ASSESSMENT OF GENERALISED ANXIETY ON WELL BEING AMONG ADOLESCENCE

Prasiddhi Garg, Jincy Cerian
Student, Assistant Professor I
Department of Psychology
Amity Institute of Psychology and Allied Sciences, Amity University, Uttar Pradesh, Noida

Abstract: This study explores the correlation between generalized anxiety and well-being among adolescents, utilizing the GAD-7 scale and The Adolescent Wellbeing Scale with 110 college students. Contrary to expectations, findings reveal a non-significant negative correlation between generalized anxiety and well-being scores. This suggests that changes in generalized anxiety do not predictably influence adolescent well-being within this sample. Potential factors contributing to this outcome are discussed, emphasizing the need for further research to understand the complexities of this relationship.

Key words: Generalised anxiety, well-being, adolescence

I. INTRODUCTION

Adolescence, often characterized as a transformative period of self-discovery and identity formation, is concurrently fraught with challenges that can significantly influence an individual's overall well-being. Within the intricate tapestry of adolescent experiences, the presence of generalized anxiety emerges as a notable and, at times, insidious factor. This research embarks on a comprehensive exploration of the complex relationship between generalized anxiety and the multifaceted dimensions of well-being among adolescents, seeking to unravel the profound implications of this prevalent mental health concern.

Generalized Anxiety refers to a persistent and excessive state of worry and anxiety that extends across various aspects of life. It is characterized by chronic and uncontrollable apprehension about everyday situations, events, or activities. Individuals with Generalized Anxiety may experience heightened levels of stress, restlessness, muscle tension, and other physical symptoms. Unlike normal stress reactions to specific events, generalized anxiety involves a pervasive and long-lasting pattern of worry that can impact daily functioning and overall well-being. This condition falls under the category of anxiety disorders and often requires therapeutic interventions for effective management. The impact of GAD on daily functioning is notable, affecting relationships, work, and overall quality of life. Routine tasks may become challenging due to the constant undercurrent of anxiety.

Well-being refers to the overall state of an individual's mental, emotional, and physical health. It encompasses the subjective experience of feeling content, satisfied, and fulfilled in life. Well-being is a multifaceted concept that includes several dimensions:

Well-being is subjective and can vary from person to person. It is not merely the absence of illness but rather a holistic state that reflects a positive and fulfilling life. Researchers and psychologists often explore well-being as a crucial aspect of understanding human flourishing and quality of life.

Adolescents today confront a dynamic and complex socio-cultural landscape, characterized by rapid technological advancements, heightened academic expectations, and evolving social norms. In navigating these challenges, many find themselves grappling with generalized anxiety—a condition extending beyond ordinary stress, characterized by persistent and excessive worry about various aspects of life. The prevalence of generalized anxiety among adolescents has become a topic of increasing concern, demanding a comprehensive examination of its repercussions on their overall well-being.

Understanding the implications of generalized anxiety on adolescent well-being is crucial not only for mental health professionals and educators but also for parents and policymakers. The repercussions of untreated anxiety during this formative period can extend well into adulthood, impacting academic achievements, career trajectories, and interpersonal relationships. This study aims to shed light on the nuances of this relationship, providing insights that can inform targeted interventions and support systems.

The primary purpose of this research is to systematically investigate the impact of generalized anxiety on various dimensions of adolescent well-being. The connection between generalized anxiety and well-being among adolescents is a complex and multifaceted relationship.

II. REVIEW OF LITERATURE

Ray & Bhandari (2023) studied well-being in elderly Indians with migrant children. Physical and subjective well-being were higher in those with migrant children, while psychological and social well-being were lower. Housing well-being showed no significant association with migration.

Caputi & Bosacki (2023) examined mindreading skills and well-being in Italian adolescents. While no overall interrelations were found, girls with higher theory-of-mind scores had lower life satisfaction mediated by higher generalized anxiety levels. This highlights the importance of addressing internalizing symptoms during adolescence.

Faraci et al. (2022) studied psychological well-being during the second phase of COVID-19, finding women reported lower levels than men. Generalized anxiety played a crucial role in exacerbating depressive symptoms.

Putwain & von der Embse (2021) evaluated a six-session cognitive-behavioural intervention for test anxiety in secondary school students, showing a large reduction in test anxiety post-intervention, with clinical anxiety reduction mediated by concurrent reductions in test anxiety. No impact on school-related well-being was observed.

