurity during the course of their studies;
- A smaller, but still significant percentage of students (around 25%) encounter long-term and serious mental problems;
- The groups which tend to have more emotional and psychosocial difficulties are female students and students in higher years of their studies;
- Female students show better academic and social adaptation, but poorer emotional adaptation when compared to male students. They are more willing to express their difficulties and talk about them openly;
- Male students are less satisfied with their success and learning skills, and experience behavioral problems more frequently. This is especially noticeable in their first years of studies, when they need help in developing academic skills. They are less willing to talk about their problems;
- Students who left home in order to go to university experience more difficulties adapting emotionally at the beginning of their studies when compared to their colleagues who did not leave home, but the situation is different toward the end of their studies. Regardless of gender, students in their final year who left home show a significantly better emotional adaptation than their peers who stayed at home with their families. These results suggest

a possible positive effect of leaving home on the social adaptation of female students which appears during their final years at the university;

- Students are generally more satisfied with different aspects of their lives at the beginning of their studies than in the final years of their studies. More emotional difficulties also occur in higher years;
- Students are less sure of their learning skills and success at the university at the beginning of their studies. During this period they are more open to attending workshops aimed at acquiring specific learning and communication skills;
- Academic failure is related to the increased number of difficulties and decrease in general satisfaction with different aspects of students' lives. That is why it is important to take notice of the students who show the first signs of academic setbacks and provide them with adequate assistance in time. This will prevent more serious emotional difficulties from emerging.

Mental health of students with disabilities

Students with disabilities encounter the same challenges as other students. They might be expected to be a particularly vulnerable group since they have their disabilities to deal with, together with adjusting to university life. However, we must bear in mind that most students with disabilities had their disability before they enrolled in university and for most of them the process of adjustment to their disability was already completed. What they need to adjust to now is a new environment (social, architectural), a new way of studying, new people, being separated from their parents and becoming independent. Therefore, they face the same developmental tasks as other students, and it should be expected that they have the same psychosocial needs and face the same potential difficulties.

The text that follows will present the most frequent difficulties that students face during their studies, which may significantly affect their mental health. Most students encounter problems with learning, anxiety, depression, stress, traumatization and loneliness.

LEARNING PROBLEMS

Daria Rovan and Nina Pavlin-Bernardić

Nataša (19) is a first-year history student. She has completed a general-program secondary school, where she had very good grades. When her university classes started, she was soon overwhelmed by obligations. There was much more that had to be learned than at school, and it was often necessary to study from several books for a single course, and also write term papers. In the primary and secondary schools Nataša would mostly study by first reading the chapter she was studying to see what it was about, and then she would repeat the information a few times out loud until she memorized it. Now she realizes that in this way she does not have enough time to learn all that is required for the exams. She has failed some exams, and passed others, but she is not satisfied with her grade average. Since she is putting a lot of time into studying, she has begun to doubt her intellectual abilities and this is making her unhappy.

At the beginning of their university studies, all students encounter a new situation they need to adjust to. They each face different changes in the process: some start a new life hundreds of kilometers away from their families, some have to make new friends, while some face financial problems. What they all have in common, despite their differences, is adjusting to the higher education system, which is in many ways different than the secondary education system.

Many studies of the learning and teaching processes in higher education provide an insight into how students perceive the transition to this level of education, and how this transition can be made easier, enabling them to become more successful. Generally speaking, the quality of the learning process in higher education can best be described through the ways in which students approach learning (Biggs, 1993). Learning can be oriented towards meaning and understanding, which is called a *deep approach to learning*. This approach is characterized by the linking of new information to previous knowledge and

experience, looking for patterns and rules to structure the acquired information, a careful and critical argumentation, checking the accuracy of the conclusions, and an active interest for the content of the course. On the other hand, an orientation to the reproduction of the learning material is also possible, and this is called a *surface approach to learning*. This approach is manifested in studying without considering its purpose, a routine memorizing of facts and procedures, and an attitude toward the course as if it comprised of unrelated pieces of knowledge. A *strategic approach* implies choosing an appropriate learning strategy for maximizing the chances for a good academic performance, and it implies consistent learning efforts, identifying the right learning materials, an efficient time management, and meeting the teachers' requirements. A number of studies have shown that those three approaches to learning are related to different learning outcomes (academic achievement, skill development, satisfaction, etc.), with the deep and strategic approach being related to favorable academic outcomes, and the surface approach being related to poor academic outcomes (Biggs, 2001; Lizzio et al., 2002; Watkins, 2001).

Choosing a specific approach to learning depends on the interaction of the student's characteristics (previous knowledge, academic abilities, personality traits, values, etc.) with the characteristics of the educational context (the organization of studies, teaching methods, the difficulty and structure of courses, etc.). The way students experience the academic environment, how successfully they assess requirements they need to meet, and how successfully they choose the methods to cope with those requirements are particularly important. These challenges are most evident at the beginning of the studies, and they can have a strong influence on the student's remaining time at the university.

Although students themselves have the key role in choosing the way they will approach learning, their teachers' methods can do much to help the students choose an efficient, adaptive approach. Students who perceive their obligations as too demanding (e.g. a reading list that is too extensive and which they cannot read in the given time period), or who feel that the criteria are unclear and that the examinations encourage learning without understanding (e.g. if they are required to know isolated facts, without connecting them into a whole) are more likely to choose the surface approach to learning. In contrast, students who feel that the teaching methods are good, that the goals are clear, and that they have a certain degree of independence in the process of learning will probably adopt the deep and strategic approaches to learning. This can be accomplished by a thoroughly prepared course

description with clear, detailed goals, which the teacher adheres to during the course and in the assessment process, or by providing the students with the possibility to choose specific topics to deal with in their term papers.

Some students will encounter additional problems in adopting an efficient approach to learning. Among the most common barriers to successful studying are underdeveloped learning strategies, difficulties with time management and goal setting, test anxiety, and procrastination. These issues will be addressed in more detail below.

Underdeveloped learning strategies

The transition from secondary school to university is a great change for students in terms of the amount of study material and the way to learn it. The study material is more extensive, it often requires a thorough processing and understanding, as well as critical examination. For some courses students need to read and learn from several books, and while studying they need to know how to differentiate between what is important and what is not. This is the reason university teachers can expect some students to have difficulties, especially in the first year of their studies. If we recall Nataša from the example at the beginning of this chapter, we can see she repeated the material mechanically while studying, without using other learning strategies, and when the amount of material became excessive, this strategy was no longer adequate.

Learning strategies are specific procedures we use to facilitate information acquisition, storage, or retrieval, and to make learning easier, faster, and more fun (Oxford, 1990). Cognitive learning strategies can be divided into three types (Vizek Vidović, Vlahović-Štetić, Rijavec and Miljković, 2003):

1) *Rehearsal* is a literal or condensed multiple repetition of information, without making any effort to process it. It is often necessary to use this strategy, but its exclusive use is not effective because knowledge stored in this way is not well connected with other knowledge, and can easily be forgotten. Furthermore, it does not provide sufficiently deep knowledge

that would enable the understanding of different concepts within an area studied (Lynch, 2006). Since the expected type of examination affects the way students study (Grgin, 2001), teachers are advised not to ask in the exams only for the demonstration of knowledge that can be acquired by mechanical repetition, but also higher levels of knowledge, such as understanding, analysis, synthesis, and application.

2) *Organization* refers to organizing the information in a systematic way. One way to organize information can be to identify its most important parts and concepts (Sorić and Palekčić, 2002). This includes activities such as underlining the important concepts, drawing tables, diagrams, and graphs in order to structure the information, as well as writing short summaries and making lists of technical terms and definitions. Another method that can be of great help in the learning process involves the making of diagrams which show relations between higher and lower ranking concepts and the drawing of mind maps. Teachers can inform their students about the usefulness of this learning strategy, and they can also use it as a model in class by showing presentations in which diagrams indicate relations among the concepts. It is advisable to use pictures, tables, or summaries at the end of every topic.

3) *Elaboration* is a process of broadening new information by adding to it or connecting it with what is already known (Vizek Vidović et al., 2003). This strategy also includes critical thinking about the material being learned. Teachers can encourage their students to use this strategy by asking them in class if they recognize to which areas of knowledge already covered the new information is connected. Furthermore, they can encourage them to give their critical opinions on the topic, to come up with their own examples or to indicate the ways in which the concepts under discussion could be applied in practice.

Knowing about the existence of different learning strategies can make it easier for teachers to understand the problems their students face while learning, as well as to adjust the content they teach in such a way that it encourages the use of organization and elaboration strategies, and not only rehearsal. They can also help students by explaining clearly what the exam will be like, and what type of knowledge they expect in order for students to earn a passing grade (e.g. how the students will be expected to show them that they have understood the information rather than learned it mechanically).

Today most teachers use PowerPoint presentations in class and make them available to their students. However, students need to be warned that this does not mean they should not take notes in class at all, because slides often do not contain everything the teacher has

talked about, but only the main points. Note taking is useful because it helps students concentrate and focus, as well as organize information (Boch and Piolat, 2005). This is more helpful for students with less background knowledge, and it is especially useful for them to write illustrative examples that the teacher or other students mention, because later these examples will facilitate the understanding of the information.

If the course involves mathematical problems, it is useful to encourage students to summarize and highlight different examples of problems in their notes after class, as well as different methods to solve them. If a problem can be solved in several ways, it is useful for them to write down all the methods, because later this will make the understanding and independent problem solving easier (Tonković, 2009).

Problems with time management and goal setting

Bojan (27) has completed his coursework in sociology, but has not yet taken his final examinations. He is a student with a severe physical disability. In everyday functioning, for example for transportation or when getting dressed, he is dependent on the help of other people, which he says is hard for him and creates organizational problems. His big wish is to complete his studies. However, on a daily basis he faces problems with persistence and with organizing his time for studying. He often lacks motivation to fulfill his academic obligations. These problems with motivation and organization are an even bigger issue for him than for abled students because the difficulties with performing everyday activities leave him with much less time for studying.

Due to Bojan's objective difficulties, which daily require a lot of his time, he needs to use the remaining time much more efficiently than other students in order to achieve similar results. He has to plan and organize his study time well. Students often have difficulties organizing their study time because of the more extensive obligations they have at the university, which they need to coordinate with their other obligations and with their social lives. An additional problem may be caused by their timetable: while classes in primary and

secondary schools are organized in morning or afternoon shifts, at many universities students have lectures all day long, with breaks in between which they often do not use efficiently.

In the last two decades the SMART goal setting model (e.g. Conzemius & O'Neal, 2006) has become very popular in educational institutions and in companies. This model of goal setting is also supported by research results (e.g. Locke and Latham, 2002). The acronym SMART refers to the characteristics a goal necessary should have to be achieved efficiently. A goal needs to be specific, measurable, attainable, relevant, and timely.

A goal should be *specific*, i.e. very clear and elaborate, since unclear goals provide unclear results. Therefore, goals need to include a detailed description of what a student wants to accomplish, the deadlines (which is also in accordance with the timeliness criterion), and the activities and subgoals. It is not enough to say "I will write my final paper by the end of the semester," as such planning is more likely to result in failure than if all subgoals that lead to the accomplishment of the final goal are specified.

A *measurable* goal is set in such a way that its accomplishment can be measured in one way or another. After the deadline for accomplishing the goal has expired, both the student and the teacher have to be able to measure if the goal has been accomplished or not. Most students are not used to setting their goals in this way, and they should get the understanding and the assistance to do so. For example, if they need to submit their term papers within a few weeks, the students might set a weekly goal such as "I have to start working on the Introduction," while a measurable goal would be "By the end of this week I would like to have written five pages of the Introduction."

A goal should also be *attainable*, that is, challenging, but realistic for the current level of the student's competence. Setting unattainable goals discourages students and leads to a decline in motivation. For some students the goal may be, for instance, "I want to pass all the exams by the end of the summer exam period, with excellent grades," while it would be better to say "I want to pass all the exams that are mandatory requirements for the enrollment into the next semester with a very good to excellent grade average," if that is more in line with their abilities and previous grades. Clearly, setting goals that are too easy to achieve ("I will study for two hours every week") is not smart, either, because it is bad for the motivation and does not lead to the accomplishment of the final goal.

The *relevance* criterion ensures that the goals are in accordance with the student's global professional and life goals. For example, if the student's ultimate goal is to pass all the exams by the set deadline, then the goal "I will take lessons in playing the guitar and in a foreign language two months prior to the end of the semester" is not relevant within this context. A more relevant goal would be "I will take a course in efficient learning or time management."

A *timely* goal is set in such a way that its beginning and end are specified, since leaving out the element of time leaves room for procrastination. For every goal it is necessary to specify which subgoals it includes (for instance, collecting the assigned reading materials, defining the structure of the term paper, writing the introduction, writing different chapters, etc.), and the time needed to accomplish each. In addition to setting the global goal ("I need to submit the term paper in three months"), students should set goals on a weekly basis as well, that is, what part of the goal they want to accomplish within a given week. Their teacher can also help by setting deadlines for certain parts of the goal. For instance, if students have to work on a group term paper, the teacher may set the date by which they need to agree on the topic of the paper, the list of references to be used, the chapters the paper will include, etc.

To sum up, the student Bojan from the example at the beginning of this chapter should elaborate his goals for each course according to the SMART model, and then make a weekly study plan, in which he will take into account the fixed obligations that are time consuming. In order to use the available time as efficiently as possible, Bojan could use longer breaks between lectures to study or to do smaller assignments. If he specifies parts of the studying material he wants to study each day and defines clearly the time he will use for studying, it is more likely that he will meet those subgoals and be more motivated.

