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Research Article

Study of Causal Factors of Anxiety and Depression Using Self-concept Among Indian College Students

Nikhil Chopra Galimotu *

School of Social Sciences, Indira Gandhi National Open University, Delhi, India

Abstract

This paper offers to create an additional concern for improving ways to determine the causal factors of anxiety and depression in terms of self-concept that could aid in targeted and focused interventions. For this matter, the present study examined relationships between self-concept, anxiety, and depression. With the help of the self-report questionnaires a total of 120 Indian college students were considered for the study among which 60 were male and 60 female. The correlation analysis has revealed that the domains of self-concept have a statistically significant negative correlation with the variables anxiety and depression. The dimension of personal self-concept has shown a significantly larger effect size than the rest. Further, the regression analysis has confirmed that the domains of personal and academic self-concepts together have accounted for 42.4% of the variance in predicting state anxiety. In contrast, the domain of personal self-concept alone has accounted for 32.2% of the variance in predicting trait anxiety. Also, the dimension of personal self-concept is seen as accountable for 21.5% of total variability in predicting the variable depression. These findings are then extended more to understand the concepts associated with the factors/variables self-concept, anxiety, and depression. Their role and effect on future interventions for their psychological well-being and further research prospects were briefly discussed.

Keywords

Anxiety, Depression, Self-concept, Indian College Students, Personal Self-concept, Psychological Well-being

1. Introduction

The psychological well-being of an individual conceives the ideas from their personal, social, and environmental factors that help in giving a purpose and meaning to life with personal growth and development. It depends on both the challenges and the rewards from the life events of the person that bring balance to one's life. When we talk about the healthy mental state of an individual, we often tend to describe their satisfaction and happiness rates. It is a lesser-known fact that the psychological well-being of a person can be described using concepts like self-acceptance, environment, and personal growth by understanding its positive relations with the purpose and autonomy of life [21].

Revisiting the theories of self and well-being it was identified that the conceptual origins depend upon how a positive self-perception and ideation about self can correlate to the understanding and challenges one goes through in life. This gives the scope to extend the knowledge of self and self-concept of an individual into all the aspects of psychological experiences and consequences that influence the inter-intrapersonal behaviors and functioning of the individual

*Corresponding author: choprans3@gmail.com (Nikhil Chopra Galimotu)

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[17]. By giving importance to self-concept as the mediating factor to differentiate and pliant personal experiences and lifestyles, this study tries to understand the aspects of self that are adjusted to bring changes in capabilities and identify the areas that are to be focused on during treatment or diagnosis.

In recent days with the millennial lifestyles around, anxiety and depression have registered as the most common mental health concerns that almost everyone is facing in some form or the other. Keeping the current trends in mind, the Indian epidemiological studies on psychiatric disorders have estimated that for the year 2020, the burden of depression will see a 5.7% increase and a 20.7% estimate on neurotic disorders of which general anxiety take a 5.8% rise [12, 25]. Studies examining the prevalence of anxiety, depression, and Detrimental effects of self-concept among college students in urban and rural India, Online learners, trainees, and adolescents have all shown to have a significant impact on emotion regulation, performance, personal development, and various manifested forms of depression [6, 9, 15, 16, 19].

Predisposing the attributes concerning the risk factors of an individual developing anxieties and depressions, and attitudes towards treatments in terms of self-concept may help build a targeted model of treatment to be used in primary care and effective treatment. Status of research about the multifaceted effects of self and self-concepts in emotional and mental well-being are addressed in this study to contribute to a safe and ear-marked treatment for anxiety and depression. Several longitudinal studies can confirm an individual's self-perspective results in predicting the outcomes of longevity, physical health, quality of life, criminality, and pro-social behavior. In much the same way attending to distress risks in individuals, self will cover the unfilled gaps in our understanding of health, well-being, quality of life, and resilience.