Kirwan et al. (2021) reviewed studies on depression, anxiety, sleep disorders, and posttraumatic stress symptoms among children during COVID-19. They found high prevalence rates, especially among adolescents and females.

Ramshini et al. (2021) studied the impact of cognitive-behavioural therapy (CBT) on well-being and perceived stress in adolescents with low academic performance during COVID-19. CBT significantly increased well-being and reduced perceived stress.

Shamionov et al. (2021) investigated the structure of school well-being and its relation to school anxiety in junior adolescents, finding various factors contributing to school anxiety, such as emotional states and self-regulation abilities.

Iani et al. (2019) explored the relationship between mindfulness, emotional intelligence, and psychological symptoms in individuals with generalized anxiety disorder (GAD), highlighting the importance of mindfulness and emotional intelligence for psychological well-being.
Gogoi & Yadav (2019) examined the role of intergenerational relations in the psychological well-being of elderly individuals, finding a positive relationship between psychological well-being and relations with children, influenced by socio-economic background.

Njue & Anand (2018) investigated the relationship between academic anxiety and general well-being in high school students, finding a negative correlation between academic anxiety and general well-being, with no significant gender differences.

Marino et al. (2018) studied the association between problematic Facebook use and psychological distress, finding a positive correlation between them, especially in older age groups.

Imran et al. (2017) discussed the characteristics and treatment of generalized anxiety disorder (GAD) in children and adolescents, emphasizing the importance of multimodal approaches including psychoeducation and cognitive-behavioural therapy.

Amjad & Bokharey (2014) explored the spiritual well-being and coping strategies of individuals with GAD, finding that certain dimensions of spiritual wellness were negatively associated with GAD symptoms.

Creswell et al. (2014) reviewed evidence-based treatments for anxiety disorders, including cognitive-behavioural therapy (CBT), and discussed low-intensity interventions to increase access to treatment.

Majid et al. (2012) evaluated the effectiveness of mindfulness-based stress reduction in reducing symptoms of generalized anxiety disorder (GAD), suggesting it as a potentially beneficial intervention.

Pandya (2012) examined the perceptions of well-being among elderly women in Mumbai, finding variations in well-being based on socio-demographic factors and health status.

Gonçalves et al. (2011) estimated the prevalence of GAD in older adults and analysed its correlates, highlighting its association with functional limitations and psychiatric comorbidity.

Henning et al. (2007) investigated the impact of GAD on life satisfaction and quality of life, finding that individuals with GAD reported lower quality of life, particularly in areas related to self-esteem and social relationships.

Fava et al. (2004) compared the effectiveness of cognitive-behavioural therapy (CBT) alone versus CBT combined with well-being therapy (WBT) for treating GAD, finding greater benefits with the combined approach.

Stein & Heimberg (2004) discussed the comorbidity between GAD and major depressive disorder (MDD), emphasizing the unique impact of GAD on global well-being and life satisfaction.

Hunt et al. (2004) reported population data on GAD from the Australian National Survey of Mental Health and Well-Being, highlighting GAD's significant impact on functional impairment and service use.

Grigsby et al. (2002) estimated the prevalence of anxiety in adults with diabetes, finding high rates of generalized anxiety disorder (GAD) and elevated anxiety symptoms in this population.

Dias Lopes et al. (2002) investigated the interrelation between well-being and anxiety dimensions in university students, highlighting the prevalence of generalized anxiety and the need for preventive measures.

III. RESEARCH DESIGN

Participants

110 students (66 females, 46 males) belonging to the adolescence age group 13-19 years from various institutes were included in the sample.

Inclusive Criteria:

• Participants, aged between 13 and 19 years old.

• Males & Females candidates were taken.

Exclusive Criteria:
• Anyone who do not fall in between the taken age range.

DESIGN

Correlation design was used to study the relationship between generalised anxiety and well-being.

TOOLS AND MEASURES

The data in this particular study is gathered/collected with the help of scales:

The Generalized Anxiety Disorder 7 (GAD-7) scale is a self-report tool developed to screen and assess the severity of generalized anxiety disorder (GAD) symptoms. The GAD-7 consists of seven items, each measuring a specific symptom of anxiety over the past two weeks. Respondents rate each item on a 4-point Likert scale ranging from 0 (not at all) to 3 (nearly every day). The total score ranges from 0 to 21, with higher scores indicating greater severity of anxiety symptoms.

