



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Life Satisfaction and Anxiety in Covid 19 patients

AUTHOR

SUBMITTED BY:

Manisha Choudhary (Research Scholar)

Doctor of Philosophy in Psychology

School of Liberal Education

Galgotias University, Greater Noida

Under the supervision of – Assoc.Prof. Dr. Kumar Ashutosh
(Department of Applied psychology)

ABSTRACT

The goal of the study is to evaluate patients with COVID-19 for life satisfaction and anxiety. 100 people between the ages of 18 and 28 participated in the study. The contentment with life scale (Diener, Emmons, Larsen, and Griffin, 1985) and the Beck Anxiety Inventory (Aaron T. Beck, 1993) are the questionnaires used to collect the data. The questionnaire, which includes participant demographic data, was distributed at random to the participants. According to the findings, there is a big connection between anxiety and life satisfaction. The study's findings imply that there is a strong association between anxiety and life satisfaction, which is supported by data, as the correlation was shown to be extremely significant. The expectation was that there would be a strong actual relationship. Life satisfaction and anxiety, which was demonstrated in the research because many researchers have discussed that when the level of life satisfaction is high automatically the individual anxiety will be low because generally one of the factors that cause anxiety among people is that they are not satisfied with their jobs, relationships, etc. There are a lot of reasons to affect the level of anxiety, and some of those reasons may be health-related, so it was assumed that level of satisfaction with life would automatically reduce individual anxiety.

Keywords: Life Satisfaction, Anxiety, Satisfaction with life scale, Becks anxiety inventory

INTRODUCTION

Life satisfaction is a way in which people show their emotions, moods, feelings, and how they feel about their directions and options for the future. It measures well-being in terms of self-satisfaction, self-esteem, self-satisfaction with relationships, and self-concept. Life satisfaction doesn't focus on ones feeling current feelings but individual's favorable attitude towards life. There are many factors that are included in the concept of life satisfaction and have been a relation to economic factors, social factors and educational factors, and many more.

FACTORS AFFECTING LIFE SATISFACTION

PERSONALITY

Big five factor model is the basic concept of personality. The dimensions which are consider in this model are: 1) Openness to experience. 2) Conscientiousness. 3) Extraversion. 4) Agreeableness and 5) Neuroticism. Many studies were conducted to understand that how personality plays a role in satisfaction with life. A well known research was conducted by Deneve and Cooper in the year 1998. Where they linked the personality questionnaire with subjective well being. And the hypothesis was proved. People with neuroticism who generally have difficulties in making up their mind, and they are more prone to suffer from mental illness will be low in satisfaction with their life. Whereas, people with personality type of openness to experience will be high on satisfaction of life because they have positive attitude towards their future and always ready to experience new things. Because of their optimistic attitude they are assessed as high life satisfaction level. The personality "openness to experience" is positively correlated with satisfaction with life

SELF ESTEEM

The Satisfaction with Life Scale is the only scale employed by UNESCO (the United Nations Educational, Scientific, and Cultural Organization) (SWLS). It was designed to gauge how well-adjusted, healthy, and content with life a person felt about themselves. Previous research has shown that self-esteem entirely cured optimism and life pleasure. When a person is aware of who they are and what they are worth, they constantly think positively

OUTLOOK ON LIFE

Situations and people also has an impact on how satisfied they feel with their lives. Optimism and hope are two different types of impacts that can change how people perceive their lives. It is involved in these two. Basically, optimism raises life satisfaction levels whereas pessimism lowers them.

AGE

In a 2009 study, psychologists Yuval Palgi and Dov Shmotkin discovered that persons in their 90s were content with their past lives but scared about the future since they believed their deaths were imminent. But according to study, older individuals are happier because they have more wisdom, experience, and priorities now. People in their middle years of adulthood, on the other hand, tend to be less satisfied with their lives due to uncertainty in their work, relationships, and other areas of their lives

FAMILIAL AND ENVIRONMENTAL FACTORS

Satisfaction is also positively related to the authoritative style of parenting, growing up with an authoritative mother and parental support. A French psychologist Kwan in the year 2010 environments paper that Factors such as the structure of the family, parenting style, emotional and social support, conflicts of the family, and environments' physical quality all are the conditions under which the level of life dissatisfaction increases. It was covered under the research work of psychologist Huebner in 2004.