It was understood that the generalized feelings of fear and apprehension are central to the causation of anxiety. It is both a signal provided by the ego that a dangerous impulse has been activated and the motivational force behind the deployment of defenses [22]. The traditional view of anxiety that subjectively made it similar to fear rather to any particular catastrophe that is anticipated was argued by Freud who said that anxiety can be adaptive to the discomfort that goes with it and motivates people to learn new ways of approaching life's challenges [14]. This was later agreed to be one of the most important concepts in psychoanalytic theory and the dynamics of personality functioning [13]. These understandings in turn have built the characteristics of anxiety about human emotions, unrealistic fears, the individual's maladjustment, sense of meaningful life which may be of serious threat to an individual's mental health and psychological well-being [24]. Many researchers have believed that probably the one major cause of anxiety is undergoing failure impression or lacking fitness in a person's characteristics and wishes. If any individual perceives that their anxiety was caused as a result of feeling threatened or sensing a hazard, it can be said that it is in the territory in which their self-concept has been threatened [7].

Depression is the most common form of emotional problems experienced by many, it can be characterized by feelings of sadness, guilt, anger, contempt, and confused thinking [18]. Many theorists tried to understand the pathways of development of depression and other social-emotional aspects causing depression. Bandura in his social cognitive theory said that a low sense of self-efficacy may give rise to feelings of depression and anxiety [1]. Beck had developed a cognitive explanation of depression consisting of cognitive bias, negative self-schemas, and the negative triad. According to him, it is particularly through the component of negative self-schemas carrying the information and ideas about ourselves and our surroundings tend to feel more depressed [2, 3]. Many cognitive behavioral theorists also suggested that depression results from maladaptive, faulty, or irrational cognitions taking the form of distorted thoughts and judgments [4]. Highlight the role of self-perception, including self-esteem, self-worth, and social identity, in the development and experience of depression. These tendencies are tested in this study to identify a true causal factor that is putting people at risk for developing depression.

By defining these constructs of self-concept, anxiety, and depression this paper draws attention to identifying the factors of self-concept that may or may not act in identifying and determining the causes of anxiety and depression. An understanding of causal factors in the form of self-concept may give a way to manage and help in comparing, predisposing, and identifying the risks that the individual lives to face by developing a focused treatment.

2. Research Methodology

This study is aimed towards understanding the causal factors of anxiety and depression using self-concept as a control in the youth (of age early adult to mid-adult group). With the intent to achieve the desired outcomes, the following objectives are drawn to direct the contributing factors of Anxiety and Depression.

2.1. Objectives

The objectives thus formulated to facilitate the achievement of the aim of the research are:

1) To study the levels of Self-Concept, Anxiety and Depression among male and female college students in their early and mid-adult stages.
2) To understand the relationship between Self-Concept, Anxiety and Depression among male and female.
3) To explore the Causal factors/ Predictors of Anxiety and Depression using Self-Concept.

2.2. Hypothesis

The hypotheses hence structured for the study that are empirically tested are as follows:

H_{01}: There is a relationship between Self-concept and Anxiety.

H_{02}: There is a relationship between Self-concept and Depression.

H_{03}: There is no significant difference in the levels of Self-Concept, Anxiety and Depression among male and female students.

2.3. Sampling

The research has used a Non-probability sampling technique with clear criteria and rationale about the participants to be part of the study. This study applies a purposive sampling method for data collection. Due to the pandemic situation, the source for the sample collection is mostly through online platforms in the form of Google documents. A minimum of 120 people (male and female) belonging to the age group of 18-40 years were considered as the study participants for this study across Indian colleges.

2.4. Research Design

This research uses a quantitative approach to design to provide an appropriate framework to explore the various factors and underlying principles that lead to the risks of anxiety and depression in Indian college students. The quantitative approach consists of a series of well-structured questionnaires to signify the relevant aspects identified from the reviewed literature. Descriptions from quantification of the data collected later accommodates to verify whether profiles, situations, and other features framed based on the results are relevant to the interests of the individual.