Test anxiety

Josipa (19), a first-year student of history, had prepared for a mid-term test in a compulsory course; she had studied the assigned reading quite thoroughly, and it seemed to her she had acquired all the key concepts, but she was worried about writing the test well. A good grade in this course was very important to her because she wanted to prove to herself that she was good at her studies and that enrolling in the university was not a mistake, and also for her parents to see she was taking her studies seriously. When she came to take the test, she was surprised to see that it had only one question that required a very elaborate answer. She was overwhelmed with worry, her heart started pounding, she started to sweat and lost a lot of time trying to calm down as much she could. She passed the test, but regretted not being able to show everything she had learned because of her agitation and the time she had lost as a result.

The knowledge students will acquire, as well as grades they will earn at the university are of great importance for their future careers, so it does not come as a surprise that a whole range of emotions, often very intense, are related to studying. During their studies every student has the opportunity to experience enjoyment, hope, pride, but also boredom, anger, and anxiety. Emotions are very important in the education process because they affect students' motivation, their performance, and personality development (Pekrun, 2009). Adaptive emotions such as enjoyment in studying help with goal setting, make creative problem solving easier, and are a precondition for an efficient self-regulation of learning. Non-adaptive emotions such as excessive anxiety, helplessness, or boredom are negatively correlated to academic achievements, result in dropout, and impair psychological and physical health.

One of the unpleasant emotions mentioned, test anxiety, has been the subject of many studies which have confirmed that it is often present among students, both before and during exams (Zeidner, 1998). Test anxiety is an emotion arising from anticipated failure in the present or upcoming test situation (Pekrun, 2009). Students prone to test anxiety have a particularly low stress tolerance threshold in evaluation situations and tend to perceive these types of situations as a threat to their sense of self-worth.

The mechanism of test anxiety effect will be explained in more detail in the next chapter, which deals with the issue of anxiety, while this chapter focuses on the relationship between the characteristics of the educational context and the appearance of test anxiety. The probability that students will experience test anxiety depends on the way they appraise the educational context they are part of. This appraisal depends on the students' beliefs (e.g. anticipating failure, self-assessment of abilities, self-efficacy, perceived control over the learning process), but it also to a great extent on the objective characteristics of the educational context (e.g. difficulty of the subject matter or type of examination).

Research shows that the teaching and examination methods have a strong impact on test anxiety (Zeidner, 1998). A lack of structure and clarity in the teaching methods, as well as assignments which are too demanding, contribute to the appearance of test anxiety, particularly in students anticipating failure. Another factor that contributes to student anxiety is the lack of structure and transparency in test situations (e.g. insufficient information about the teacher's requirements, the type and amount of the material students need to cover, and grading methods).

According to the results of numerous studies, environmental factors play a significant role in the appearance of test anxiety among school and university students (Pekrun, 2009). These findings suggest that teachers can do a lot to ensure that this unfavorable emotional reaction appears in the smallest possible number of students and with as low intensity as possible. The teachers who find in their approach an efficient method to make the subject matter they teach accessible to students, who encourage their students to study actively, and who show enthusiasm and interest, create stimulating conditions that will certainly lead to more pleasant and fewer unpleasant emotions related to learning. A set of specific guidelines can help teachers create learning conditions that will lead to a lower incidence of test anxiety.

Strategies for reducing test anxiety among students:

- Clearly define course requirements and explain assessment criteria;
- Provide students with clear instructions on the assessment process (exam duration, number of questions, question format etc.);
- Adjust the difficulty of questions or problems in the test and their sequence (questions or problems should be of different difficulty and ordered from easier to more difficult);

- Make it easier for students to activate the acquired knowledge (e.g. by providing an introduction before a question or problem, asking additional questions in oral examination, etc.);
- Allow more time for completing the test to students with very pronounced test anxiety;
- Remind students not to be too fast or too slow in doing the test, and to skip a question or problem if they do not know the answer immediately;
- In oral examination, give students enough time to think and allow them to make a draft answer before they start to answer the question;
- Assess students' knowledge by using other methods alongside traditional exams, such as homework, group projects, or portfolios;
- Provide students with a clear and detailed feedback on the quality of their work (in order to enable them to form as accurate an assessment of acquired knowledge as possible);
- Emphasize to students that acquiring necessary competences is more important than their performance in comparison with other students;
- Reduce social comparison and public announcement of exam results (publicly displayed lists with exam results are an additional source of stress for many students).

(Alderman, 2004; Pekrun, 2009; Pintrich and Schunk, 2002; Woolfolk, 2005)

Academic procrastination

Trpimir (25), has completed his coursework in the English language and literature, but has not yet taken his final examinations. He has serious problems with procrastination. He usually puts off writing term papers and studying for exams until the last moment, and he sometimes misses the scheduled exams. He explains his procrastination away as a consequence of his numerous family obligations, but he is also aware of his time management problems. As he is actually very interested in his studies, he is himself quite surprised by the fact that he cannot accomplish his assignments on time.

For as long as he can remember, Trpimir has felt badly about not meeting his own expectations or the expectations of others, especially his parents. The more important the exam, the greater Trpimir's fear is of failure. This is why he often feels uneasy even just looking at a book, and why it is hard for him to start studying, although he really wants to pass the exam, earn the best possible grade, and learn as much as possible. In justify his procrastination and being a responsible young man, Trpimir took on a lot of family obligations, far more than his parents expected of him. When he finally started studying, there was simply not enough time left to go through all the assigned materials. Trpimir barely managed to pass the exam, and he justified his poor performance by saying "I began studying too late, next time I will definitely begin sooner". However, the next time the situation was the same. Trpimir's results are far below his abilities because of his systematic procrastination.

Academic procrastination refers to a tendency to delay starting or finishing activities that are to be accomplished (Steel, 2007). High-priority obligations are usually delayed in favor of lower priority ones, which creates a false justification for the procrastination.

Academic procrastination is the most common form of self-handicapping behaviors students engage in to protect self-esteem (e.g. deliberately investing less effort, making excuses due to health problems, mood swings, etc.). Self-handicapping behaviors refer to a tendency to create certain obstacles (either real or imaginary) to one's own achievement, with the aim of having a ready-made excuse for failure if it occurs (Urdu and Midgley, 2001). For instance, students will often procrastinate when it comes to their mid-term tests or term papers. If they wait until the last moment to start working on accomplishing their obligations, it is likely they will not be as successful as they would be if they started working on time.

As a rule, this type of behavior results in poor performance or failure, which could lead to the conclusion that the student, faced with such consequences, will no longer engage in such behavior. However, quite the opposite happens, because with this type of behavior can efficiently "protect" one's sense of self-esteem. More precisely, if students experience failure, they can attribute it to the lack of commitment. In this way one's self-esteem is protected, because the failure need not be attributed to one's lack of abilities. At the same time, if students experience success in spite of the procrastination, they can attribute this to

their high abilities. As they have not invested enough effort in studying, their success can only be attributed to their abilities. In contrast, if students try hard and do not procrastinate, but still deliver poor results, they are likely to conclude that their abilities are poor, which negatively affects their sense of self-esteem. Previous research has shown that school and university students with low self-regulation, self-respect, and self-efficacy are particularly prone to academic procrastination (Midgley and Urdan, 1995; Shanahan and Pychyl, 2007).

Among the most important environmental factors that affect self-handicapping behaviors are the assessment requirements that school and university students encounter (Pintrich and Schunk, 2002). When students feel that their teacher assesses their abilities comparing them to the abilities of others, they are more likely to engage in procrastination than when they are assessed in terms of effort, progress, and the mastering of tasks. Teachers' focus on relative ability, good grades, and competition among school or university students is known as *performance orientation*, whereas the focus on effort, the mastering of tasks, and individual progress is called *mastery orientation*. If the educational environment focuses on mastery, a lower incidence of self-handicapping behaviors can be expected (Urdan and Midgley, 2001). Furthermore, providing students with high quality feedback helps them build the feeling of self-efficacy and, as a consequence, of self-esteem, which reduces the likelihood of their engaging in self-handicapping behaviors.

The challenge of choosing the right approach to learning is most evident in higher education. As a rule, the topics that need to be covered are highly complex, and the students are expected to have mastered all strategies necessary to learn the required material, and to be very independent in doing so. At a certain point in their studies, nearly all students face problems in this complex process, and their teachers can help them a lot in overcoming them as quickly and as efficiently as possible. If teachers show keen interest in the area they teach; if their approach to teaching is aimed at making the area accessible to students; if they care about students, their success and their opinions; if they give quality feedback, set clear goals, and encourage students' independence, they will make it easier for their students to choose an efficient approach to learning (Ramsden, 2003). Such a support from teachers will be of great importance to all students facing learning and other related problems.

ANXIETY

Tanja Jurin

Student life is a special part of growing up. During that period students undergo many positive changes and have interesting experiences. At the same time, they are exposed to stress and problems associated with academic life. Adjusting to a new environment, concern about their academic obligations, studying and exams, giving presentations of their work and satisfying the enrolment requirements for the next semester are a part of every student's life. Most students experience this kind of stress and learn to cope with it. However, a number of students will find that level of stress difficult to handle, and they will develop a number of anxiety disturbances which they might need extra help to overcome.

I was an excellent student during secondary school. I preferred written to oral exams, but I thought that most students felt the same as I did. When I entered university, at the very beginning of the first semester I got an assignment to give an oral presentation of my seminar paper before my colleagues and my professor. I was assigned 20 minutes for it. Never in my life had I spoken for that long in front of a group of people, especially not about an important topic. A few days before the presentation I was very tense and could not relax. All I could think about was that I was going to embarrass myself; that everybody would notice I was scared and that it was going to be a complete disaster. I could not sleep the night before and when I tried to practice my presentation, I kept making mistakes and forgetting what I was about to say next. The morning before the lecture I had digestive problems and I could not eat anything. As I approached the university, I noticed that my hands were cold and my stomach had "frozen". I was out of my mind with what was about to follow. I would have given anything in the world if somebody had told me at that point that the seminar had been cancelled. I even thought about skipping the class and saying that I was ill, but I did no such thing. When the professor called my name, I broke out in cold sweat, followed by a hot flush. My hands were sweating. I started my presentation and everybody

was watching me. I had a feeling they knew something was wrong with me. My heart was pounding, my voice trembled and I thought I was not going to make it. It was my first presentation and I was about to humiliate myself. I stammered many times during the presentation, I even froze once and did not know what to say next. The professor helped me and I continued. During the entire presentation my symptoms did not fade. Nobody made any comments about my presentation, but a discussion about the topic followed. Afterwards, I thought I noticed some people making comments about my presentation. They must have thought that I was a loser. It was not until a few hours later that I calmed down, but then I became desperate about my state. I think in future I will try to avoid presentations, I am just not cut out for that.

Marko, 20

What is anxiety?

Anxiety is a normal and healthy reaction. It is an unpleasant sensation of fear and apprehension, accompanied by various physical changes (rapid heartbeat and breathing, excessive sweating and tremor) manifested in dangerous or threatening situations.

The adaptive function of anxiety lies in its unpleasantness, since it makes us more cautious and urges us to analyze and plan. In other words, anxiety is necessary and, up to a point, it increases our motivation to react in difficult situations. The data from research involving students of the University of Zagreb provide information on how common anxiety is. Approximately 90% of the students admitted to having experienced feelings of anxiety and nervousness (Jokić-Begić et al. 2009).

When anxiety reaches a high level which people believe is beyond their control, and when it lasts for a long time or occurs in situations which are objectively not threatening, anxiety becomes a problem (Lépine, 2002). Marked disturbances experienced by people suffering from anxiety can affect and hinder their everyday academic, professional and social functioning. Anxiety disturbances can develop into anxiety disorders if they become severe, long lasting and disruptive of everyday functioning. Anxiety disorders include specific

phobias, social phobia, panic disorder, obsessive-compulsive disorder and generalized anxiety disorder.

Text box 1. Differences between normal anxiety and problem anxiety

Normal anxiety	Problem anxiety
Concern about finances, breakup of an emotional relationship, exams or any other important event in life	Continuous, unfounded worries which cause severe agitation and interfere with everyday activities
Discomfort associated with uncomfortable or unusual social situations (public performance)	Avoiding social situations for fear of embarrassment, humiliation and negative evaluation
Nervousness and increased sweating before exams, presentations and public speaking	Sudden panic attacks without clear reason and preoccupation with another possible panic attack
An objective fear of dangerous objects, places and situations	Irrational fear and avoidance of objects, places and situations which pose no actual threat (for example, the tram, the theatre, etc.)
Concern about leading a healthy life and creating a risk-free living environment	Uncontrolled repetitive actions such as cleaning, checking, touching, etc.

