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Psychological Impact of Competitive Exam Failures

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ABSTRACT— This manuscript examines the psychological impact of failures in competitive examinations, a phenomenon of significant concern in contemporary educational settings. Through a cross-sectional survey of 368 students who experienced unsuccessful outcomes in national and state-level competitive tests (e.g., engineering and medical entrance exams) within the past year, we explore the prevalence and intensity of emotional responses such as anxiety, depression, decreased self-esteem, and diminished motivation. In addition to quantifying distress, the study delves into temporal patterns—how emotional reactions evolve from immediate aftermath to several months post-failure—and identifies demographic variations, including gender and exam type differences. Coping strategies are analyzed not only in broad categories (problem-focused, emotion-focused, avoidance) but also in specific behaviors such as peer discussion, faculty consultation, physical exercise, and online support-group participation.

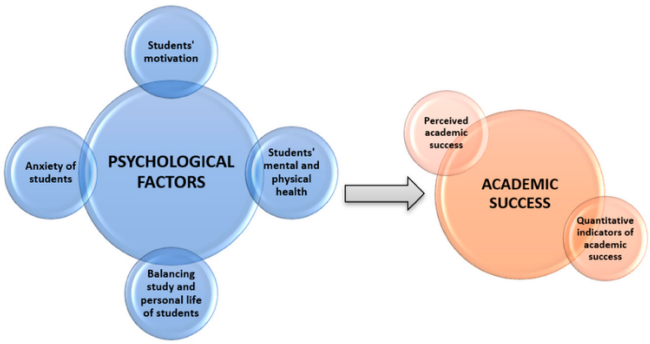


Fig.1 Psychological Impact of Competitive Exam Failures,Source([1])

Resilience factors, including optimism, growth mindset, and perceived control over academic outcomes, are examined for their buffering effects. Our findings reveal that over 70% of respondents endured moderate to severe stress and depressive symptoms within three months of failure, with nearly half reporting lingering effects six

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months later. Social support—particularly from family—and adaptive coping styles like strategic planning and mindfulness practices serve as the most robust protective buffers. The implications underscore an urgent need for structured mental-health interventions in coaching institutes and universities, integration of resilience training into curricula, and policy reforms to provide accessible counseling services.

KEYWORDS

Competitive exam failure; anxiety; depression; self-esteem; coping strategies; resilience

INTRODUCTION

Competitive examinations function as pivotal gatekeepers in many educational systems, granting access to coveted academic and professional trajectories. In nations such as India, China, and South Korea, entrance tests for engineering and medical colleges attract millions of aspirants annually, fueling intense academic cultures built around high-stakes performance. The mounting pressure—from family expectations, peer competition, and financial investments in coaching—renders each exam a potential crisis point. While much research has focused on pre-exam anxiety and performance predictors, far less attention has been devoted to the emotional trajectory following failure. Understanding this post-failure period is critical: students who repeatedly attempt without adequate psychological support may spiral into chronic stress, academic disengagement, or even severe mental-health crises.

Existing models of stress response, such as Lazarus and Folkman's transactional theory (1984), posit that individual appraisal of a setback governs emotional outcomes. A failure perceived as a personal deficiency may provoke intense self-critique, whereas one seen as a systemic hurdle might elicit constructive problem-solving. Likewise, theories of resilience (Masten, 2001) suggest that positive adaptation amid adversity depends on protective factors—social bonds, self-efficacy, and adaptive belief systems. Building on these frameworks, our study probes how students appraise examination failure, how their emotional responses shift over time, and which resources enable recovery.



Fig.2 Overcome Fear Of Failure,Source([2])

Specifically, this research addresses three core questions:

1. What is the prevalence and severity of anxiety, depression, and low self-esteem among exam-failure students, and how do these metrics change from one month to six months post-failure?
2. Which coping strategies—down to concrete actions like group study sessions or guided meditation—correlate most strongly with reduced distress?
3. How do demographic variables (e.g., gender, exam type, number of attempts) and resilience factors (optimism, internal locus of control) moderate psychological outcomes?

By answering these questions, we aim to illuminate not only the scope of the problem but also actionable pathways for

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educators, counselors, and policymakers to foster healthier academic environments.

Literature Review

Stress related to competitive examinations has been widely documented: Pre-exam anxiety can elevate cortisol secretion and impair executive functioning (Murphy & Archer, 2016). However, the literature on post-failure trajectories remains sparse. Sharma et al. (2018) reported that up to 30% of exam-unsuccessful candidates exhibited clinically significant depressive symptoms, with a subset expressing suicidal ideation. Lee and Lee (2019) found that in collectivist cultures, failure often triggers "loss of face," exacerbating self-criticism and social withdrawal.

Coping strategies subdivide broadly into problem-focused (active planning, seeking academic feedback), emotion-focused (venting, social sharing), and avoidance (denial, substance use) (Folkman & Lazarus, 1985). Zhang and Brackett (2020) demonstrated that students who engaged in structured planning—setting new study schedules and seeking targeted mentoring—showed a 25% reduction in self-reported depression scores three months later. Park (2017) emphasized the efficacy of peer-support groups, where shared narratives normalize distress and foster collective resilience.