ANXIETY

A diffuse, unpleasant, nebulous sense of apprehension is the most common symptom, which is frequently accompanied by autonomic symptoms like headache, perspiration, palpitations, tightness in the chest, mild stomach discomfort, and restlessness, which is demonstrated by an inability to sit or stand still for an extended period of time. People tend to differ in the specific pattern of symptoms they experience when they are anxious.

FEATURES OF MAJOR ANXIETY DISORDER

- 1) Panic disorder: Consistent, unplanned panic attacks with at least four of the following symptoms: palpitations, sweating, shortness of breath, feeling as though one is choking, feeling lightheaded or faint, fear of losing control, and dread of dying.
- 2) Agoraphobia - Fear of places and circumstances from which it is difficult or embarrassing to flee. Agoraphobics typically steer clear of crowds, shopping centers, travel, theatres, standing in lines, and cramped space

SOCIAL PHOBIA

A distinct and enduring fear of one or more unique circumstances or performance settings where the person worries about receiving poor feedback. For instance, they find it difficult to start or continue a conversation because they are always worried about looking foolish or humiliated whether they speak, write, eat, or drink in public.

SPECIFIC PHOBIA

marked and ongoing irrational dread that is triggered by the presence or impending presence of a particular thing or circumstance, such as enclosed places, heights, storms, animals, blood, or flying.

OBSESSIVE COMPULSIVE DISORDER

Obsessions are described as repeated, persistent urges, thoughts, or visions that one experiences as unwanted and obtrusive. Such as contamination, persistent uncertainty, structure, and sexual imagery. Compulsions are described as habitual, mental behaviors with the intention of preventing or lessening anxiety or distress. As washing your hands, placing an order, checking it, praying, counting, and repeating sentences.

GENERALISED ANXIETY DISORDER

Excessive worry and anxiety about a variety of upcoming activities or events, occurring more often than not for six months. Worry is challenging to manage, and it's linked to at least three of the following. Symptoms include restlessness, fatigue easily, trouble focusing, irritability, the tension in the muscles, and disturbed sleep. Major depressive disorder and panic disorder frequently coexist. one-third of patients who have depressive symptoms may also have prominent anxiety symptoms, and up to two-thirds of all patients with depressive symptoms may also have panic disorder. According to studies, between 20 and 90 percent of all people with panic disorder also experience significant depressive episodes. These findings imply that the presence of anxiety

SEPARATION ANXIETY DISORDER

Excessive anxiety that is out of proportion to development when it comes to leaving home or an attachment figure. exhibiting three or more of the traits listed below severe and recurrent distress brought on by absence from one's home or a key individual in one's life. excessive and ongoing concern that a situation will result in the separation from a key attachment figure The sensation should last for at least 4 weeks. The condition first manifests before the age of 18. Distress and functional disability are the results. When separation happens, physical symptoms including headaches, nausea, and vomiting might ensue.

MIXED ANXIETY-DEPRESSIVE DISORDER

Patients with mixed anxiety-depressive disorder have symptoms of both anxiety and depression but do not fit the diagnostic mould for either an anxiety disorder or a mood disorder. When depression and anxious symptoms coexist, the affected person experiences serious functioning impairment. The situations can be more common in general practitioners' offices and outpatient mental health clinics. The availability of the diagnosis, according to critics, can deter physicians from spending the time necessary to get a thorough psychiatric history and distinguish between real depressive illnesses and real anxiety disorders.

Both panic disorder and major depressive illness frequently coexist. Up to two thirds of all patients who experience depressive symptoms also experience significant anxiety symptoms, and one third of them may meet the diagnostic criteria for panic attack. According to studies, between 20 and 90 percent of all people with panic disorder also experience significant depressive episodes. These findings imply that coexisting depression and anxiety symptoms may be widespread even when neither symptom fits the diagnostic criteria for another depressed or anxiety illness. Formal epidemiological data on mixed anxiety-depressive disorder are not yet accessible, though. Although conservative estimates show a prevalence of about 1% in the general population, some physicians and academics have suggested that the disorder's prevalence in the general population is as high as 10% and in primary care clinics, as high as 50%.