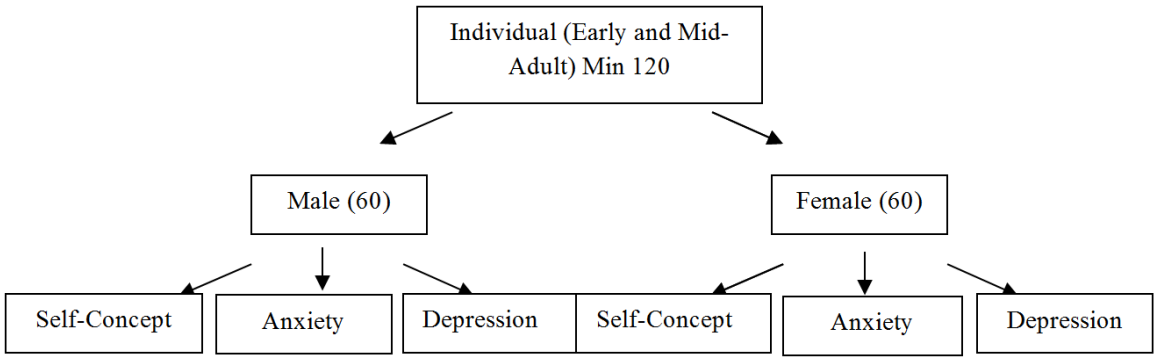

Figure 1. *Research Design.*

2.5. Variables

For this study, Self-concept of the individual is taken as independent variable to measure the causal factors of anxiety and depression in the form of dependent variables.

2.6. Psychological Instrument/Tools/Tests

2.6.1. Tennessee Self-concept Scale – Second Edition (TSCS: 2)

Tennessee Self-Concept Scale was developed by W. H. Fitts & W. L. Warren. A comprehensive evaluation of Self-Concept (TSCS:2) Self-Concept in terms of Physical, Moral, Personal, Family, Social & Academic are measured within the domains of Identity, Satisfaction, and Behavior to determine the overall psychological orientation of the individual. The study uses the adult form of the scale designed for individuals aged 13 and above. The scale asks to describe how one feels about themselves in a series of 82 questions. Items in the test are answered based on the responses provided as follows- Always False, Mostly False, Partly False Partly True, Mostly True, and Always True. The test has an internal consistency ranging from 0.73 to 0.95 and test-retest reliability ranging from 0.47 to 0.82 [11].

2.6.2. State and Trait Anxiety Inventory (STAI)

The X and Y forms of the self-reporting inventory developed by C. D. Spielberger, R. L. Gorsuch, and R. E. Lushene measure the self-reported presence and severity of current symptoms of anxiety and a generalized propensity to be anxious. The STAI consists of 40 questions, where 20 questions are allotted to S-anxiety and 20 are allotted to T-anxiety which are also called X and Y forms respectively. Items in the test are scored based on the Item score scale provided along with the test. The internal consistency coefficients for the scale have ranged from 0.86 to 0.95, and the test-retest reliability coefficients range from 0.65 to 0.75. The validity lies between 0.73- 0.85 [23].

2.6.3. Beck's Depression Inventory (BDI I, BDI II, BDI III)

Beck's Depression Inventory, developed by Aaron. T. Beck is a 21-question self-report rating inventory that measures characteristic attitudes and symptoms of depression in the form of multiple choice. The test has been shown to have a

high one-week test-retest reliability (Pearson r=0.93), suggesting that it was not overly sensitive to daily variations in mood. The test also has a high internal consistency of 0.91. This study uses the BDI II version of the scale [5].