All anxiety disturbances manifest themselves in several ways:

1. **Physically**, a person experiences a variety of body sensations. It is evident from the example above that the student experiences rapid heartbeat and breathing, hand sweating, chills, hot flushes and gastrointestinal problems;
2. **Emotionally**, a person most often experiences discomfort, fear, apprehension, disquiet, etc.;
3. **Behaviorally**, anxiety could result in withdrawing from threatening situations, avoiding or postponing them;

4. **The cognitive component** of anxiety refers to worries and negative preoccupations over possible outcomes of a situation perceived as challenging and threatening. Consequently, a student could start having negative thoughts such as: *I will fail the exam again; I will embarrass myself and everyone will think I am stupid; I will never make it, etc.*

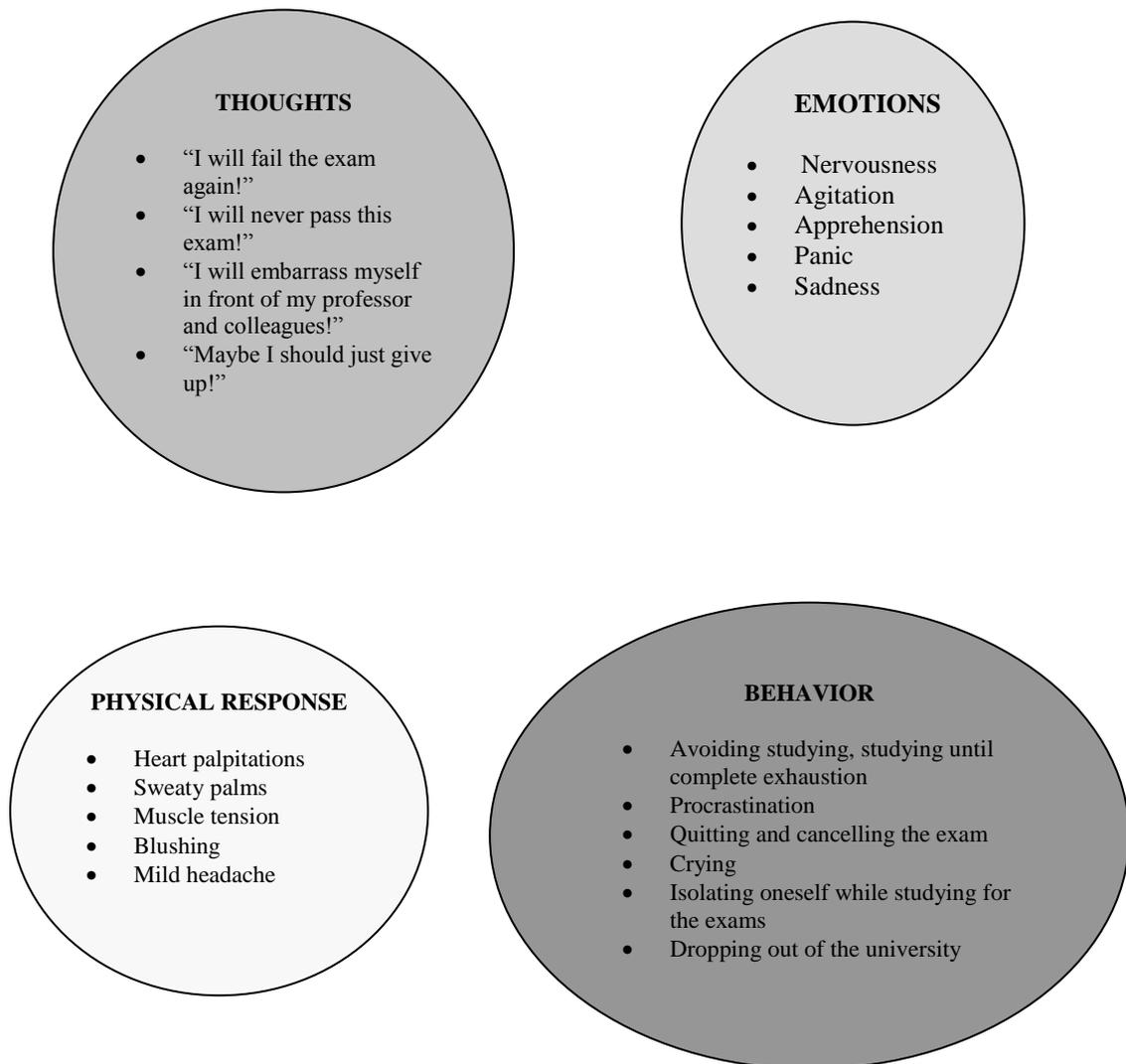


Figure 1. An illustration of physical, emotional, cognitive and behavioral components of anxiety during an evaluative situation.

Gender differences and anxiety

Women tend to experience anxiety disturbances more frequently than men, regardless of the culture they grew up and live in (Craske, 2003). This suggests that women might be biologically predisposed to suffering from these disturbances. This is believed to be associated with the differences between the dominant sex hormones. Estrogen makes women more sensitive, which is why they experience sensations of fear more easily than men. This is thought to be an evolutionary adaptation that makes women more susceptible to danger, which in turn enables them to save themselves and their children in time. The ways in which men and women deal with anxiety differ as well. It is socially acceptable for women to be more frightful and seek comfort and help, while men tend to avoid showing their feelings of anxiety. Men often opt for some of the socially more acceptable means of dealing with anxiety, such as alcohol abuse or expressing aggression through violence (Craske, 2003).

Development of problem anxiety

We all know someone who was in a very difficult situation and did not develop any emotional problems. People who express any sort of emotional problems are judged against those examples, and as a result they are often perceived as weak and emotionally unstable. They are often stigmatized and inaccurately blamed for their condition. Anxiety, as any other disturbance, develops in certain conditions. Studies show that certain personality traits, family circumstances, heritability and stressful events are factors which may cause anxiety disturbances.

Various aspects of anxiety

Numerous problems and difficulties during the period of studying at a university will cause different anxiety disturbances: firstly, various emotional disturbances (personal dissatisfaction, low self-esteem, etc.), and secondly, difficulties associated with academic obligations, adjustment to student life, and interpersonal relations.

Adjustment to student life

Eighteen-year-old Ivan is a first-year-student from a small town and a large family. He is the first member of his family to go to university. At secondary school he was an excellent student. His teachers considered him to be extremely intelligent and encouraged him to go to university. At home, he enjoyed spending time with his family, working with animals and helping in the garden. He wanted to go to the Faculty of Veterinary Medicine, but his parents talked him out of it and instead he went to the Faculty of Electrical Engineering and Computing. Since he came to Zagreb he has not made any friends and he leaves his room only when he goes to classes. During the past three months, he has not got to know the city he lives in and cannot find his way around with public transportation. He has failed his first exams and claims that everything is so difficult. He did not expect this much learning material and he thought there would be more programming involved. He is afraid that he will not succeed in his studies. He is constantly thinking about his hometown and family, and misses them terribly. He describes symptoms of agitation and nervousness and feels very lonely. He often wants to go home, and when he does, he feels well.

Many students successfully adjust to a different lifestyle and studying, but some students experience considerable difficulties. Academic obligations are different than the obligations they used to have. They include meeting deadlines, covering large amounts of material and giving presentations before their colleagues and professors. Suddenly, they are expected to be more skillful at organizing their notes and material, to spend more time carrying out certain tasks, to think critically and weigh possible answers, while until now they were not trained to think in that way.

In addition to adjusting to their academic obligations, students have to take care of themselves. Many of them start a new life away from their families and have to organize their lives independently and from scratch. They have to find a place to live, take care of the finances and make friends. Their primary role – studying – becomes entirely their own responsibility and, however tempting that may sound, not everybody finds it easy to cope with. Most university environments have a competitive atmosphere, which is why students often feel lonely or afraid of failure. Students from smaller communities, students whose

parents did not go to the university or students with health problems can experience fear of failure from the very beginning. On the one hand, this could be beneficial and make them work harder and achieve good results, but on the other hand, there is a possibility that the anxiety will interfere with their self-development and carrying out of everyday duties. Data show that there is a significant number of students who do not complete their studies (34 % according to the Croatian Bureau of Statistics, cited in Živčić-Bećirević et al., 2007) and a part of that percentage certainly includes those students who could not cope with the new demands and who dropped out of the education process.

Emotional relationships

Student life is defined by first attempts at establishing emotional relationships, but also by failing to establish desired relationships. Experiencing an unsatisfying emotional relationship, emotional suffering and inability to establish desired relationships are very often accompanied by the feeling of anxiety. Most of these problems are of transient nature and quite common for this life stage. However, if the disturbances continue for a long time and begin to interfere with the performance of everyday duties, students should ask for professional help.

Homosexual students are more likely to develop serious anxiety disturbances. Given that it is usually during their time at the university that homosexuals reveal their sexual orientation for the first time and make first contacts and love relationships, it is possible that their anxiety will be more intense. The anxiety they suffer from usually results from fear of negative reactions from their environment (colleagues, family, etc.) and the society's stigmatizing attitude towards homosexuals.

Family relationships and problems

When the time comes to go to university some students have trouble separating from their parents. Separation anxiety usually disappears during the first few months (Lapsley, Rice and Shadid, 1989). During that period they tend to go home more frequently, but in time the number of visits drops and they start adjusting to the new lifestyle. Interesting new activities, acquaintances and the development of a new social network enable them to become independent, which is why they go home far less frequently. In case separation

anxiety persists, students should seek professional help, in order to build a better social network in the place of study.

While studying at a university, students can experience some family problems, as well. Parents who are worried that their child might fail could become extremely demanding and controlling (Agliata and Renk 2008). They want to be informed about how much time their child spends studying and when the exams are. They have their own ideas about how, and how hard, one has to work in order to succeed, and sometimes they express dissatisfaction with their child's grades. On the one hand, they want an independent and responsible student, but on the other hand they want to be in control of the situation at all times and do not allow their child to take over the responsibility. This kind of relationship could have a negative effect on the student's self-confidence and could lead to conflicts accompanied by the feeling of anxiety (Agliata and Renk, 2008).

There are other family problems that can also cause feelings of worry and affect academic functioning. A difficult financial situation due to which the student is forced to work while studying, concern about a family member who is ill or experiencing some other difficulties, and dysfunctional family relationships are some of the family problems students may have to deal with.

Exams

Nineteen-year-old Antonija is a third-year-student who was diagnosed with dyslexia at the age of 9. She was an excellent student in elementary and secondary school because she worked very hard and spent more time studying than her colleagues. She has been under great pressure since she entered university because she does not have enough time to make sure she has mastered everything. There is more material now, and she is convinced that everyone else is better than her. She passed her first exams with good grades, but considering the effort she had put in, she was not satisfied with the results and her confidence was shaken. During the next exam she experienced a strong sensation of fear which caused a mental block and she lost a lot of time just scanning the questions and not answering any of them. She scanned the questions looking only for those to which she knew the answer without giving herself enough time to think. When she noticed that the others

were turning in their exams, the anxiety increased. Antonija failed that exam and she is now afraid to take it again. She is convinced that the same thing will happen to her again, and that she will not graduate from this university. When she tries to study, she gets even more upset because she thinks of that unpleasant situation and often starts to cry. Her problem has made her sad, and she has distanced herself from her colleagues.

There is probably no student who has never been afraid of taking an exam. Fear or nervousness that students experience in an evaluative situation is beneficial because it causes them to focus harder on the exam, which makes them more successful. However, the fear students sometimes experience can be much more intense, it can cause extreme uneasiness and be counterproductive when it comes to applying the acquired knowledge.

The definition of test anxiety

Test anxiety is a tendency to respond in an evaluative situation with self-directed interfering responses such as helplessness, inadequacy and concern over possible failure, accompanied by a tendency to escape from the evaluative situation.

Sarason (1980)

People who suffer from intense test anxiety are believed to fail in performing well on their tasks because they are distracted by activities irrelevant to the solution of the task itself (Arambašić, 1988). Exam fear or test anxiety consists of two major elements: worry and emotionality (Everson, Millsap and Rodriguez, 1991). Worry is the cognitive component of anxiety, consisting of negative expectations regarding oneself, one's situation and the possible outcomes. Emotionality involves physiological and emotional components, and refers to the heightened arousal induced by a stressful evaluative situation. Low self-esteem is an additional test anxiety factor (Stöber, 2004).

Test anxiety could manifest itself as a transient emotional state which occurs when an individual responds to real or imaginary stimuli regarding possibly threatening or dangerous evaluative situations, and reacts with tension, worry and physical symptoms of arousal. On the other hand, test anxiety can be a relatively fixed personality trait whereby

most evaluative situations will be perceived as serious personal threats and will be accompanied by an intensely anxious state (Lacković-Grgin, 1998).

One out of four students, including those with learning difficulties, are believed to suffer from test anxiety (McDonald, 2001). The high level of anxiety before and during an evaluative situation accounts for students' poor performance (Hembree, 1988). However, research shows that poor academic performance cannot be correlated exclusively with test anxiety, and that there are other contributing factors (Cassady and Johnson, 20002). Perfectionism has proved to be an important factor in test anxiety. According to a study which included a sample of 331 respondents from the University of Zagreb, those students who set high standards for themselves and are constantly afraid of failure are more likely to suffer from test anxiety than the students who perceive meeting those high standards as a challenge and are not afraid of failure or threatened by it (Erceg, 2007).

High-test-anxious students focus on the demands of the task as well as on cognitive activities such as concern and self-criticism, which are irrelevant to problem solving or answering questions, unlike low-test-anxious individuals who devote more attention to the task itself. Intense anxiety during examinations prevents students from reading and understanding questions. It makes it more difficult for such students to organize their thoughts and remember the right words and concepts while answering essay-type questions, which is why they perform more poorly on tests, despite the fact that they are familiar with the material. A mental block may also occur whereby a student cannot provide any answers at all, but remembers the correct answers immediately after the examination.

Test anxiety can affect the quality of students' time while they are studying for an exam, and its symptoms can reduce the efficiency of exam preparation, which in turn can affect exam performance. When students begin to study these or similar thoughts may occur: "What if I fail again?", "My future is ruined", "I mustn't fail because this is my last chance". Next they recall the last time they failed an exam. These thoughts bring about the sensation of fear, agitation and apprehension, or an accompanying physical response which additionally distracts students while they are studying for exams or taking them. Severe uneasiness could result in students' decision to deliberately give up, postpone the exam or procrastinate, which temporarily helps and reduces fear. However, this only pulls them away from their goal, which is studying and passing the exam.