SUBSTANCE-INDUCED ANXIETY DISORDER

Substance-induced anxiety disorder can be brought on by dangerous substances including abused substances, alcohol, prescription drugs, or poison. Drug-induced anxiety disorder is a common condition that can be caused by both the use of prescription medications and so-called recreational drugs. The symptoms of anxiety that mimic any of the anxiety disorders included in the DSM IV TR can be brought on by a variety of substances. Although a wide range of pharmaceutical medications have the ability to make anxiousness disorder symptoms worse in susceptible individuals, the substance that is consumed determines the kind of substance-induced anxiety disorder that manifests. In some persons, even occasional psychostimulant usage may result in signs of an anxiety condition. Memory, computation, and general cognitive impairment can occur in conjunction with anxiety disorders.

COVID 19

The respiratory illness COVID-19 is brought on by the coronavirus SARS-CoV-2, which was identified in 2019. The virus primarily transmits from person to person through respiratory droplets released during cough, sneezing, or talking by an infected person. Some infected individuals might not exhibit any symptoms. When a person exhibits symptoms, their sickness may be moderate or severe. Serious sickness is more likely to affect those 65 and older and people of any age who have underlying medical issues. The COVID-19 vaccination is recommended for those 5 years of age and older in order to halt the spread of the disease. A booster shot is available to anyone 16 years of age and older.

The first pandemic of this century was caused by the illness COVID-19, which was initially discovered in Wuhan, the capital of Hubei Province, China, before the end of December 2019. The contagious disease COVID-19 has been spreading over the world since the beginning of the year 2020, resulting in around three million positive cases as of today (till 27th April, 2020 there with about one million closed cases having 20 percent death rate). As far as we know, a number of factors have contributed to the pandemic status of the

illness COVID-19. Some of them are (i) the lack of an effective vaccine and precise medication, (ii) the high illness transmission rate, and (iii) the fact that the actual nature of the SARS-CoV-2 virus is yet unclear.

Therefore, a qualitative examination of COVID-19 is more important than a quantitation analysis in the current situation. As a result, an appropriate mathematical model would not only be capable of representing the entire disease system but also surely allow researchers to determine the specific nature of the condition. It could soon predict how the disease would behave. Even while the early mathematical models for theoretical epidemiology (see Bernoulli [1], Hammer [13], Ross [40], Karnaik and McKendrick [24], etc.) appear to be fairly basic, from a fresh angle, those works are the foundational ones for mathematical epidemiology. With the development of computational tools and software, we are now able to create intricate mathematical models and conduct detailed, scientific analyses of them. Numerous model-based research has successfully captured the worldwide dynamics of the relevant infectious disease throughout literature's history (see the references Keeling and Rohani [23], Wang and Zhao [41], Buonomo et al. [3], Zhou et al. [43], Jana et al. [18], [20], Li et al. [29], Zegarra and Hernandez [42] etc).

REVIEW OF LITERATURE

In the year 2009 professor Shams Ur Rahman Khan conducted a study on international students. The objective was life satisfaction and social anxiety among international students. The study mentioned that the cause for anxiety in international students was because of cultural diversity. Quantitative approach was conducted. The result was done by finding persons correlation and simple regression analyses. The researcher used the life satisfaction scale (LSS) and social interaction anxiety scale (SIAS). Results showed life satisfaction with social anxiety with $r = -.248$ ($P < 0.050$), which means when the life satisfaction is high, the level of social anxiety will be low.

Stress, Anxiety and Life satisfaction across the age range [Manfred E. Beutel and Kai W. Muller, 2016] was a research done in German. The aim of the research was to assess stress, anxiety and life satisfaction across different age groups. German community sample size was for women 1,350 and man 1,177 between the age 14 to 94. The result showed that man stressed more than women. And the hypothesis of the study was proved right that when the anxiety level is high it reduces the satisfaction in life domains.