2.7. Procedure and Data Analysis Techniques

Firstly, a review of the available research work with a similar narrative has provided a structured body of knowledge by identifying factors, causes, enablers, and consequences underlying the phenomenon of Anxiety, Depression, and Self-Concept. The formulation of objectives has led to targeting the specific areas of focus and gave a structure to the research design. After selecting the standardized questionnaires, the administering of tests was done both online and offline platforms. Due to the pandemic situation, most of the data was collected through online platforms. For participants online Google forms were shared via e-mail IDs and phone numbers with a link to the respective demographic details, three scales, and the instructions to fill out the form are attached. Also, all the research participants have given their consent to take part in the study, only then they are provided with the tests. All the queries were answered patiently, either personally or via phone, and expressed gratitude for their cooperation. The information collected from the participants was kept confidential. A quantitative method of examination was adapted to signify the data collected. The data collected from the psychological assessments was further analyzed using SPSS software for descriptive, Correlation, and Stepwise Linear Regression to develop the predictor models.

3. Results and Analysis

Statistical Analysis

The data collected was analyzed for descriptive statistics (mean and standard deviation) in the first phase. The second phase consists of Correlation analysis among the independent and dependent variables where a comprehensive set of Self-Concept (TSCS: 2) sub-scales are compared against the anxiety and depression measures derived from STAI and BDI II to determine the overall psychological orientation of the participant. Using statistical Bi-variate analysis (Pearson correlation), the correlation between anxiety, depression, and self-concept was explored at a 0.05 level of significance representing a 5% distribution of sample deviating from a point on the standard curve distribution. In the later phase, it was assumed that there was going to be a strong possibility for the significantly correlated variables from the Pearson correlation coefficient to be accountable for the development of future predictive models. It is tested to explore and maximize the prediction by using the stepwise linear regression model using SPSS software. The causal predictors of anxiety and depression in the forms of self-concept will explain the phenomenon of 'how' the causal factors operate and function the way they do to predict the level of changes in the outcomes. The computational and statistical methods used in the study will further affirm the hypotheses framed and will provide empirical evidence for the inferences made.

Table 1. *Socio-demographic descriptives of the Participants (Male and Female college students).*

Demographic variable	Category	Frequency	Percentage
Age	Mean Age	26.850	
	Std. Deviation	7.1658	
Gender	Male	60	50.00
	Female	60	50.00
Education	Under- Graduation	36	30.00
	Post-Graduation	82	68.30
	PhD	2	1.70
Marital Status	Single/Unmarried	102	85.00
	Married	18	15.00
N=120			

Above Table 1 shows the frequency distribution of the demographic variables gender, education, and marital status, along with the mean and standard deviation of the age of the participants to have a better understanding of the impact it could possibly have on the mental health of the participant.

Pearson r correlation, a bi-variate measure of the associa-

tion (strength) of the relationship between the three variables self-concept, anxiety, and depression are tested together to describe the statistically significant correlation that may exist among each other. For which the measures of anxiety and depression (dependent variables) are each tested individually with all the domains of self-concept (independent variable).

Table 2. *Showing bi-variate correlation of the combined scores of self-concept and anxiety among the participants.*

Variables	State Anxiety	Trait Anxiety
Self-Criticism	0.358**	0.410**
Identity	-0.559**	-0.476**
Satisfaction	-0.594**	-0.523**
Behavior	-0.519**	-0.471**
Physical Self-Concept	-0.578**	-0.527**
Moral Self Concept	-0.397**	-0.289*
Personal Self-Concept	-0.619**	-0.567**
Family Self-Concept	-0.458**	-0.311*
Social Self-Concept	-0.305*	-0.314*
Academic Self-Concept	-0.426**	-0.378**
Total Self-Concept	-0.647**	-0.563**
N = 120		

*Correlation is significant at the 0.05 level (1-tailed.)
**Correlation is significant at the 0.01 level (1-tailed)