Social anxiety

Twenty-one-year-old Jasmina is an excellent third-year-student who regularly passes all of her exams. She is among the top students in her generation. She says that her problem first appeared in secondary school, when she avoided talking to other pupils because she was afraid she would embarrass herself. She had two friends she could talk to. When she came to the university, she noticed that during the first months everybody was exchanging information in the hall and having lunch or drinks together. A colleague approached her once, but she avoided his company and left. The disturbances became more intense when a professor asked her to share her answer in an exercise with the class. She felt a hot flush and thought that everyone was looking at her, thinking she was pathetic. She started withdrawing in class and tried to avoid oral examinations. Instead, she would refuse the grade and take the exam again. She is currently in her third year and she had never taken an oral examination. Since she is studying engineering, she is one of the few girls in her study program, which makes her situation even more difficult because she stands out. Sometimes boys look at her, but she tries to pass them by as soon as possible with her head bowed so that nobody should ask her any questions or so that she should not notice if they might be laughing at her.

Jasmina comes from a very poor family and lives with her parents and her brother. She describes her family as inadequate and says her father and brother have often insulted her saying she was stupid and ugly. She has never had a boyfriend and she is able to communicate only over the Internet where the other person cannot see her and she has enough time to answer questions.

Jasmina is very unhappy because of her problem, she often cries and gets very upset. Lately, she has felt as if nothing makes sense and as if she will never be able to have normal relationships with others. She is especially worried about the future when the time comes to have job interviews or communicate with colleagues at work.

Social anxiety is a strong and permanent fear of social situations in which a person is surrounded by people and might be observed by them. This irrational fear makes individuals

feel extremely anxious in social situations, or they might avoid social situations altogether. Social anxiety can become so severe that it provokes a panic attack. These problems affect the individual's social life, academic activities and the quality of life. Persons suffering from social anxiety might also be afraid of public speaking or talking to a figure of authority (their professor, for example) or even having a casual conversation with a group of people. In addition to fear, they experience shyness and a lack of self-confidence.

Characteristics of persons suffering from social anxiety:

- Concern over possible embarrassments and fear that others might perceive them as anxious, weak or stupid;
- Fear of public speaking and worry that someone will notice the shaking of their hands and voice, flushed cheeks, etc.;
- Severe anxiety while speaking to other persons for fear of sounding unintelligible;
- Avoiding everyday activities such as socializing with other people, shopping, paying bills at the post office or talking on the telephone;
- Leaving the house can sometimes provoke apprehension because a person anticipates social interaction;
- Eating and drinking in front of other people or writing in public sometimes causes symptoms of anxiety;
- Rapid heartbeat, tremor, sweating, gastrointestinal problems, diarrhea, muscle tension, blushing or general confusion;
- Focus on themselves, their state and the way they speak or look; worried that their symptoms of anxiety might become visible, inability to relax or start a normal conversation, believing that they are boring or even stupid;
- Analyzing past social situations and worrying about the forthcoming;
- If these disturbances continue, they might provoke feelings of loneliness and depression.

Social anxiety is believed to be a result of permanent insecurity about socializing with other people, increased sensitivity to criticism, and fear of rejection. This state is typical of adolescence. However, if it continues during higher education, the student should take it more seriously and ask for professional help (Wittchen, Stein and Kessler, 1999). Social

anxiety should be taken seriously because it could lead to more serious psychological disturbances that might require psychiatric treatment.

Student life involves numerous social interactions. In order to function properly, students should be able to communicate with their professors and other staff, and establish romantic relationships or make friends with their colleagues. Social anxiety disturbances prevent students from accomplishing these developmental tasks, which in turn leads to feelings of personal dissatisfaction. Persons who suffer from this type of anxiety often lack good social skills which they fail to develop because of their avoidance of social interactions (Wittchen, et al., 1999). These are the problems that therapists should focus on while dealing with students who suffer from social anxiety.

Studies show that people who suffer from social anxiety learn very soon that they can communicate much more easily after consuming alcohol, as they become less anxious and suddenly their problem seems to disappear. In order to cope with social anxiety, some resort to this solution which can in turn lead to even more serious problems such as abuse of alcohol and other substances (Wittchen et al., 1999).

Providing help and support to students who suffer from anxiety disturbances

In order to provide the best possible help for students who suffer from anxiety disturbances and maximize their academic performance, it is important to work directly with the students who are suffering from such disturbances, but it is also important to develop preventive programs in order to reduce the number of persons with these problems.

The primary process of preventing anxiety disturbances consists in informing all students who are beginning their university education about anxiety disturbances, about how to recognize their own or their colleagues' symptoms, and about the means of prevention. This type of information can be provided via brochures or public lectures at the beginning of the academic year.

It is particularly advisable to focus on students who are in the risk group for developing anxiety disturbances, such as first-year students, students with disabilities or some other health problems, and students with financial or serious family problems. They should be offered support groups, counseling, and mentoring from senior students. This model of help for students who are likely to develop disturbances should be organized at the faculty level or, in case of faculties with fewer students and less resources, at the university level.

Once students are faced with anxiety disturbances that are starting to interfere with their academic functioning, the situation should be recognized as soon as possible and help should be sought. Who can recognize the disturbances?

1. Every university **teacher** should be able to recognize the basic symptoms of anxiety disturbances their students could develop. Teachers and other staff at the faculty or university level should be trained in providing support for students suffering from anxiety. The aim of the training should be to change the stigmatizing attitudes and to develop empathy for students suffering from emotional disturbances, as well as to recognize basic symptoms that might occur and take appropriate action once they are recognized. Teachers should receive training with regard to different ways of dealing with such problems, ranging from the possible steps they can take themselves to providing information about other organizational units that can help students.

Things every teacher can do during the classes or exams:

- If teachers notice that some students have problems expressing themselves or that they tend to avoid public speaking during classes, they should openly discuss the anxiety their students are experiencing and be supportive and understanding, but insist on answering questions or participating in discussions. For instance, the teacher could explain that the feeling of nervousness before public speaking is perfectly normal and that, to a greater or lesser extent, everybody feels nervous. Nevertheless, this should not be a reason to avoid public speaking, because then one loses the opportunity to express one's opinion. Once a positive environment is created and students realize that everyone is afraid to speak publicly, they will be a lot less anxious while participating in discussions.

- During presentations students should be told that everything would be fine and that it will be a good exercise, because presentations and public speaking will eventually become a part of their jobs. It is important to alleviate the students' anxiety during presentations, reward their effort with a positive feedback and encourage them to keep up the good work. If students' anxiety is paralyzing, teachers should help them by starting a digression or a discussion until they calm down. They should also encourage students by saying that they are doing well and that the fact they are afraid is not a problem. Students could be advised to take a deep breath, drink some water and continue whenever they are ready. It is not advisable to allow students to withdraw from the threatening situation; on the contrary, they should be told nothing bad is going to happen if they proceed. If teachers know that a certain student experiences nervousness before presentations or is afraid of public speaking, they can help by postponing their presentations and advising them to go to counseling first and learn how to control their anxiety. However, such students should not be exempt from giving their presentations.
 - Teachers can help alleviate their students' anxiety in evaluative situations. If they notice that a person is suffering from anxiety, they should adjust their methods of assessment or competence acquisition. If teachers notice that students are having mental blocks, they should advise them to take a break, leave the room, have some water and return to the oral examination when they are ready. Teachers should be careful not to uphold anxiety by allowing students to avoid threatening situations. On the contrary, they should help by creating a secure environment in which students can overcome their fear.
2. **Students themselves** can identify their disturbances, talk to their teachers if they feel they could have problems in certain courses, and at the same time seek professional help. Research shows that 40% of the students would go to student counseling if they noticed they were experiencing some emotional disturbances (Jokić-Begić et al., 2009).

3. **Other students** can also help to reduce their colleagues' anxiety by following instructions from brochures. Furthermore, they could advise them to seek help from teachers or and mentors, or to seek professional psychological help.

Students who experience anxiety disturbances should seek psychological help as soon as possible. Today some Croatian faculties have counseling centers which provide students with free counseling and short-term psychotherapy sessions. The universities should stipulate that their faculties provide psychological help or connect those faculties which cannot organize counseling with existing counseling centers at other faculties. Anxiety disturbances are the most common reason why students seek help. Besides working with students individually, it is advisable to organize group sessions, especially for students with learning problems and those with social anxiety. In addition, support groups for people experiencing problems with interpersonal relations are also quite useful.

The universities and faculties should maintain cooperation with associations and centers which organize and provide activities that are important for students in solving their problems (for example, the Croatian Psychological Association, the Croatian Association for Behavioral-Cognitive Therapies, addiction-related associations, family centers, etc.). They should also cooperate with primary health care physicians (especially in student clinics), psychiatric centers and hospitals, as well as provide educational material and brochures.

STRESS AND TRAUMA

Anita Lauri Korajlija

Ana is a first-year student at Zagreb's Faculty of Electrical Engineering and Computing. She comes from Split. She lives in a student dormitory, and does not get along very well with her roommate. Most of Ana's best friends remained in Split, and she is still not comfortable living in Zagreb. She is often on her own, spends a lot of time studying and she rarely ever goes out. With her first exams approaching, she often finds herself thinking she had chosen the wrong study program. She does not know who to ask for help, and it seems to her that everybody else is doing better at their studies than her.

A few days before her first exams, Ana was not sleeping well, she found it hard to concentrate, and she was tense all the time. She noticed a number of physical symptoms, such as sweating and palpitations. When visualizing the exam situation, she was overwhelmed by panic. On the day when she was supposed to sit for the exam, she decided not to do it, and she felt a tremendous relief. That feeling did not last long, however; she heard her classmates talk about the exam questions, and she realized she could have passed it. Ana is exposed to a large number of stressors, and she does not have the skills to cope with them successfully.

Stress is a common, everyday experience for all of us. We are exposed to it constantly, and we often hear friends and colleagues say they are “under stress”. When it comes to students, university is a very stressful period for most of them. Some data suggest that 75% are in a moderate stress category; 12% in a high stress category (Pierceall and Keim 2007). An increasing number of students report that they often feel “fed up” (Sax, 2003).

First of all, it is important to understand what stress is. If we were to ask ten people to define stress, we would probably get ten different answers. Some would describe events (something objective, that actually happened), whereas others would describe a mental state (something subjective, that is inside of them).

Stress can be defined as a set of emotional, physical and behavioral reactions that occur when a person perceives some event as dangerous or disturbing. The source of stress (**stressor**) is defined as an event or a succession of events we perceive as threatening, either to us, to the people we care about, or to our material possessions. Stressor is in fact every event we see as possibly disruptive of our everyday life (Arambašić, 2003).

It is clear from these definitions that the concepts of “stress” and “stressor” are often mixed up in everyday life. Stress is a personal experience of a stressor, an experience of some stressful event. That is why it is important to understand that events themselves are not stressful; rather, it is the interpretation of events that causes stress. The most widely known model of stress was created by Lazarus and Folkman (1984), who claim that an individual’s conscious appraisal is the key element in the occurrence of stress. Without an individual’s appraisal whether and to what extent their relationship with their surroundings is disturbed and threatening, there is no stress, regardless of the nature of an objective danger from the surroundings (Arambašić, 2003). This is shown in Figure 1.

In order for an event to become a stressor, it has to be appraised as threatening or dangerous. That includes an appraisal of the importance of the event. It also involves an appraisal of possible action aimed at changing the course of events or reducing the consequences.

There are some features stressful events have in common. They are related to the perception of an event, not to its objective characteristics. Those features are: *controllability* of an event, its *predictability* and its *difficulty* in relation to a person's abilities. People appraise controllability, predictability and difficulty of the same events differently. The less controllable an event is perceived to be, the more likely it is that it will be perceived as stressful. The belief that it is possible to control the event is more important than the actual possibility to control it. Serious illnesses, traffic accidents and sudden deaths of loved ones tend to be perceived as the least controllable events, while exams or relationships with friends are perceived as more controllable. Predictability is another feature of an event that is important in appraisal of stressfulness. Events that are possible to predict are most often perceived as less stressful. Experts believe that the reason for that is the possibility to prepare for an event, no matter how unpleasant it might be (Brougham, Zail, Mendoza and Miller, 2009). Some events are perceived as controllable and predictable, but they are still very stressful. Those are events that test the limits of our abilities and challenge our self-image. Exam terms are an example of such events. They are a time when most students study more than 12 hours a day. That can be extremely exhausting, both physically and mentally. Exams themselves are particularly stressful for some students, because such situations question students' abilities and their choice of a study program. There are students who do not find such events stressful at all, because they see them as a positive challenge and a chance to prove themselves.

What has been described so far relates to external events as potential stressors. However, stress can also be caused by some mental processes and conflicts that occur when a person has to choose between two or more options. A big concert that takes place during the exam period or two job offers may cause stress because choosing one means losing the other. In other words, the decision-making process itself can be stressful.