METHODOLOGY

3.1 Aim: To study the correlation of Anxiety and Life Satisfaction in covid 19 patients.

3.2 Rationale: In the studies and researches mentioned in the review of literature section, most of the researches are either on life satisfaction and anxiety with the relation to depression or assess satisfaction of life with death anxiety in covid 19 patients. Additionally, main focus of researchers has been death anxiety or life satisfaction on genders or else on people with psychological distress and discussed on the life satisfaction and its relation to anxiety with mind fullness or spirituality..

3.3 Objective:

(1)To assess the level of anxiety in covid 19 patients

(2) To measure life satisfaction in covid 19 patients

(3) To study the relationship between Life satisfaction and anxiety in covid 19 patients

3.4 Hypotheses: There will be significant relation between life satisfaction and anxiety.

3.5 Variables of the study:

Following are the variables involved in the study:

1 Life satisfaction

2 Anxiety

3.6 Locale of the study: Delhi,NCR

AGE: Above 18

3.7 Sample:

Size of the sample- 100

3.9 Tools Used:

S.NO	Name of the tool	Author and year	No. of items	Reliability/Validity
1)	Satisfaction with life scale	Diener Emmons, Larsen and griffin (1985)	5 items	Adequate criterion validity, good convergent and discriminant validity. High internal consistency

2)	Beck anxiety inventory	Aaron T. Beck et al (1993)	21 items	High internal consistency, sufficient retest reliability.
----	------------------------	----------------------------	----------	-----------------------------------------------------------

3.10 Tools description:

(A) satisfaction with life scale (Diener, Emmons, Larsen and griffin, 1985).

Satisfaction with life scale (SWLS) helps to measure satisfaction with life of an individual by assessing the degree to which an individual disagree or agree with some statements. The scale consists of 5 statements like “I am satisfied with my life”, “The conditions of my life are excellent”, “ I have so far been able to get all the important things I want in life”, and “If I could live my life again(i.e., get a chance to once again live my life), I would change almost nothing” are used to gauge life satisfaction and each item is scored from 1 to 7, where 1 stands for “ strongly disagree” and 7 stands for “Strongly Agree”.

Participants who take the test are instructed to rate each of the five statements of the SWLS on a 7- point scale. A maximum score that can be attained is 30 with the degree of life satisfaction increasing as the score also increases. Score ranges from 5 to 9 represents someone who is ‘extremely dissatisfied with life’, 15 to 19 exhibits ‘slightly dissatisfied with life’, 21 to 25 represents ‘slightly satisfied’, whereas a score of 26 to 30 indicates ‘high satisfaction’. A neutral point on the scale is located at a score of 20 and indicates that the participants is neither satisfied nor dissatisfied with life in covid 19 period.

(B) Beck Anxiety Inventory (Aaron T. Beck, 1993)

Beck's anxiety scale aids in measuring a person's level of anxiety. It ranks third among scales designed to measure anxiety. Additionally, it aids in separating anxiety from sadness. When it comes to measuring anxiety, certain scales overlap, and they also link anxiety to depression. The Beck inventory scale contains just symptoms of anxiety; there are no assertions on the scale. There are many different types of anxiety, but the Beck Inventory Scale only detects cognitive and somatic forms. Although it may be used for any age group, it is especially made for kids and adults. The scale has 21 categories, including "numbness or tingling," "feeling heated," "weakness in the legs," "fear of the worst happening," "dizziness or lightheaded," "heart pounding/racing," "unsteady," and "terrified."

. Each of the 21 items on the Beck Anxiety Inventory is to be rated by test takers on a scale of 1 to 4. The highest possible score is 36, which indicates that the person could be a matter for worry. Scores between 0 and 21 indicate extremely low anxiety. If a person's score is between 22 and 35, they likely have moderate anxiety. It may include nervousness before a speech or presentation. This suggests that the person has some

conflicts that need to be resolved in order to control their anxiety levels. And if the grand total of all the statements is 36, this indicates that the person has a very high anxiety level. However, having a high anxiety level is not tied to any form of personal weakness or vulnerability.