Individual scores from the multi-dimensional approach of self-concept (in terms of physical, moral, personal, family, social, academic/work, and the total self-concept) in the domains of identity, behavior, and satisfaction along with the validity scores of self-criticism were compared against the state and trait anxiety measures to establish whether the two variables are statistically dependent or not. Though the validity scores (self-criticism) of TSCS-2 remained positively correlated to the two dimensions of anxiety, Table 2 shows a clear negative relationship between the remaining dimensions of self-concept and anxiety. It can also be seen that expect social self-concept, which is statistically significant at a 0.05 level of significance, the rest of the dimensions of self-concept are statistically significant in their relationship with state anxiety at a 0.01 level of significance. Whereas in the case of the relationship between dimensions of self-concept and trait anxiety, it can be seen that moral, family, and social self-concepts are statistically significant at 0.05 level of significance, and the remaining are statistically significant in their relationship with trait anxiety at a 0.01 level of significance.

Table 3. *Showing bi-variate correlation of the combined scores of self-concept and depression among the participants.*

Variables	Depression
Self-Criticism	0.324*
Identity	-0.432**
Satisfaction	-0.393**
Behavior	-0.304*
Physical Self-Concept	-0.415**
Moral Self Concept	-0.247

Variables	Depression
Personal Self-Concept	-0.463**
Family Self-Concept	-0.243
Social Self-Concept	-0.176
Academic Self-Concept	-0.170
Total Self-Concept	-0.415**
N=120	

*Correlation is significant at the 0.05 level (1-tailed.)
**Correlation is significant at the 0.01 level (1-tailed)

The correlation in Table 3 shows a clear negative relationship between self-concept and depression, however, it was not found to be significant with most of the dimensions like that of anxiety. It can be seen that the validity score (self-criticism) remained positively correlated in the analysis and appeared to be significant at a 0.05 level of significance, whereas only physical, personal, and total self-concepts have established a statistically significant negative relationship with depression in the domains of identity and satisfaction at a 0.01 level of significance. The dimensions of moral, family, social, and academic self-concepts established a negative relation, but they are found to be within the range of (-0.1) - (-0.3) indicating a weaker relationship than the rest of the domains.

Table 4. *Showing the Independent Sample t-test of the Combined Scores of Self-Concept, Anxiety and Depression among male and female participants.*

Variables	Groups	T	df	Sig	Mean Difference	F	Sig
Total Self-concept	Male	-0.682	58	0.498	-1.300	0.005	0.942
	Female						
State Anxiety	Male	-0.334	58	0.739	-0.900	0.772	0.383
	Female						
Trait Anxiety	Male	-0.501	58	0.618	-1.300	0.241	0.625
	Female						
Depression	Male	0.852	58	0.398	1.800	0.309	0.580
	Female						
N= 120							
Correlation is significant at the 0.05 level (2-tailed)							

Apart from establishing a relationship among the variables self-concept, anxiety, and depression, further in the study, the third hypothesis H03 was tested using an independent variables t-test between the groups male and female. The results from Levine's test for an equal variance for total self-concept were seen to be formed at an equation of F= 0.005 at P=0.942 (p>0.05) indicating that the group variances are to be treated as equal, giving us a t score of t (58) = -0.682, p = 0.498. Also, Levine's test for the variables state and trait anxiety are found to have formed equations at F= 0.772 at p=0.383(p>0.05) and F=0.241 at P=0.625 (p>0.05), indicating that the group variances of both the variables to be treated as equal, with a t score of t (58) =-0.334, p=0.739 and t (58) =-0.501, p=0.618 respectively. For the variable depression, Levine's test for equal variance was seen to be formed at the equation F=0.309 at p=0.580 (p>0.05), indicating that variance is to be treated as equal, with a t score of t (58) = 0.852, p=0.398.

This signifies that the suggested hypothesis H03, which says that there is no significant difference in levels of self-concept, anxiety, and depression among the male and

female participants can be accepted. Failing to reject the null hypothesis created a chance to estimate and predict the occurrence of the equal variances of the variables on a linear regression and the smaller values of t scores indicated that more similarities exist between the groups.