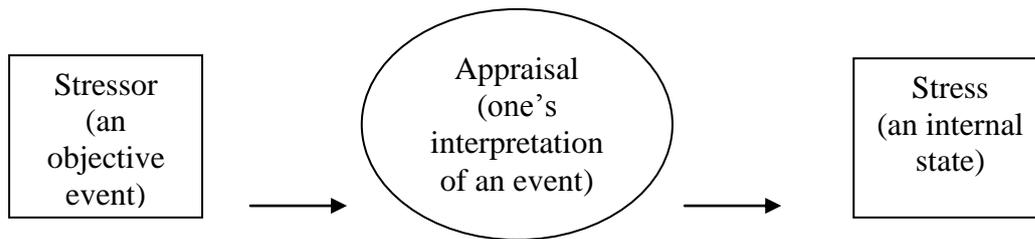


Figure 1: A simplified model of stress according to Lazarus and Folkman (1984)

In order to understand better the importance of individual perception of stressfulness of a certain event, imagine a situation at a lecture where the professor gives an optional, extra credit assignment to students to complete for the next session. Most students are not happy to hear that, because they did not plan to do such an assignment and they are not sure they can find enough time to do it. On the other hand, getting extra credits matters. Several students will react strongly: those are the students who care a lot about what grade they will get and to whom it is very important to give an excellent performance in every assignment. For some students this event will not be a stressor at all. They do not care about the grade; they just want to pass the exam. They decide straight away that they will not even try to complete the assignment. For blind students an additional source of stress might be the fact that they have to ask a classmate or a friend for help with the assigned reading for that assignment. And, judging by their classmates' reactions, they can tell that nobody will have the time.

The students' reactions to the same event (getting an extra credit assignment – an event that is unpredictable, but controllable) are very different and specific. They are conditioned by their perception of how important the assignment is, how much effort it would take, and whether or not they have the capacity to do it.

Stressors

Stressors are all those events that are perceived as threatening to oneself or to one's significant others, or events that demand considerable adaptation. Lazarus i Folkman (1984) mention four types of stressors. They are the following:

- Acute, time-limited stressors (e.g. an exam, looking for a job, awaiting surgery etc.)
- Stressor sequences, or series of events that occur over an extended period of time as the result of an initiating event such as job loss, divorce, or bereavement. Those are events (either positive or negative) that represent a major change for an individual, and also the greatest challenge, in the sense of coping and adaptation to new circumstances in life.
- Chronic intermittent stressors such as conflict-filled visits to in-laws or sexual difficulties, which may occur once a day, once a week, once a month.
- Chronic stressors such as permanent disabilities, parental discord, or chronic job stress, which may or may not be initiated by a discrete event and which persist continuously for a long time.

There are two basic kinds of stress: acute (momentary), and chronic (long-term). Acute stress can be the result of a one-off event that occurs quickly, but also ends quickly. The effect of acute stress may last several minutes or hours, several days or weeks. For example, acute stress can occur after failing an exam or having a fight with a loved one. Chronic stress can be caused by a constant succession of stressful events, or by some long-lasting situation. This category includes stress caused by a difficult environment at work, by caring for a person suffering from a chronic illness, or by loneliness.

Stressors in the academic environment

Several potential stressors stand out in the academic environment. Students may be under pressure to fulfill their academic requirements, adapt to their new surroundings, or to make new friends (Amutio and Smith, 2008). Students with disabilities may face additional sources of stress, such as architectural barriers, inaccessible teaching materials, or worry

about whether and to what extent their disability will affect new friendships. Misra, McKean, West and Russo (2000) found that first-year students are particularly prone to stress reactions, and that female students are more prone to stress reactions than their male colleagues. Most first-year students, like Ana from our introductory example, must adapt to living on their own outside their home towns, maintaining a high level of academic achievement, and also adapt to their new social environment. Transition to higher education often involves reduced contact with persons who represented social support up to that time, such as family members or friends from secondary school, whose presence can make the consequences of stress less serious (Dyson and Renk, 2006). University education is a period when new social support systems are formed, and that process may itself be stressful. Research has shown that the resources that usually alleviate stress (e.g. socializing with one's peers) may in fact increase stress among university students (Dyson and Renk, 2006). Exam periods and the end of each semester, when academic demands are high, are particularly stressful for all students. Continuous assessment, which is a feature of the Bologna Process and may involve weekly assignments and term papers, face students with specific demands that are stressful for many of them. It is important to emphasize that none of the listed situations cause stress by themselves. Stress is the result of interaction between the stressors and how they are perceived and reacted to.

Remember: Events themselves are not stressful. What makes a particular event stressful is the way we interpret that event and how we react to it. There are considerable differences between one person and another in terms of what events they experience as stressful and how they react to them.

In addition to these specific, academic-related events, most students also face usual, everyday problems. Tram delays, financial problems, queues in student cafeterias, traffic jams and lack of sleep fall into the category of **daily hassles**. Such events, even though they do not seem serious, and most often do not cause intense stress reactions, occur daily, and due to their cumulative effect may lead to the weakening of students' immune systems and to their increased vulnerability to physical or mental illness.

For persons with disabilities, stigmatization can be a particular source of stress. Stigmatization includes the recognition of difference based on some characteristic (e.g. blindness), and the degradation of the person who has that characteristic. Most potentially stigmatizing states, such as any type of disability, may lead to social avoidance or rejection, threatening the person's mental health (Green 2009). Stereotypes about disabled persons ("Those persons are passive, dependent, less able, and they are 'difficult and complicated'.") that can be encountered in one's daily life can be a lasting and uncontrollable source of stress. It is important to emphasize that those generalizations are inaccurate and oversimplified, completely disregarding individual differences among persons with disabilities.

Traumatic events

Unlike stressful events, which occur every day and to everyone, traumatic events are rare and do not happen to everyone. Another difference is that cognitive appraisal has an important role in the experience of stress, which is not the case with trauma. The content and severity of traumatic events are such that they affect all persons regardless of their cognitive appraisal of the situation. A traumatic event is defined as an event that is beyond the limits of usual human experience, and that everyone finds extremely unpleasant (Arambašić, 1996). It is an event of such intensity that it inevitably causes reactions in everyone. Traumatic events involve combat, violence, natural disasters, serious traffic accidents, etc. They do not necessarily have to be experienced directly in order to be traumatic; they may also be witnessed, or may happen to a loved one. The features all traumatic events have in common are that they occur unexpectedly, suddenly, and that they cause intense fear, helplessness and anxiety in everyone.

If we compare the definition of a stressful event with the definition of a traumatic event, the difference is clear. Due to their intensity and type, traumatic events cause suffering in most people, regardless of their psychological or physical state prior to the event and regardless of the available coping strategies. The emphasis is on the **intensity** of the event itself, and not on the factors that might make a person susceptible to stress. Reactions

to traumatic experiences are believed to be **inevitable** and **universal**, meaning that the general form of traumatic reactions is similar for everyone. The expression of specific symptoms and the nature of reactions may be conditioned by an individual's age, the type of event and what it means to an individual, but the reactions themselves are very similar. Traumatic events are extremely difficult and disruptive to such an extent that it is very hard for the individual to regain balance. Even when balance is regained, it is most often different to that before the traumatic event occurred.

Reactions to stressful events and to traumatic events

The stress reaction that occurs when a person is faced with a stressor is very similar in everyone. Our bodies react to a stressor by activating a complex internal reaction, which automatically prepares them for necessary action regardless of the source of threat. That reaction is called *fight-or-flight response*: all systems in the body are mobilized for fight or flight. It causes a number of physiological, emotional and behavioral changes, all of which have an adaptive function. Since the body needs energy for that reaction very quickly, the liver releases larger amounts of glucose necessary for the functioning of muscles. Hormones that stimulate the turning of fat and proteins into glucose are also released. The metabolism quickens as a preparation for increased spending of energy. The heart beats faster, the sweating increases, endorphin (the natural painkiller) is released. Blood vessels narrow, blood is redirected from the surface of skin, minimizing the possible loss of blood in case of injury, and muscles tighten. At the same time, some less important activities, such as digestion, slow down. During those moments, the body responds to the threat by releasing stress hormones, which make it ready for action. These reactions increase one's chances of survival in life-threatening, stressful situations. One is prepared to run faster or offer stronger resistance. The body remains in such a state until the brain sends a signal that the threatening situation is over, ending the production of neurochemical substances that caused the physical reaction. It takes half an hour to one hour for the body to calm down. But this kind of reaction may cause problems if the body does not recover from the stressful situation. The brain may not send the signal that the danger is over; or there can be so many

stressful situations in the course of a single day that the body is in a state of stress all the time (Fink, 2007).

The fight-or-flight physical reaction is useful, and it helps people to cope with dangers that call for immediate action, but it is not particularly adaptive when it comes to dealing with a large number of daily stressful situations. In situations when action is impossible or when the stressor is present for a long time or has to be faced repeatedly over longer periods of time, the increased physical arousal described here may become harmful. The body's attempts to adapt to the constant presence of a stressor can exhaust its physical resources and make the person more prone to illness. Chronic stress may cause various types of chronic disease, such as disease of the digestive, cardiovascular and other systems. It can also weaken our immunity system by reducing the body's ability to fight bacteria and viruses. Research has shown that during exam periods students have lower levels of antibodies that fight respiratory infections (Fink, 2000).

In addition to the physical symptoms of stress described so far, signs and symptoms that occur when we face stress can be emotional, cognitive and behavioral (Table 1).

Emotional reactions to a stressful event may vary from excitement (when an event is demanding, but not threatening), to reactions such as anxiety, anger, discouragement and depression. In addition to emotional reactions, stressful situations can involve certain cognitive difficulties. It is hard to focus and organize one's thoughts, and it is easier to be distracted from the performance of tasks, resulting in an outcome that is worse than expected. High levels of emotional excitement may interfere with the train of thought. The more pronounced stress reactions are, the greater the probability of cognitive difficulties arising from distracting thoughts that occur when one faces a stressor. One might think about potential steps and actions, worry about the consequences, or blame oneself for not having dealt with the situation better.

Table 1 - Usual reactions to stress

Emotional reactions	Physical reactions	Cognitive reactions	Behavioral reactions
<ul style="list-style-type: none"> • Anxiety • Agitation • Irritability • Guilt • Sadness • Indifference • Hypersensitivity • Frequent mood swings 	<ul style="list-style-type: none"> • Sweating • Palpitations • Stomach ache • Insomnia • Change in body weight • Headaches • Digestive problems • Fatigue 	<ul style="list-style-type: none"> • Self-criticism • Distractedness • Difficulties in concentrating • Slow thinking 	<ul style="list-style-type: none"> • Crying • Aggressiveness • Withdrawal • Excessive dependence on others • Increased consumption of coffee, alcohol etc.

Reactions to a traumatic event are somewhat different, and they may occur during the event, immediately after the event, or a few days, weeks or months later (in which case we are dealing with posttraumatic stress reactions). The most common reactions are excessive fear, sadness, anxiety, anger, stomach ache or headache, difficulties in concentrating, intrusive memories or of the event or flashbacks, irritability, aggressiveness, and social seclusion. After a traumatic event, people may experience changes in attitudes and beliefs, their expectations of themselves, the world and the future. What is extremely important is that all the reactions that occur are normal reactions to an abnormal situation, that they may vary in duration from several weeks to several months, and that they do not depend on one's gender, age or psychological or physical state.

As the reactions of individuals after stressful and traumatic events are different, so are the ways of providing help. It is inaccurate to assume that people necessarily need help after every stressful event. We all have ways of coping with stress, and we seek help only when we see that our usual ways of coping are not helping. Even though most people recover from a traumatic event without professional help, such help should be offered. It

will speed up the recovery process for some people, and others will not be able to recover without it.

Coping with stressful events

Imagine you are going to a job interview. You know that 20 other people have applied. Somebody you know told you that the person conducting the interview is very cold. One thing you could do is to conclude that it might be just their perception and that that person in question is probably not bad at all. You could decide not to jump to conclusions, but to go to the interview completely calm and give it your best shot. Another thing you could do is to be frightened, not say a word, let those things you have heard affect you, and “freeze” during the interview.

Since it is impossible to avoid stressful situations in everyday life, it is important to find effective ways of coping with stress, and to diminish or prevent negative stress reactions that stem from those situations. We already know that everyone has ways of coping with such situations and that most people do not need professional help. Coping with stress refers to attempts to master, endure or reduce on the emotional, cognitive and behavioral levels the demands that a certain situation makes. Some events and situations can be prevented or changed, but others are completely out of our control. Regarding the general aim we want to achieve, there are three groups of coping strategies:

1. Problem-focused strategies, which are aimed at changing the stressor;
2. Emotion-focused strategies, which are aimed at accepting the situation as it is and seeing it in a better light;
3. Avoidance strategies, which are aimed at avoiding stressful situations and events (e.g. avoiding the person who we usually come into conflict with, delaying exams etc.).

Problem-focused coping strategies are a way of coping with stress that attempt to change the environment and the situation. They involve seeing the problem more clearly, creating alternative solutions, analyzing the advantages and disadvantages of individual solutions, and choosing one of them. Problem-focused strategies can be focused on changing oneself, in terms of having lesser expectations, finding other ways of rewarding oneself or learning new skills. This approach works if there is a possibility of influencing the situation. Here is an example: *Students facing the possibility of failing an exam that is a precondition for several courses in the following academic year can go for a tutorial with the professor, make a timetable of tasks that will help them prepare for the exam, or take private lessons.*

If we cannot influence the stressful situation, we can change the way we perceive that situation and the way it makes us feel. If the source of our problems is at our workplace, and we work extra hours because we are expected to if we want to keep the job, the only thing we can do is ask ourselves what we could do in order not to be affected so much. This way of coping is called “emotion-focused coping”, and its aim is to be less affected by the emotional excitement caused by a stressful situation. By using these strategies, we can temporarily divert our thoughts from the problem (“*This is not worth getting upset about*”), or to reduce our agitation by changing the way we see the problem (“*This friendship is not that important to me anyway*”). The emotion-focused approach might seem less appealing than the problem-focused approach since the stressor remains unchanged, but it is nevertheless a useful way of coping with stress.