ANALYSIS OF RESULTS

RESULTS:

TABLE 4.1: Correlation value between Life satisfaction and Anxiety

Correlations			
		LIFE SATISFACTION	ANXIETY
LIFE SATISFACTION	Pearson Correlation	1	-.467**
	Sig. (2-tailed)		.000
	N	100	100
ANXIETY	Pearson Correlation	-.467**	1
	Sig. (2-tailed)	.000	
	N	100	100

From the above table 4.1, it is seen that correlation value is highly significant because the significance .000 which is less than 0.1 which indicates that there is a strong negative relationship between life satisfaction and anxiety. Suggesting that individuals who have higher satisfaction with life have low anxiety and vice versa in covid 19 period.

DISCUSSION

Life Satisfaction and Anxiety in Early Adulthood is the study's title. The study's sample is made up of 100 individuals. Diener, Griffin, Emmons, and Larsen's (1985) Satisfaction with Life Scale was used to measure life satisfaction. The Aaron T. Beck et al. (1993) Beck Anxiety Inventory was used to assess anxiety. The results were calculated using the Pearson's correlation approach, which is statistical analysis. According to the study's findings, there is a considerable correlation between anxiety and life satisfaction, which is supported by the covid pandemic. This correlation was also determined to be highly significant. The assumption was that there would be a considerable relationship between anxiety and life satisfaction, which was demonstrated in the study because it was assumed that when a person's level of life satisfaction is high, their anxiety will also be low because, generally speaking, one of the things that makes people anxious is when they are dissatisfied with their jobs, relationships, or other aspects of their lives. Because there are many factors that can influence a person's level of anxiety, including health-related ones, it was believed that a person's level of life satisfaction would automatically reduce anxiety.

In a 2015 study, Parlow and Jorm examined the connection between anxiety and life satisfaction in both men and women. Anxiety was the study's primary variable, followed by life happiness and gender. The age range of 24 to 30 was selected, and the sampling procedure was random. 50 men and 50 women out of more than 100 people were chosen. They received the anxiety scale and the life satisfaction measure. The results then demonstrated that persons with high levels of life satisfaction also have low levels of anxiety, whereas those with low levels of life satisfaction have higher levels of contentment in their lives. Because it was discovered after a review of the literature that personality type plays a part in determining how anxious and satisfied we are with our lives. Moreover, this elements affecting life satisfaction have also been covered in the introduction section. That personality trait has an impact on contentment. When compared to persons with neuroticism personality types, who have lower life satisfaction and more anxiety, those with openness to experience personality are less likely to experience anxiety. Because they lack mental health, optimistic people are also expected to have greater life satisfaction levels and to experience little to no worry in everyday circumstances.

K.R Chaturvedi conducted a study where his aim of the research was how gender plays a role in life satisfaction and level of anxiety. The result was conducted on 200 size of sample, 100 male and 100 female. The procedure to select the sample was random sampling method. The finds were women have less life satisfaction whereas, men have greater life satisfaction than women but men have more anxiety in contrast to women level of anxiety. The significant results hypothesis was proven that men have higher life satisfaction and also higher anxiety and women have low satisfaction of life and low anxiety too. So this research also supporting the result that there might be a relationship between life satisfaction and anxiety but no significant evidence is available. In the research itself men have high life satisfaction but high anxiety too.

According to the researches from review of literature 6.1% life satisfaction contributes in predicting anxiety. Still, the significance is low in the findings but still there is some relation between the two. Individuals with anxiety are not classified by total dissatisfaction but dissatisfied will all the domains of life. The result showed significant relation satisfaction and anxiety. Having low life satisfaction is a indication for psychological distress because being satisfied is very important in life. And anxiety is a well known cause for many psychological tensions. These can be treated and need to be taken care. In the introduction we discussed how family and environment also affects life satisfaction and anxiety. Conditions such as family structure, parenting style, most importantly having social and emotional support and also physical support. And the findings were that people who live in a joint or a more friendly environment are less likely to develop disorders related to anxiety and have recorded high level of life satisfaction in comparison to individuals who are living alone or living with single parenting also people who are living in such a family environment are more prone to develop psychological problems like depression, anxiety etc.