To estimate the relationship between the dependent variables (depression and anxiety) with the dimensions of the independent variable (self-concept), the study used regression analysis to assess the strength of the relationship, as well as to model the future relationship between them. Multiple regression analysis with a stepwise method was used to build predictor models using the total score of self-concept, anxiety, and depression. The relationships identified among the variables from correlations were tested to explain the phenomenon of 'how' the causal factors operate and function in the way they do.

Table 5. *Showing Regression of stepwise multiple linear regressions in predicting state and trait anxiety by personal and academic self-concepts.*

Dependent Variable	Independent Variables	Beta (β)	T	Sig.	R	R^2	Change in R^2	F	Sig.
State Anxiety	Constant	86.076	11.041	0.000	0.651	0.424	0.404	20.970	0.000
	Personal Self-concept	-0.754	-4.901	0.000					
	Academic Self-concept	-0.339	-2.014	0.049					
Trait Anxiety	Constant	72.960	12.986	0.000	0.567	0.322	0.310	27.535	0.000
	Personal Self-concept	-0.772	-5.247	0.000					
N=120									

From above Table 5, the coefficient and the model summary from the multiple regression of measures of anxiety and self-concept indicate that the combination of personal and academic self-concepts accounts for 42.4% of total variability to the dimension state anxiety. A significant regression equation was found at F= 20.970 at p=0.000 with an R2 of 0.424. Based on the results of the coefficients of predictor variables personal and academic self-concepts with beta (β) values -0.754 & -0.339 at p= 0.000 and p=0.049 levels of significance respectively showed a statistically significant negative relationship between the predictive variable to the outcome variable 'state anxiety'.

In the case of the outcome variable trait anxiety, it can be seen from the coefficient and model summary of multiple regression that the dimension of personal self-concept alone accounts for 32.2% of the total variability. The significant equation was found at F=27.535 at p=0.000 with an R2=0.322. The predictor variable (personal self-concept) with a beta (β) value -0.722 at a 0.000 level of significance also showed a statistically significant negative relationship between the predictor variable and the outcome variable 'trait anxiety'.

Table 6. *Showing Regression of stepwise multiple linear regressions in predicting depression by personal self-concept.*

Dependent Variable	Independent Variables	Beta (β)	T	Sig.	R	R^2	Change in R^2	F	Sig.
Depression	Constant	30.372	6.139	0.000	0.463	0.215	0.201	15.853	0.000
	Personal Self-concept	-0.516	-3.982	0.000					
N=120									

The coefficient and the model summary from the above Table 6 of the multiple regression of measures of depression and self-concept indicate that the dimension of personal self-concept accounts for 21.5% of total variability to the

dependent variable depression. A significant regression equation was found at F= 15.853 at p=0.000 with an R2 of 0.215. Based on the results of the coefficients of the predictor variable personal self-concept with beta (β) values -0.516 at p= 0.000 level of significance showed a statistically significant negative relationship between the predictive variable to the outcome variable 'Depression'.

4. Discussion, Conclusion, and Recommendations

4.1. Discussion

The findings from the above results revealed that the multi-dimensional approach towards the variable self-concept is associated with different aspects of depression and anxiety (i.e., personal and academic self-concepts). For the most part, the stronger negative correlation between the domains of self-concept, anxiety, and depression answers the primary objective of this pilot study, which is to understand the relationship among the variables. The results shown in Tables 2 and 3 support the inverse relationship existing between Self-concept, anxiety, and depression, which represent the self-esteem of the person, similar to the studies that were reviewed [10, 20]. These results indicate that different domains of the self, even though studied in terms of identity, behavior, and satisfaction, are empirically distinct in the ways they act and are uniquely associated with the different aspects of anxiety and depression.