When in stressful situations, people mostly use both coping strategies. Which one will be dominant depends on the person, the event itself and the cognitive appraisal of the situation (Strongman, 2006), but we may nevertheless wonder whether some coping strategies are generally more effective than others. It is impossible to give a simple answer to that question, as there are many factors at play: what success criteria are applied; at what level success is assessed (psychological, physiological or behavioral); the individuals themselves and the situation they are in. Giving in during an argument with your partner can be a good way of dealing with the situation, but on other occasions you might get better results by standing your ground. For this reason it is important to emphasize the basic rules to be considered when assessing the success of coping:

1. No strategy is “good” or “bad” in itself;
2. Success can only be assessed with regard to an actual situation;
3. It is necessary to consider how each individual coping strategy is adapted to the individual and to the situation at the same time (Lazarus and Folkman, 1984).

Research has shown that emotion-focused coping strategies are usually more useful at the initial stage of a stressful event, while problem-focused strategies are more useful at later stages (Suls and Fletcher, 1985). When external circumstances cannot be controlled, preference may be given to emotion-focused strategies which allow the problem to be disregarded, diminished, or simply accepted and endured as it is. But those strategies may be harmful when they prevent the individual from applying the necessary problem-focused strategies.

When we compare avoidance and direct confrontation with the problem, research has shown that the former way of coping is more useful in short-term situations, while the latter is more helpful in chronic stress situations.

How to reduce stress

In university students stress can cause various adverse effects, including negative effects on health and general quality of life. If stress coping strategies are not effective, loneliness, anxiety, insomnia and excessive worrying may occur (Amutio and Smith, 2008). Research has clearly shown that the experience of stress is related to lower academic performance (Pierceall and Keim, 2007). For this reason it is important to approach the issue on several levels: the level of students, the level of teachers and mentors who are in immediate contact with students, and the level of universities and faculties. It is impossible (and unnecessary) to create an environment in which no stress will be present. Moderate stress levels are motivating, and they encourage students to act, but it is important to avoid unnecessary stressors.

The adaptation of first-year students to higher education will always be stressful, but universities can take some steps aimed at reducing stress. The effects of stress during the

first months of studies can be reduced by providing students with brochures, by a system of mentorship and by peer support.

Student academic performance can be increased by specifying all the obligations already at the beginning of the semester, with clear deadlines for particular assignments and exams. In this way students can organize their time and plan the completion of assignments on time.

Research has shown that teachers and mentors can recognize and understand the signs of stress in students. If you see that some students are unable to deal with the academic requirements and that they are facing high levels of stress, you should advise them to seek help in a counseling center.

Counseling centers should organize workshops for the development of strategies aimed at recognizing stress and coping with it, time management workshops, and social skills development workshops. First-year students should be offered support in adapting to higher education through dedicated workshops brochures. Students who experience more serious disturbances, such as anxiety or depression, as a result of stress should be provided with an option of one-on-one counseling.

Some useful tips

It is important to remember that everyone has their strategies of coping with stress, and that no strategy is efficient in itself. The following tips can help students to cope with stress successfully:

1. Plan your activities

Adequate time and assignment management facilitates the planning of daily and weekly obligations, and prevents the appearance of stress that may be caused by leaving things until the last minute. Students often procrastinate and then try to do a lot of things in a short period of time, which mostly results in stress. In order to avoid that, students should be encouraged to organize their time and assignments. It is important to recognize whether stress is caused by a difficult assignment or unclear instructions, or by the student's

tendency to leave everything until the last minute. In the former case teachers should provide extra assistance or clearer instructions; in the latter they can warn students of the importance of time management, and advise them to improve those skills.

2. Take care of your physical health

The state of one's physical health plays an important role with regard to the levels of stress, as poor health can intensify the effects of stress. It is important to exercise regularly, use relaxation techniques, and have proper sleeping and eating habits. Students often "forget" about these things, especially during exam periods, when failing an exam can be a consequence of sleeplessness and extreme exhaustion.

3. Enjoy life

It is important to find the right balance between obligations and leisure. Spending time with friends and family can help students to cope with stress and increase their self-esteem. Students should be advised to engage in pleasant and relaxing activities, such as riding a bicycle or going for a walk, to the theatre or to the cinema. Students often feel guilty if they allow themselves to engage in these activities during the exam period, but it is important to create an atmosphere in which success and satisfaction with life are a result of combining obligations and relaxation. Relaxation during the exam period helps the body and the brain to relax and recover from the strain. At the same time, it can be a reward for all the effort invested in studying.

If we are under stress, it is less likely that we will complete our assignments successfully. It is very important to know how to watch out for and recognize the signs of stress, because we only become aware we are under stress when we notice the signs, and only then can we do something about it. It is also very important to know how to recognize the signs of stress in other people, because then we will be able to understand them better, and our responses in communication with them will be more adequate. As teachers, we meet our students throughout the year, which allows us to recognize the changes caused by stress during the exam period. We ourselves are often stressors for our students. It is important to be susceptible to the signs of stress in students, and to be aware that their level of success, especially if it does not match the expectations we have created of them based

on their efforts during the semester, may be in part caused by stress and their coping strategies. Teachers can recognize such students and advise them to seek help, preventing the occurrence of more serious mental or physical difficulties later on.

Life is made of pleasant and unpleasant events. Mental health involves awareness that we have the strategies to cope with unpleasant events, which enable us to solve our problems and enjoy the pleasant events.

SIX MYTHS ABOUT STRESS (APA 2008):

Stress literature mentions six myths about stress. Knowing about them and dispelling them can help us to understand our problems and solve them.

1. STRESS IS THE SAME IN FOR EVERYBODY.

This is completely inaccurate. Stress is different for each of us. What is stressful for one person does not have to be stressful for someone else. Each of us responds to stress in an entirely different way.

2. STRESS IS ALWAYS BAD FOR YOU.

If this were true, life without stress would be a happy and healthy life. That is not true. Stress is to a human being what tension is to the violin string: too little and the music is dull and raspy, too much and the string snaps. Stress reaction is useful. It prepares the body for action, which is good. What can be harmful is long-term stress we cannot cope with. Managing stress makes us productive and happy, while mismanaging it may hurt us and cause us to fail.

3. STRESS IS ALL AROUND US AND YOU CANNOT DO ANYTHING ABOUT IT.

This is not entirely true. You can plan your life so that stress does not overwhelm you. Effective planning involves setting priorities and working on simple problems first, solving them, and then going on to more complex difficulties. When stress is mismanaged, it is difficult to prioritize. All your problems seem to be equal and stress seems to be everywhere.

4. THE MOST POPULAR STRESS ELIMINATION METHODS ARE ALSO THE MOST EFFECTIVE ONES.

This claim is also wrong. No universally effective stress reduction techniques exist. We are all different — our lives are different, our situations are different, and our reactions are different. A comprehensive stress management program tailored to the individual works best.

5. NO SYMPTOMS, NO STRESS.

An absence of symptoms does not mean the absence of stress. In fact, camouflaging symptoms with medication may deprive you of the signals you need for reducing the strain on your physiological and psychological systems.

6. ONLY MAJOR SYMPTOMS OF STRESS REQUIRE ATTENTION.

This myth assumes that the “minor” symptoms, such as headaches or stomach acid, may be safely ignored. Minor symptoms of stress are the early warnings that your life is getting out of hand and that you need to do a better job of managing stress.

DEPRESSION

Anita Vulić-Prtorić

For a lot of students preparing for the university can be a time of great expectations, excitement and enthusiasm. Some have an idealized idea of student life and expect it to offer them more personal, intellectual and social development than is realistic. They also expect they will have no problems handling all the assignments and obligations which await them. Although there are many good things about student life, there are also a lot of challenges a young person needs to overcome: the change of residence, being separated from one's family, academic obligations... Student life is full of possibilities for growth, development and maturing, but it is also about taking on challenges and facing one's weaknesses, fears and depression.

What is depression?

According to the World Health Organization (WHO), depression is currently the world's fourth leading cause of disability, and by 2020 it is expected to be the second.

Research conducted among the general population in the US has shown that the percentage of people suffering from depression has seen a significant increase: of those Americans born before 1905, only 1 percent had suffered from major depression by the age of 75; of those born since 1955, 6 percent had become depressed by the age of 24. Research conducted in the US during the 1990s showed that 20 to 25 percent of adults in the general population had suffered from depression.

Today depression is present all over the world and is experienced by an increasing number of people. It can be said that the 20th century was the century of fear and anxiety, while the 21st century is a century of depression and melancholy. An estimated 20 to 25 % of adults in the general population are currently suffering from strong symptoms of depression.

Text box 1. Some general characteristics of depression:

- Symptoms of depression can appear at any age;
- Depression can range from mild sadness to a major depressive disorder;
- Symptoms of depression can be reduced, but they can also reappear in a more severe and unpleasant form;
- Symptoms of depression and depressive disorder can last from several days to several years;
- Symptoms of depression can appear on their own, or in comorbidity with symptoms of other disorders;
- Symptoms of depression can appear in reaction to a stressful event, but they can also appear without a particular cause;
- Symptoms of depression can be a risk factor for other disorders.

Depression manifests itself in the form of many symptoms: mood swings, loss of interest, anhedonia (inability to experience pleasure), fatigue and weariness, feelings of worthlessness and guilt, difficulty concentrating and making decisions. On the physical level, these changes are followed by appetite, sleep and psychomotor disorders.

In severe forms of depression, a person's way of thinking, self-perception, and perception of the world are significantly affected. In official classification systems (such as DMS-IV, 1996) depression is described using nine major symptom groups listed in Text Box 2.

Text box 2. BASIC SYMPTOMS OF DEPRESSION

- 1 Depressed mood most of the day, nearly every day, as indicated by either subjective report or observation made by others;
- 2 Diminished interest and pleasure in previously enjoyable activities and hobbies. Avoiding these kinds of activities and mentioning other obligations as an excuse. Visible lack of enjoyment in those activities that are not avoided;

- 3 A change in eating habits and in a short-time weight loss or gain;
- 4 Sleeping disorders: insomnia or hypersomnia;
- 5 Feelings of restlessness or sluggishness reported subjectively or observed by others;
- 6 Fatigue or loss of energy even for daily activities. This fatigue can start already at the beginning of the day, upon waking;
- 7 Feelings of excessive or inappropriate guilt, self-reproach;
- 8 Difficulty concentrating, indecisiveness and absent-mindedness;
- 9 Thoughts of death or talk of death-related topics (the meaninglessness of life, suicide, fear of dying, disease, etc.).

The severity of depression is determined by the number of the symptoms, their intensity and the degree to which they interfere with one's daily activities. Everyone feels down or sad from time to time. Bad mood and sadness are normal reactions to stressful life situations (changing residence, having an argument with a friend, losing a job or a loved one, etc.), but most people recover after a short period of time. However, when a large number of these symptoms are present, when they are severe, last for a long period of time, and get in the way of daily activities, then the patient can be diagnosed with a depressive disorder. In this way it is possible to discern between individuals who occasionally feel sad, hopeless or helpless, and individuals who are suffering from a depressive disorder. A depressive disorder is a severe psychological state which can ruin all the positive sides of student life and can lead to academic failure, seclusion and even thoughts of suicide.

I am now the most miserable man living. If what I feel were equally distributed to the whole human family, there would not be one cheerful face on the earth. Whether I shall ever be better I cannot tell; I awfully forebode I shall not. To remain as I am is impossible; I must die or be better, it appears to me.

Abraham Lincoln, 1841

There are three major types of depressive disorders:

1. Major depressive disorder is a relatively severe, acute form of depression characterized by most of the symptoms mentioned in Text Box 1. Episodes in which these symptoms may appear can occur once, twice or several times during one's lifetime. A less severe form of this disorder is called dysthymia.
2. Bipolar disorder (better known as manic-depressive disorder) is a mood disorder which involves sudden mood swings from sadness and depression to overexcitement and good mood. Sometimes these changes happen fast, but in most cases they happen gradually. The period of excitement is called the manic phase. Symptoms of this phase are: increased energy, hyperactivity, little need for sleep, over-involvement in activities as a result of delusions of grandeur; talkativeness and a tendency to sexual promiscuity.
3. Adjustment disorder with depressed mood is a mild depressive disorder, a response to an easily recognizable stressful event which disappears after this event has ended. The response is considered unadjusted because of the inability to function or because of the extreme intensity of depression symptoms.

Even when a person suffering from depression is familiar with the symptoms of depression, it is possible that they remain unrecognized.

"I kept asking myself: how is it possible that I am so depressed? I have good parents, good grades and have never had a traumatic experience in my life. Where did the depression come from?"

Vlado, 22

Depression can be described by many symptoms which have nothing to do with sadness or bad mood, such as restlessness, inability to concentrate, lack of patience, indecisiveness, spasms, pain or nausea. This is why diagnosis should be left to professionals.

University students and depression

"I have always had periods of anxiety and seclusion. In secondary school I realized I didn't have much faith in my abilities and that I underestimated myself. Whenever I got a good

grade, I thought it was because I got lucky or because the teacher was in a good mood. I blamed myself for all the failures and made myself work harder. When I became a university student it all changed. Everything was happening so fast. On the one hand, there were deadlines to meet, books to read; and on the other hand, I met a lot of interesting people who wanted to get to know me, hang out...