CONCLUSION

The title of the study is *Life Satisfaction and Anxiety in young adults*. The sample to conduct the study consists of a sample size of 100 to assess life satisfaction, Satisfaction with Life Scale by Diener, Griffin, Emmons, and Larsen (1985) was used. To measure the level of anxiety, the Beck Anxiety Inventory by Aaron T. Beck in the year 1993 was used. The statistical method used to analyze the data: Pearson's correlation was calculated. Findings suggest that there is a very highly significant relationship between life satisfaction and anxiety. Therefore, further researches need to be conducted while counting for more evidence in relation to life satisfaction and anxiety to support the research. And a larger sample size should be taken for the research so that I could be more agreed to all.

HOW TO IMPROVE LIFE SATISFACTION

Life satisfaction is a measure of how happy/satisfied you are with your life and how well it meets your expectations. Different people judge their own lives in different ways. Relationships are more important to some people than others. Some people seek emotional steadiness. Some people treasure accolades and prizes. This article's objective is to teach you how to create a psychologically rich life that considers both your immediate and long-term satisfaction.

Have an active lifestyle, eat wholesome foods, exercise, participate in different experiences, achieve something, have a vision, make sense of the world, sleep, cultivate social relationships, learn healthy coping mechanisms, show self-love, express gratitude, appreciate beauty, maintain balance, meditate, and Being thankful and grateful is a powerful way to improve life satisfaction and quality of life.

The quality of your life and your level of happiness or pleasure with it are both measured by life satisfaction. Each everyone evaluates their own life in their own unique way. Relationships have different values for different people. Certain people desire emotional steadiness. Some place value on accomplishments and

rewards. This essay aims to teach you how to create a psychologically rich life that doesn't disregard both short-term and long-term happiness.

Improve life satisfaction and quality of life by living an active lifestyle, eating healthily, exercising, engaging in new experiences, achieving goals, having a clear vision, making sense of the world, getting enough sleep, fostering social connections, learning healthy coping mechanisms, demonstrating self-love, expressing gratitude, appreciating beauty, maintaining balance, and practising gratitude.

Having an optimistic outlook helps people focus on the good things in life while remaining aware of the bad things that also happen. Believing that the world owes you better doesn't constitute optimism. By picking your attention, you can cultivate great outcomes in life. Through negative ideas, optimism and hope are inextricably linked to life satisfaction.

Overanalyzing, thinking negatively, and worrying excessively frequently kill hope and make us blind to any positive outcome. Being happy requires being able to handle unpleasant situations. Preoccupation with unpleasant experiences leads to intensely depressing thinking, which reduces life satisfaction. However, practising self- and other-forgiveness, emotional self-control, and thought-defusing techniques enhance life pleasure.

It's important to take precautions to ensure that self-reflection is productive and The matter Having a "Flow State" is a great predictor of happiness and wellbeing. It is the mental state in which one is completely absorbed in an activity.

Any perspective with a sense of meaning can make you feel safe, purposeful, and united in the context of the bigger picture - a surefire way to significantly raise life satisfaction and quality. This is true whether you view the universe from the perspective of science, religion, or a spiritual quest.

STRATEGIES TO COPE WITH ANXIETY

It's quite simple to neglect our other needs when we're concerned or stressed out. The writers Bourne and Garano (2016) offer the ten tactics below in their book *Coping with Anxiety: Ten Simple Ways to Relieve Anxiety, Fear, and Worry*, some of which are similar to the lower levels of Maslow's (1954) hierarchy of requirements. Control your breathing while relaxing your body's muscles.

Exercises like yoga, guided meditation, mindful meditation, and breathing exercises might help you achieve this. To unwind and calm your thoughts, try meditation, music, and visualization. Change your way of thinking so that you take into account additional options and remedies for the stressful circumstance. To learn to identify your fears, think about confronting them. an unpleasant breathing exercise, etc.).