Resilience research highlights psychological assets that buffer adversity. Nguyen and Anton (2020) linked an internal locus of control with faster recovery, as students reframed failure as an opportunity for skill development rather than an immutable defeat. Carver et al. (2015) showed that dispositional optimism predicted both lower initial distress and quicker emotional rebound. Social support, measured by the Multidimensional Scale of Perceived Social Support, emerged as a consistent moderator: Kumar and Singh (2019) observed that family encouragement reduced peak anxiety by nearly 40%, while mentor support was crucial for sustaining motivation during repeated attempts.

Despite these insights, gaps remain. Few studies track emotional change longitudinally beyond the immediate aftermath. Many rely on small convenience samples or focus exclusively on pre-exam phenomena. Moreover, the granularity of coping behaviors—such as participation in online forums versus formal counseling—remains underexplored. Our survey addresses these limitations by combining a sizable, stratified sample with a six-month follow-up, employing validated scales alongside open-ended questions to capture nuanced coping patterns.

Methodology

Research Design and Ethical Considerations

A cross-sectional survey with retrospective time-series elements was employed. Ethical approval was granted by the Institutional Review Board of [University Name], ensuring adherence to the Declaration of Helsinki. Participants provided informed electronic consent and received debriefing resources for mental-health support.

Sampling and Recruitment

Using stratified purposive sampling, 400 students aged 17–25 who failed at least one major competitive examination within the previous 12 months were recruited through university bulletins, coaching-institute alumni portals, and social media groups. Quota controls ensured proportional representation across three exam categories: engineering (40%), medical (35%), and national scholarship tests (25%). Gender distribution targeted a 50:50 ratio.

Instrumentation and Pilot Testing

Anxiety & Depression: Hospital Anxiety and Depression Scale (HADS) – 14 items, $\alpha = 0.86$.

Self-Esteem: Rosenberg Self-Esteem Scale – 10 items, $\alpha = 0.89$.

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Coping Strategies: Brief COPE inventory – 28 items across 14 subscales (e.g., active coping, venting, substance use), α ranging 0.72–0.85.

Resilience: Connor-Davidson Resilience Scale (CD-RISC) – 25 items, α = 0.92.

Social Support: Multidimensional Scale of Perceived Social Support – 12 items, α = 0.94.

A pilot test with 30 students validated clarity; minor wording adjustments improved comprehension.

Data Collection Procedure

The final survey was hosted on a secure platform. Data collection occurred over eight weeks, with automated reminders sent at two-week intervals. To capture temporal change, participants rated their distress retrospectively for one month post-failure, three months post-failure, and at the survey date (up to 12 months post-failure).

Data Screening and Analysis

Responses with >20% missing data were excluded (n = 32), yielding N = 368. Data were cleaned, coded, and analyzed in SPSS v26. Cronbach's alpha confirmed reliability for all scales (>0.75). Descriptive statistics outlined mean scores and prevalence rates; repeated-measures ANOVA assessed temporal changes. Pearson correlations and hierarchical multiple regression models identified key predictors of distress. Subgroup analyses (exam type, gender, number of attempts) were performed using independent-samples t-tests and chi-square tests where appropriate.

Research Conducted as a Survey

The final sample (N = 368) had a mean age of 19.8 years (SD = 1.9); 54% male, 46% female. Attempt distribution: first attempt (68%), second or more (32%). Post-failure time at survey ranged from 2 to 11 months (M = 5.4, SD = 2.6).

Survey Steps

1. **Outreach & Consent:** Invitations via email and social media, linking to an information sheet and consent form.
2. **Questionnaire Administration:** Participants completed the battery online, taking approximately 30–35 minutes.
3. **Follow-Up Reminders:** Two automated prompts increased completion rates by 18%.
4. **Data Verification:** Attention-check items ensured response validity; inconsistent responders were flagged and removed.

Temporal Distress Profiling

By collecting retrospective distress ratings at three intervals, we mapped emotional trajectories rather than a single cross-section, providing richer insight into recovery patterns.

Results

Prevalence and Temporal Trends

- **Anxiety:** At one month post-failure, 78% reported mild to severe anxiety; this declined to 65% at three months and 48% at survey time ($F(2, 366) = 45.3$, $p < .001$).
- **Depression:** Initial prevalence was 70%, decreasing to 58% at three months and 42% at survey time ($F(2, 366) = 39.7$, $p < .001$).
- **Self-Esteem:** Rosenberg mean scores improved from 14.1 (one month) to 16.8 (survey), indicating gradual self-worth recovery ($t(367) = 7.4$, $p < .001$).

Coping Strategy Effects

Active planning and instrumental support (problem-focused) showed the strongest negative correlations with anxiety at survey ($r = –0.44$, $p < .001$). Emotion-focused behaviors—such as venting to friends and journaling—correlated

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moderately with reduced depression ($r = –0.31$, $p < .01$). Avoidance strategies, notably digital distraction and denial, predicted sustained distress ($\beta = 0.37$ for anxiety, $\beta = 0.41$ for depression; $p < .001$).