I felt like everything was falling apart. I was no longer in control of my own life. I wanted to be successful as I had been in secondary school, but I also wanted to socialize with the other students because I didn't want them to say I thought I was too good for them. On the other hand, my parents wanted me to come home more often and my mother was worried about my weight loss. Near the end of the first semester, I realized I couldn't keep up the juggling act and that it was all just too much. Everybody wanted something from me, and all I wanted was a bit of peace and quiet; a bit of my old life back. I stopped going out with my friends in order to spend more time studying, but I just couldn't; it seemed I had lost the knack. Even coffee didn't seem to help me concentrate, it only made me sleep less and less and became increasingly more tired. I managed to pass a couple of mid-terms, but that just wasn't what I had expected of myself. I couldn't tell my parents what my grades were. I thought about talking to my professors, telling them I wasn't feeling well and asking them to let me retake the mid-terms, but I never got up the nerve to do that. After all, I only had myself to blame.

I don't know exactly how or when it happened, but I found myself feeling terribly lonely and thinking that the university, which I had looked forward to so much, had become a living nightmare. I stopped eating (who would venture out to the cafeteria in a situation like that?!). Other students started asking me about my health. Some started to avoid me because they were annoyed by my bad mood. A friend of mine told me to get my act together and to stop being so depressed all the time. I was angry at myself for being that way, but I couldn't see a way out. I couldn't force myself to snap out of it; it was like I had no energy to do anything. In the mornings, I asked myself what the point was of getting out of bed at all. I just wanted to sleep and wake up on some other planet or turn back time to six months before all these events. Very soon I couldn't fathom a way out of the whole situation. Even today, when I look back at that period in my life, I can't think of a more terrible feeling than that. But today I know there is a way out and other people can help."

Marija, 24

Depression is an emotional problem which can appear while one is adjusting to the academic environment. Apart from depression, the most common emotional problems during this period are general discomfort, physical problems, anxiety and low self-esteem. These problems are important causes of university dropout. According to data provided by the Croatian Bureau of Statistics (cited in Živčić-Bećirević et al, 2007), only around 35 percent of all university students enrolled in the first academic year manage to graduate.

A study involving 1176 students from the University of Rijeka has shown that around 50% have experienced psychological tension related to a lack of control, irritability, occasional aggressive and destructive behaviors, persistent sadness, sleep disturbances, loneliness and a lack of emotional support (Bezinović et al, 1998).

Research has shown that university students suffering from depression are more likely to report health issues involving chronic pain and sinus infection. They are also more likely to experience smoking related health problems (Billie et al, 2009).

A study conducted among 310 university students from the University of Zadar has shown that 17% have significant symptoms of depression which could affect their quality of life (Vulić-Prtorić and Marinović, 2010). The symptoms included loss of interest, lack of motivation, feelings of loneliness and worthlessness, sadness and hopelessness. This research has also shown that the students who experience more symptoms of depression are generally less satisfied with their lives, and especially with their studies and social relationships, that they feel overwhelmed and have more health problems. It is interesting to note that this research found no difference between male and female students when it came to depression. The findings also indicated that these symptoms did not affect their academic performance.

Most research has found that women are more likely to suffer from depression than men. However, research conducted among university students has shown little difference between the two groups. Studies have shown that the differences are present during the first year of studies. After six months, both male and female students have an equal number of symptoms of depression. There are several reasons why male and female students do not differ with regard to depression: university is a place where gender roles and stereotypes are the least visible, and where social relations between men and women are the most similar (Ivanov, 2008). Where differences are found, they are attributed to the fact that depression

symptoms in men tend to be concealed. The authors point out that male students are more likely to ignore the problem, turn to other activities, consume alcohol or other substances, act antisocially or narcissistically and have more problems with obligations and social relationships. This kind of behavior can mask the real symptoms and make the diagnosis of depression more difficult (Michael et al, 2006). At the same time, male students are less willing to seek help when they are having a hard time.

Factors that contribute to depression among university students

Although many variables may contribute to depressive symptoms and to the development of depression, the most common factors are the following:

Age

Depression symptoms have become more frequent in the past few decades and they appear earlier in life. Today the critical age has moved to between 15 and 19. Depression symptoms are believed to be experienced by nearly 50% of university students both in Croatia and worldwide, while as many as 10% of all students meet the criteria for depressive disorder (DeRoma et al, 2009). The first signs of depression often occur precisely during higher education.

Change of residence

Change of residence marks the beginning of independent life, maturity, financial responsibility, new social relations, and awareness of one's sexual identity. All of these things can contribute to personal growth and development, but they can also become a source of difficulties (Smojver-Ažić, 1998).

Housing and food quality can be a source of stress for students used to different living conditions. Students who live in dormitories develop better social and emotional relations than students who do not live in a dormitory or travel from home to a university.

At the beginning of their first year of studies, students who have left their home are more likely to experience depression (Lacković-Grgin et al, 1997). A series of studies conducted among the students at the University of Zadar have shown that first-year students who had to change their place of residence to go to university are the loneliest. However, by the end of the academic year, their loneliness is significantly decreased (Lacković-Grgin and Sorić, 1995, 1996; Ivanov, 2008). Some recent studies have shown that students who have had to change their place of residence had more difficulties adapting emotionally (i.e. they experienced more emotional discomfort and physical symptoms) than their colleagues. However, by the end of the final academic year, the situation was the opposite (Živić-Bećirević et al, 2007; Ivanov, 2008).

Health problems and disabilities

Chronic diseases combined with stressful academic obligations and feelings of loneliness can make symptoms of depression even worse. However, most university students who have chronic diseases or disabilities begin their higher education with well developed strategies for coping with emotional problems, and as a result their difficulties and psychological problems are not all that different from those of their colleagues. Research has shown that students with disabilities are no different from their colleagues as far as symptoms of depression are concerned (Martinez and Sewell, 2000). The findings also indicate that stress management strategies which proved beneficial to students with disabilities (strategies aimed at solving problems and seeking social support), are the same strategies which make adjustment easier for all other university students (Livneh and Wilson, 2003).

It seems that stereotypes are a bigger problem, and they go both ways. A study conducted among students has shown that there is no difference between students with physical disabilities and those without disabilities when it comes to personality traits (extraversion, conscientiousness, agreeableness, emotional stability and culture). However, both groups perceived each other through stereotypes: students with disabilities felt that their colleagues were more extraverted and emotionally stable, while their colleagues felt that students with disabilities were more conscientious and cultured (Kelly et al, 1994).

Academic obligations

Students who are just beginning their first year of higher education may be asking themselves whether they have chosen the right university and the right study program. In addition to that, academic obligations are different from the obligations in their secondary education: meeting deadlines, writing papers, giving presentations in front of new classmates, passing exams, relations with professors and administrative staff, etc. Competitiveness in society has had an effect of student relations. Being forced to compete for the same jobs after graduation can increase the feeling of loneliness and helplessness in tackling the numerous obstacles and challenges. Some students can become depressed towards the completion of their studies, fearing the end of student life and transition to the “grown-up world” which is full of new challenges such as looking for a job or getting married.

“Going home has turned into a real nightmare for me. I argue all the time with my dad, who treats me like a child. The worst thing is that my mother expects me to go back home in a few months, after I graduate. She has already started looking for a job for me. We are all miserable when I come home and when I go back to college I feel guilty. Everything is so complicated between us now. I don’t know how to tell them I want to stay here and find a job. A friend of mine keeps teasing me that I’m only postponing the end of my studies so that I don’t have to go back home.”

Vera, 23

Academic performance and depression

Psychological problems which occur as a consequence of adapting to the academic environment can affect students and their academic performance, as well as their intellectual and social development. The non-intellectual, non-cognitive factors such as motivation for studying, having adequate studying strategies and studying habits, self-confidence, perception of social support and satisfaction with student life play an important role in academic performance (Bezinović et al, 1998). What sets the more successful students apart from the less successful ones are not intellectual abilities but higher self-esteem, clear focus and better learning skills, efficient time management, as well as a sense of certainty that they have made the right choice of study program.

Some studies have shown that depression is associated with lower academic performance, but this correlation is not straightforward (DeRoma et al, 2009). Students prone to depression are often ambitious, sometimes perfectionist. These characteristics help them study, pass exams and fulfill their academic obligations despite their depression. On the other hand, these students can be too focused on their academic performance, disregarding other aspects of life (e.g. spending time with their friends). These results have been confirmed by studies which indicate that a perfectionist way of thinking is related to academic adjustment problems and emotional distress, including depression and anxiety (Chang and Rand, 2000). Perfectionism does have its positive sides because it motivates students to set clear goals for themselves and to work hard to achieve them. However, unrealistic goals can result in a continuous feeling of failure, excessive self-criticism, a negative image of self and consequently depression. A study conducted among university students in Croatia has shown that the bigger the gap between one's set and achieved goals, the more depressed that person is (Jurin, 2005).

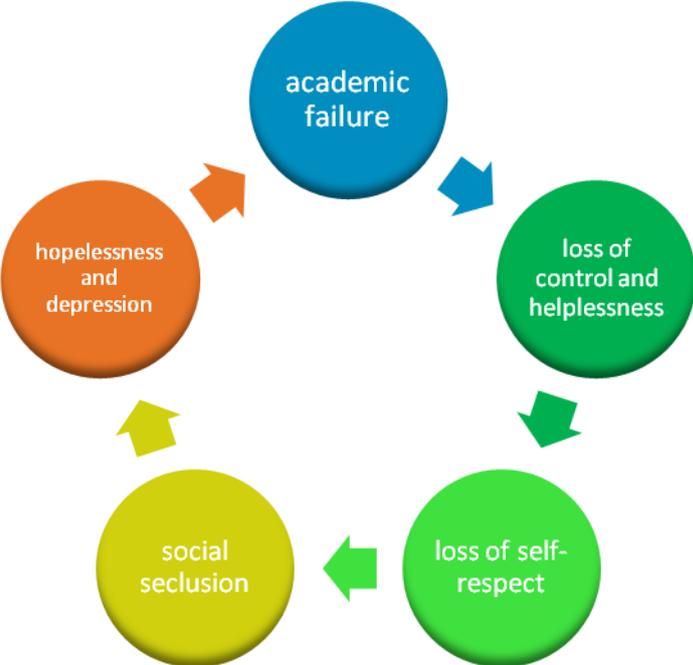
The same study also found that students who have a pessimistic view of themselves, the world and the future are more likely to give up and become depressed in a situation of increased pressure over difficult academic assignments. In the first year of university, optimism and efficient problem-solving are related to good academic adjustment, which is equally true of students with physical disabilities and their abled colleagues (Martinez and Sewell, 2000).

For many students academic performance is tied to their self-worth and self-concept. Studies have shown that university students with low self-esteem and self-concept are very prone to depressive reactions in stressful situations. Getting bad grades, failing a test or failing to meet all the academic obligations can represent a threat to their self-esteem and increase the likelihood of depression symptoms. Students who experience depression symptoms and academic failure can thus be trapped in a vicious circle whereby the two experiences are mutually reinforcing.

The third important factor is one's belief in one's own abilities. Students' perception of self-efficacy represents trust in their own ability to deal with different situations and to achieve academic success (Ivanov, 2008; DeRoma et al, 2009). Students who have more trust in their self-efficacy are more capable of meeting more complex academic demands. Such belief

affects the way in which students motivate themselves and also the use of efficient studying strategies. Depression symptoms can have a negative effect on students' belief in their own abilities by decreasing their expectations of academic success and lessens their motivation to study.

Figure 1. Vicious circle of depression



What can be done?

“How weary, stale, flat and unprofitable

Seem to me all the uses of this world!”

W. Shakespeare

Seeking professional help is an adaptive and mature way of dealing with personal problems and difficulties, as it contributes to adjustment to different stressful situations. There is ample evidence of positive effects of counseling and treatment, but many people are still reluctant to seek help when they are having a difficult time. University students are no exception in this respect. Although there is an increasing awareness of the importance of seeking help, only about 1% of Croatian students report to the student counseling center (Jakovčić and Živić-Bećirević, 2008). However, a far greater number (more than 60%) have expressed readiness to come to the student counseling center for individual counseling sessions if they ever encounter any psychological problems (Nekić et al, 2008).

Depressive disorders deserve special attention because depression is not something a person can adapt to and it is not something that goes away on its own. Unfortunately, a person suffering from depression is usually the last one to realize that something has changed and that he or she should seek help. According to some findings, over 50% of the people suffering from depression do not seek medical help, but withdraw and suffer quietly. The number of people who seek help is even lower among university students. An estimated 15 to 17% of all university students suffering from depression seek help in student counseling centers (Michael et al, 2006). On the other hand, with the right therapy, 80% of those suffering from depression can recover and return to normal life.

SOME USEFUL TIPS:

- If you or one of your friends or colleagues should find yourselves feeling down, give each other emotional support – understanding, patience, and encouragement.
- Do not try to console each other with words such as: “It’s nothing”, “You’re just feeling a bit sad”, “You’ll get over it”, “Get your act together”, “It happens to everyone”, etc.

- The best thing you can do is to seek professional help.
- Keep in mind that 50% of depression cases are not recognized. Depression develops slowly and can be difficult to detect. This means that a lot of patience is needed to recover from depression. Long lasting improvement can be expected after 16 sessions.
- Recovering from depression is far more important than fulfilling your academic obligations!