The adaptive coping strategies for managing anxiety that are outlined here only take into account family demands. However, ensuring that your fundamental requirements are met will make you feel more equipped to deal with stress and worry. For instance, engaging in physical activity helps reduce anxiety (Jayakody, Gunadasa, & Hosker, 2014).

The six coping mechanisms are thought challenging, releasing emotions, practising self-love, distracting, tapping into your best self, and grounding. Clients can learn more about these coping mechanisms by taking the Coping Skills Inventory. The client is given a two-column table with an outline of each talent in it, and they are asked to indicate some situations where they think they might be able to use those skills.

This collection of 17 validated resilience tools for practitioners provides more evidence-based strategies to assist people in overcoming adversity. Use them to assist others in overcoming their own obstacles and transforming failures into learning opportunities.

RESEARCH FINDING

- There is very high significance between life satisfaction and anxiety.
- Evidence to support the significance between the two variables i.e. life satisfaction and anxiety is the strong correlation between them and hence proved.

FURTHER SUGGESTIONS

Further suggestions for upcoming researchers would be, by taking a larger group of sample along with keeping other dimensions of both life satisfaction and anxiety in mind, while conducting the study would be yield better results and add some evidences to prove the significance between the two.

REFERENCES

American College Health Association. (2008). American College Health Association-National college health assessment Spring 2007 reference group data report (Abridged). Journal of American College Health, 56, 469–48

American College Health Association. (2009). American College Health Association—National college health assessment Spring 2008 reference group data report (Abridged). Journal of American College Health, 57, 477–488. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=36776116&site=ehost-live&scope=site>

Andrews, F. M., & Withey, S. B. (1976). Social indicators of well-being: Americans' perceptions of life quality. New York: Plenum.

Antony, M. M., Bieling, P. J., Cox, B. J., Enns, M. W., & Swinson, R. P. (1998). Psychometric properties of the 42-item and 21-item versions of the Depression Anxiety Stress Scales in clinical groups and a community sample. *Psychological Assessment*, 10(2), 176–181

Anxiety Disorder Association of America. (2010). Facts. Retrieved from <http://www.adaa.org/finding-help/helping-others/college-students/facts>

Arnett, J. (2004). *Emerging adulthood: The winding road from the late teens through the twenties*: New York, NY: Oxford University Press.

Backinger, C., Fagan, P., Matthews, E., & Grana, R. (2003). Adolescent and young adult tobacco prevention and cessation: Current status and future directions. *Tobacco Control*, 12(4), iv46.

Bayram, N., & Bilgel, N. (2008). The prevalence and socio-demographic correlations of depression, anxiety and stress among a group of university students. *Social Psychiatry and Psychiatric Epidemiology*, 43(8), 667–672

Beck, A., & Clark, D. A. (1997). An information processing model of anxiety: Automatic and strategic processes. *Behaviour Research and Therapy*, 35(1), 49–58.

Beddoe, A. E., & Murphy, S. O. (2004). Does mindfulness decrease stress and foster empathy among nursing students? *Journal of Nursing Education*, 43(7), 305–312.

Eisenberg, D., Gollust, S. E., Golberstein, E., & Hefner, J. L. (2007). Prevalence and correlates of depression, anxiety, and suicidality among university students. *American Journal of Orthopsychiatry*, 77(4), 534–542.

Erikson, E. (1994). *Identity and the life cycle*. New York, NY: WW Norton & Company.

Floyd, P., Mimms, S., & Yelding, C. (2007). *Personal health: Perspectives and lifestyles*: Wadsworth.

Frisch, M. B. (2006). *Quality of life therapy: Applying a life satisfaction approach to positive psychology and cognitive therapy*: New York, NY: Wiley.

Garnefski, N., Teerds, J., Kraaij, V., Legerstee, J., & van den Kommer, T. (2004). Cognitive emotion regulation strategies and depressive symptoms: Differences between males and females. *Personality and Individual Differences*, 36(2), 267–276.

Grant, K., Marsh, P., Syniar, G., Williams, M., Addlesperger, E., Kinzler, M. H., & Cowman, S. (2002). Gender differences in rates of depression among undergraduates: Measurement matters. *Journal of Adolescence*, 25(6), 613–617.