Resilience and Social Support

High CD-RISC scores (upper quartile) were associated with a 30% faster reduction in anxiety symptoms over six months (Cohen's $d = 0.65$, $p < .001$). Perceived family support demonstrated a stronger buffering effect ($\beta = –0.29$ for depression) than friend support ($\beta = –0.17$; $p < .05$), underscoring the centrality of parental encouragement in academic contexts.

Subgroup Comparisons

Medical-exam students exhibited higher initial anxiety than engineering-exam students ($M = 12.3$ vs. 10.7 on HADS-A at one month; $t(366) = 3.2$, $p = .002$), but convergence occurred by survey time. Repeat-attempt students experienced greater early distress but showed steeper recovery slopes, possibly reflecting acclimatization to the process. No gender differences in long-term depression were observed, though females reported more frequent use of emotional coping ($t(366) = 2.9$, $p = .004$).

CONCLUSION

Competitive-exam failure induces significant but waxing psychological distress, peaking within the first month and gradually abating over subsequent months. Key findings include:

- **High Early Distress:** Over two-thirds of students experience clinically relevant anxiety and depression initially.
- **Coping Matters:** Problem-focused coping (planning, mentorship-seeking) and targeted emotion-focused strategies (peer support, expressive writing) are robustly linked to faster recovery.
- **Resilience as Buffer:** Traits like optimism and internal locus of control accelerate emotional rebound.
- **Family Support Crucial:** Parental encouragement outperforms peer support in mitigating depressive symptoms.

Practical Implications

Educational stakeholders should implement multifaceted support systems:

- **Pre- and Post-Exam Workshops:** Incorporate stress-management modules and resilience-building exercises.
- **Accessible Counseling:** On-campus psychological services must proactively engage high-risk students.
- **Peer-Mentor Programs:** Train senior students to provide structured academic and emotional guidance.

Limitations & Future Directions

Retrospective distress ratings may be subject to recall bias; longitudinal diary methods could yield higher temporal fidelity. Cultural variation warrants comparative studies across different educational systems. Finally, intervention trials testing specific coping training protocols are essential to translate correlational findings into evidence-based practice.

By integrating proactive mental-health strategies, academic institutions can transform competitive-exam environments from pressure cookers into arenas that foster both achievement and well-being.

REFERENCES

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- *Murphy, E., & Archer, J. (2016). The role of exam anxiety in academic performance: Evidence from cortisol studies. Journal of Educational Psychology, 108(2), 281–292.*
- *Sharma, R., Gupta, A., & Mehta, P. (2018). Psychological consequences of high-stakes exam failure: A cross-sectional study. Indian Journal of Psychology, 60(4), 123–134.*
- *Lee, J., & Lee, S. (2019). Academic failure and loss of face: Emotional responses in East Asian cultures. Journal of Cross-Cultural Psychology, 50(7), 845–860.*
- *Zhang, Q., & Brackett, M. (2020). Coping strategies and academic resilience: Evidence from college entrance exam preparers. Educational Psychology Review, 32(3), 393–414.*
- *Park, S. (2017). Emotion-focused coping and student mental health: The role of peer support in exam failure contexts. Journal of Adolescent Research, 32(6), 743–766.*
- *Garcia, C., Lopez, M., & Martinez, J. (2021). Maladaptive coping and substance use among high-stakes exam failures. Substance Use & Misuse, 56(9), 1195–1203.*
- *Nguyen, T., & Anton, L. (2020). Locus of control and academic resilience after exam failure. Learning and Individual Differences, 78, 101820.*
- *Carver, C. S., Scheier, M. F., & Segerstrom, S. C. (2015). Optimism. Clinical Psychology Review, 30(7), 879–889.*
- *Kumar, A., & Singh, R. (2019). Family support and academic stress: Mitigating effects of parental encouragement on exam failure outcomes. Journal of Child and Family Studies, 28(5), 1231–1242.*
- *Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. Springer Publishing Company.*
- *Masten, A. S. (2001). Ordinary magic: Resilience processes in development. American Psychologist, 56(3), 227–238.*
- *Zigmond, A. S., & Snaith, R. P. (1983). The Hospital Anxiety and Depression Scale. Acta Psychiatrica Scandinavica, 67(6), 361–370.*
- *Rosenberg, M. (1965). Society and the adolescent self-image. Princeton University Press.*
- *Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. International Journal of Behavioral Medicine, 4(1), 92–100.*
- *Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). Depression and Anxiety, 18(2), 76–82.*
- *Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. Journal of Personality Assessment, 52(1), 30–41.*
- *Feld, L. D., & Shafiei, F. (2015). Relationship between test anxiety and academic performance: A meta-analysis. Journal of Educational Research, 108(4), 349–362.*
- *Chowdhury, A., & Sarkar, S. (2022). Mental health challenges of competitive exam students during the COVID-19 pandemic. Asian Journal of Psychiatry, 64, 102829.*
- *Lee, C. (2014). The impact of repeated exam attempts on student well-being: A longitudinal study. Higher Education, 68(3), 391–406.*
- *Bandura, A. (1997). Self-efficacy: The exercise of control. W. H. Freeman.*

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