The attempt to study self-concept in various dimensions such as physical, moral, personal, family, social, and academic settings was to understand the individual's view of his/her body, state of health, moral-ethical perspective, individual's sense of personal worth, adequacy of being a family member, social interactions, and how they perceive themselves at work/school. The self-descriptions procured from the self-rating scales (anxiety & depression) and self-concept have enabled us to interpret and study the relative strengths and vulnerabilities represented by an individual. This frame of reference assumed by the individual to describe him/her was explored by examining the relationship between the dimensions of self-concept and dependent variables (anxiety and depression) separately. The results confirmed that all self-concept (TSCS-2) subscales were negatively correlated with both anxiety and depression (See Tables 2 & 3). It indicates that all self-concept domains are critically implicated in the mood and well-being of the individual.

The present research was based on the assumption that the self-ratings and the self-concept would vary by the participant's age, gender, education, and marital status due to general expectations and stereotypes. The study examined the gender bias in the levels of self-concept, anxiety, and depression in H_{03} and tested using the independent sample t-test (see Table 4) which revealed that there was no significant difference in the ratings among the variables that could be differentiated based on gender. Though the demographics age, education, and marital status of the individual were recorded, they were not tested to identify the association with any of the variables.

It was considered desirable to address the problems of anxiety and depression in terms of self-concept because bringing a person's self-definition into line with the consensual reality or initiating changes in the behavior would allow for a reconstruction of the self-image. To achieve this, the domains of self-concept were used in the study as possible predictors that could predispose and predict the cause of anxiety and depression. It is well known from the literature that the negative self-concept acts as a contributor to mood disorders, anxiety, and depression. The dimensions of personal and academic self-concepts as shown in Tables 5 and 6 act as the predictors that need to be addressed to help an individual experience realistic personal aspiration.

While the study focused on the inverse correlation of the variables tested, the same may not always be in a linear relation. One study that identified the positive associations with anxiety and depression of psychological well-being attributed its effect to the unrealistically high expectations from oneself in academic performance or, as such, in life, leading to frustration, anxiety, and depressed mood among young students [8]. Recognizing the variables' reciprocal influence and potential bidirectional relationship in which the strength and direction of the relation may vary stands as a field to explore further.

4.2. Conclusion

Anxiety and depression are significant mental health problems in the current participants. Also, results from the study confirm that self-concept is a critical factor that gives a perception of the way an individual looks at him/herself. The results suggest that the person with disturbances in self-concept needs to make iterations through the cycle of self-acceptance, evaluation, and acceptance of success to reconstruct and maintain a healthier self-view. It is because individuals with primary anxieties and depression have rated themselves related to the dimensions such as personal self and work efficacy which is a reflection of the individual's sense of personal worth, feeling of adequacy, persona, and personal evaluation. These dimensions may be more highly relevant to anxious individuals than they are to depressed ones. Consequently, life experiences that threaten the self-concept in these content areas may have the potential to elicit future depressive and anxious self-concepts.

4.3. Recommendations

Based on the research findings, several treatment measures can be built to enhance self-acceptance, promote realistic self-evaluation, foster a sense of achievement, and take individual differences into account to integrate a multifaceted approach. Some of the therapeutic measures to consider are

cognitive–behavioral therapy (CBT), mindfulness-based therapies, acceptance and commitment therapy (ACT), self-compassion training, interpersonal therapy (IPT) which may address the behaviors/factors contributing to anxiety and depression, and beneficial in improving self-concept.

Abbreviations

TSCS-2	Tennessee Self-concept Scale: Second Edition
STAI	State and Trait Anxiety Inventory
S-Anxiety	State Anxiety
T-Anxiety	Trait Anxiety
BDI	Beck's Depression Inventory
SPSS	Statistical Package for the Social Sciences
H_{01}	Hypothesis 1
H_{02}	Hypothesis 2
H_{03}	Hypothesis 3
CBT	Cognitive Behavioral Therapy
ACT	Acceptance and Commitment Therapy
IPT	Interpersonal Therapy

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Author Contributions

Nikhil Chopra Galimotu is the sole author. The author read and approved the final manuscript.

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Data Availability Statement

The data is available from the corresponding author upon reasonable request.

Conflicts of Interest

The author declares no conflicts of interest.

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