LONELINESS

Larisa Buhin Lončar

I'm a third-year student at the Faculty of Law. I pass all my exams regularly and I even have good grades. My parents are satisfied with my achievements, but I'm not. I have come from a small town to the city I'm currently studying in. I was an excellent pupil during secondary school and I had my group of friends in the class. There aren't that many bars, cinemas or theaters in the place where I come from, so our time together was spent going for walks after school and at birthday parties. I was always a little withdrawn, but during secondary school I had a group I socialized with like everybody else. I longed for the big city and for everything that a city has to offer. I used to fantasize that I would go to the theatre and concerts, that I would meet new people and make new friends. But none of that came true. During the first lectures I realized that I didn't know anyone. I noticed that some students already knew each other from before, so I couldn't join their group. There were many colleagues who were alone just like me. I got acquainted with them despite the fact that I was afraid to approach them, but not one of them showed an interest in the kind of socializing that I was hoping for. They would travel home on weekends, and those who lived in the city already had their groups of friends and did not invite me to their parties. It felt kind of weird to go to the cinema or theater alone, and I would have felt even worse in that case – like I had no one in the world. Also, I soon found out that the lectures weren't obligatory and that there was almost no need for me to go to the faculty every day, so I would sit in my

room alone and study, and as a result I passed all my exams on time. But I am immensely sad; this is not how I imagined my time at the university would be. Everybody said that it would be the best period of my life, but it's not. If you ask me, it's the loneliest period.

Ivana, 21

The loneliness this chapter focuses on is one's subjective feeling of a lack of meaningful ties to the social environment and of support by one's social network (family, friends, members of one's religious community), accompanied by dissatisfaction with, or negative appraisal of, this state. Loneliness can be described as a feeling of not having anybody to ask for help or to confide in when you are happy or sad; of not belonging to the community one is a part of and of being invisible and insignificant. In her book on loneliness, Katica Lacković Grgin (2008: 13) differentiates between four kinds of "separation from other people", two of which are neutral to positive and two negative. The author terms one negative kind of separation loneliness and the other isolation. She defines loneliness as dissatisfaction with the existing relationships with other people, or as a feeling of being rejected from the people one would like to be emotionally close to. According to this definition, loneliness ensues when students try to establish positive and satisfactory relations in their social environment, that is, with their colleagues at the university, but for some reason fail to do so. Isolation, on the other hand, denotes separation from other people as a result of prejudice, oppression and other kinds of social injustice. Establishing positive and satisfactory contacts with other students is in this case difficult because of social obstacles, behavioral norms and stigma. This distinction can also be explained in the following way: loneliness can come either *from within the person*, because of the lack of skills, competences and emotional maturity needed for a close relationship with other people, or *from the outside*, because of the negative attitudes that the social environment has towards a certain characteristic of that person. Both forms of separation from other people are closely connected to students' psychosocial needs. For the purpose of working with students (with or without disabilities), it is important to be aware of the distinctions, because each situation requires a different kind of intervention.

Why is the topic of loneliness so important? The first group of reasons consists of various negative correlates of loneliness, such as dejection, diffidence, lack of concentration, withdrawal from social situations and even depression, which can occur after long-lasting or

even chronic loneliness. In other words, the feeling of loneliness has a negative effect on one's emotional state. The second group of reasons is related to the fact that students are a potentially vulnerable group. At first, it might sound contradictory that events such as university enrollment and studying, which are generally regarded as positive experiences, can present a threat to one's psychological health. But psychological studies have shown that positive events, even if they are wanted and a result of free choice, such as marriage or childbirth, can also have negative consequences because they bring about significant changes in the life of an individual or a family and present them with some new challenges which they have to cope with and which they may not feel adequately prepared for. The transition from secondary school to university involves taking a great step towards self-reliance and responsibility, not only in one's academic but also private life. Therefore, it is to be expected that most newly enrolled students will at some stage feel overwhelmed by the tasks and responsibilities that they have to deal with. It can also be expected that most students will adjust to the new expectations in a relatively short period of time and achieve the desired academic success, often with the help of their peers. Unfortunately, for some people student life will represent a new experience of loneliness or simply the next episode of loneliness in their life. The third group of arguments in favor of the importance of this topic is related to the experiences of students with disabilities. These students are more likely to experience loneliness during their studies, simply because they are a minority within the system of high education. Finally, loneliness and its emotional, social and cognitive correlates can have a negative effect on students' academic performance. The opposite is also true; pupils and students who have better social relations and receive more support from their peers perceive their academic competence as higher and have a better chance of academic achievement (Guay, Boivin and Hodges, 1999).

Loneliness and psychosocial health

Loneliness is related to low self-respect, higher rates of dropping out of university, self-destructive behavior, depression and thoughts of suicide (Student Health Services 2010). Research shows that there are gender differences in experiencing loneliness, although studies examining the relative incidence of loneliness among male and female students give

opposite results (Lacković-Grgin, 2008). It is interesting to point out the differences between male and female students when it comes to their individual perception of loneliness. Male students blame themselves for their loneliness and see it as a personal failure, in contrast to female students, who experience higher emotional distress, isolation, seclusion from social contacts and various physical symptoms (Lacković-Grgin, Penezić and Sorić, 1998).

An interesting trend which has occurred with the advent of the Internet is that lonely students are spending more time using the Internet under the assumption that in this way they are trying to make up for inadequate relations with their peers. The Internet, together with other forms of modern communication technology, opens the possibility of preserving the existing close relations when physical closeness is not an option. But it appears that this cannot be applied to lonely students. Contacts that they make via the Internet are superficial and insufficient, and as such they only widen the gap between them and other people, fostering feelings of loneliness and probably reducing the skills needed for establishing adequate interpersonal relationships. Hardie and Tee (2007) found emotional loneliness to be related to excessive Internet use, but they did not find the same correlation between excessive Internet use and social loneliness. This is interesting because it opens more possibilities for multiple interventions aimed at preventing loneliness, using, for example, social networks.

First-year students are more prone to loneliness than their older colleagues (Student Health Services 2010). We can assume that the reason for this lies in the fact that most students experience loneliness only for a limited period of time, being young and therefore less mature and less experienced in new situations. However, most of them overcome it easily after a certain period of adjustment to their new life situation. Despite the fact that most students experience loneliness only temporarily, it would be wrong and potentially dangerous to dismiss this problem as a “phase which should be ignored until it disappears on its own”. The reasons are the already mentioned link between loneliness and depression and suicidal thoughts, as well as the link between loneliness and dropping out of university.

It is easy to see that students from socially marginalized groups, such as students with disabilities, as well as students whose parents have no higher education or female students at faculties traditionally defined as “male”, may be vulnerable in multiple ways and that their potential to become lonely and drop out of university sharply increases.

Loneliness and academic performance

Loneliness has probably no direct effect on academic success or failure. Instead, its effect is indirect, as a result of decreased level of concentration, missed opportunities to benefit from peers in the learning process, social seclusion and diminished sense of success and persistence. In their research on primary school children, Guay, Biovin and Hodges (1999) found that better social relations and the feeling of relatedness to peers correlate with higher levels of perceived academic competence. The authors also found evidence for their hypothesis that children who perceive their academic competence as high have better academic achievements. It can be assumed that similar correlation trends continue on further levels of education.

Preventing loneliness and providing support to lonely students

Preventive measures

In the past 20 years the study of preventive measures has found firm arguments in favor of efficiency and financial profitability of primary (universal) and secondary (targeted) preventive interventions (Weisz, Sandler, Durak and Anton, 2005). Preventive activities are aimed at increasing resistance and reducing vulnerability of all students. Two general recommendations can be formulated based on the collective data from psychological research on prevention.

First, it is possible to prevent loneliness by using proactive measures aimed at encouraging social relatedness among students, especially first-year students. These interventions, which take the form of social events, seminars with fewer students and team work, can be applied on the level of faculties or departments/sections. In order for these interventions to succeed, some reliable information on students is needed: how many students have moved to the town/city only for the sake of their university education, how many of them have parents with no higher education, how many students have disabilities and what kind, etc. The purpose of this information is not to isolate certain students, but to help the academic

and non-academic staff to adjust the existing and organize new activities aimed at reducing their feeling of loneliness. This category of activities also includes creating a culture of tolerance and acceptance of differences, as well as fostering the feeling of belonging to an academic community, which is extremely important in preventing loneliness among students from socially marginalized groups.

Second, primary preventive interventions can provide psychoeducational information to all students relatively easily, quickly and with lower costs, raising their awareness of the signs of loneliness and informing them about places where they can seek help. It is assumed that most students will feel lonely at some point during their university education, and providing information about the signs of loneliness enables them to deal with the problem as soon as it appears.

Support to lonely students

Counseling and psychotherapy can be useful for students who feel lonely and whose loneliness is affecting their academic performance. If a faculty has a counseling center, its services should be advertised so that students in need know where and how to seek help. It is also of great importance for academic and non-academic staff to be informed about the counseling center as a place where they can direct students if necessary.

Counseling and psychotherapy may only be provided by adequately trained professionals. Academic and non-academic staff can support these professionals and cooperate with them in order to gain the skills necessary to recognize the symptoms of loneliness in students and to send them to a counseling center. Faculties which do not have counseling centers should connect with those which have through interinstitutional agreements, enabling the students of those faculties to benefit from counseling at other faculties. In these cases it is important to name one or several coordinators who will help in connecting students with counseling centers. This step is important because lonely students, even when they gather enough courage to seek help, are likely to give up when they encounter obstacles. The coordinator can provide support and help them in contacting the counseling center. Communication with academic and non-academic staff is of equal importance because efficient information sharing is a necessary prerequisite for meeting the psychosocial needs of lonely students.

CONCLUSION

Growing up, responsible acceptance of oneself, solving conflicts in a mature way, developing emotional and social relationships, accepting one's sexuality and establishing personal relationships make adolescence probably the most vulnerable period in one's life. In this period, students are exposed to many other stressors, which can present a challenge for mental health and can affect the quality of life. Some of these stressors include choosing and the right university and study program, creating financial and other conditions for higher education, entering a new social environment (which sometimes includes moving to another town or city), facing new ways of learning and assessment, etc. Students with disabilities face an even wider variety of restraints in their everyday lives.

The task of academic and non-academic staff in the academic community is to create an atmosphere in which students will be able to demonstrate and realize their potentials. Everyone participating in the process of education and everybody who is in contact with students should ensure conditions for an undisturbed learning process, create a relaxing and supporting atmosphere and give support to all students regardless of their degree of vulnerability. Vulnerable students, (students who have problems in establishing deep and meaningful relations with their peers because of personal limitations and immaturity, students who are emotionally unstable or lonely, students with insufficiently developed academic skills, students with disabilities) should be shown that their situation is understandable, that it is something that happens to other people as well, that their condition can improve and that they can get help. Students with "issues" should not be let off easy, and looking the other way will not solve the problem.

The task of the entire university staff is to encourage social values which contribute to personal and social well-being. Mental health is one of those values. By definition, mental health includes feeling good about oneself, being aware of one's rights, having a healthy sense of self-worth and self-respect, as well as awareness of possible psychological problems. Receiving support from others and feeling accepted, as well as having opportunities to achieve personal goals are all necessary to maintain good mental health. It is only through university staff's kind acceptance and professional attitude aimed at promoting the importance of community, helping, tolerance and equal opportunities that universities can become places of excellence.

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GLOSSARY

Anorexia – a disorder characterized by a refusal to eat and a loss of appetite resulting in a decrease of weight and a variety of hormonal changes.

Anxiety – the feeling of agitation, apprehension and fear often accompanied by symptoms of increased physiological arousal.

Bipolar affective disorder (BAD) – a mood disorder defined by vacillations between periods of mania and/or depression and euthymia; older terms include *circular psychosis, manic-depressive episode*.

Bulimia – uncontrolled overeating.

Deep approach to learning – an approach to learning focused on the meaning and understanding of the information.

Depression – a mood disorder dominated by dejection, low mood, sadness, apathy, indifference, worry, sense of guilt and low self-esteem, a decrease in instinctive dynamism and social seclusion.

Depressive disorder – a disorder characterized by depressive mood.

Fear – an intense feeling related to perceived or anticipated danger; see also *anxiety, fobia, panic*.

Learning strategies – specific methods used to facilitate the acquisition, storage or retrieval of information, and to make learning easier, faster and more fun.

Mental disorder – a change in one or more *mental functions* according to subjective, social, statistical or medical criteria.

Panic – an intense feeling of fear.

Posttraumatic stress disorder (PTSD) – a delayed and long-lasting reaction to an extreme traumatic event, accompanied by symptoms of increased arousal, re-experiencing the traumatic event and avoiding anything that is reminiscent of the traumatic event, whether in actual or symbolic way.

Prejudice – (usually negative) attitudes, opinions or stereotypes about people, phenomena, events or ideas.

Procrastination – putting off the beginning or completion of an intended action.

Self-handicapping behavior – the construction of (real or imaginary) obstacles to one's own achievement, so that one has a ready excuse for potential failure.

SMART goal setting – characteristics necessary for a goal to be effectively achieved. A goal has to be specific, measurable, attainable, realistic and timely.

Stigma – a sign, mark.

Stigmata – anatomic or physiological characteristics of a person.

Stigmatization – social or physical branding (usually with negative connotations) of a group of people, including persons who are mentally or physically ill, persons with disabilities, etc.

Strategic approach to learning – the choosing of a suitable learning strategy to maximize the chances of academic success. It involves permanent investment of effort in learning, finding the right learning materials, managing the time efficiently and following the teacher's requirements.

Stress – a psychophysical reaction to a *stressor*.

Stressor – an external stimulus which disturbs one's psychophysical integrity and leads to stress.

Surface approach to learning – an approach to learning focusing on reproduction of information.

Traumatic event – an event which is beyond the boundaries of usual human experience and which is extremely unpleasant for everybody.