The Adolescent Wellbeing Scale was devised by Birleson, to pick up possible depression in older children and adolescents. The scale has 18 questions – each relating to different aspects of an adolescent’s life, and how they feel about them. They are asked to indicate whether the statement applies to them most of the time, sometimes or never. This measure is derived from the Depression Self-Rating Scale for Children and assesses both depressive symptoms and well-being in children and adolescents. Sample items from the scale:

- I feel like crying
- I can stick up for myself
- I enjoy the things I do as much as I used to

It has 18 items; the response scale ranges from 0 (most of the time) to 2 (never). The scores are summed. A score above 13 has been suggested as indicative of possible depressive disorder; however, the tool is not a diagnostic instrument. Reliability - Good reliability - Test-rest (r > .80) - Internal consistency (α = 0.73-0.90) and Validity - Concurrent validity - Discriminant validity. The responses to each question are scored 0, 1 or 2. How the responses are scored depends on the nature of the statement that is being responded to as well as the response. 0 means that the response indicates no concern, 1 possible concern and 2 that the young person is indicating unhappiness or low self-esteem with regard to that item. For example, for question 8 – I enjoy my food – if no/ never is ticked the score is 2. For question 17 – I feel so sad I can hardly bear it – a score of 2 would be obtained for most of the time. 19. A score of 13 or more has been found to indicate the likelihood of a depressive disorder. Discussion with the young person and information from other sources will be necessary to make a definite diagnosis. There will be some who score high, but who on careful consideration are not judged to have a depressive disorder, and others who score low who do have one.

Procedure

The following research was conducted addressing the two variables. The below mentioned steps were taken to make the research successful.

1. An online survey was conducted through a questionnaire about both the variables.
2. All the people who filled the form were asked for their consent.
3. A clear instruction was given to the participants to answer all the questions honestly.
4. The participants were ensured that their results would be kept confidential.
5. Calculations were done when 110 responses were recorded.
6. Finally, the scores were calculated, and the results were interpreted.
RESULT
The result turned out to be a negative correlation between the two variables.

Table 1 correlation matrix

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>N</th>
<th>GAD</th>
<th>WB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generalised anxiety</td>
<td>9.22</td>
<td>5.743</td>
<td>110</td>
<td>1</td>
<td>-0.013</td>
</tr>
<tr>
<td>Well-being</td>
<td>18.85</td>
<td>2.434</td>
<td>110</td>
<td>-0.013</td>
<td>1</td>
</tr>
</tbody>
</table>

Generalised anxiety and well-being scores are negatively correlated (r=0.013) which is not significant. This directs that any change in score of generalised anxiety shows no effect on well-being.

Hypothesis says that there would be significant relation between generalised anxiety and well-being among adolescence. So, the hypothesis is rejected.

The table 1 shows there is no relationship between generalised anxiety and well-being (r= -0.013).

Here ‘N’ is total no. of population, ‘r’ is correlation.

DISCUSSION
This study aimed to assess the relationship between generalized anxiety and well-being among adolescents using the GAD-7 scale and the Adolescent Wellbeing Scale with a sample of 110 college students. The hypothesis of a significant positive relationship was rejected as the correlation (r = -0.013) was not significant. This indicates that changes in generalized anxiety have no effect on well-being. Similarly, Njue & Anand (2018) found a negative correlation between academic anxiety and general well-being in both boys and girls, supporting their hypotheses.

IV. CONCLUSION
In conclusion, the study found a very weak negative relationship (r = -0.013) between generalized anxiety and well-being among adolescents, which was not statistically significant. This suggests that changes in one variable are not reliably associated with changes in the other in this sample. Thus, the hypothesis proposing a significant relationship between generalized anxiety and well-being among adolescents is rejected.

Possible reasons for the lack of a significant relationship in the study include:

- Sample Characteristics: Variability in age, gender, cultural background, and socioeconomic status within the sample may have influenced the correlation between generalized anxiety and well-being.
- Measurement Issues: Limitations or biases in the measurement tools used to assess generalized anxiety and well-being could have affected the observed relationship.
- Other Variables: Unaccounted variables such as personality traits, social support, or life stressors might have influenced the association between generalized anxiety and well-being.
- Temporal Factors: The study may have captured only a snapshot of the relationship between generalized anxiety and well-being, and longitudinal studies tracking changes over time could provide further insights.

In summary, although there is a weak negative correlation between generalized anxiety and well-being scores among adolescents, the lack of statistical significance indicates that this relationship is not robust in this study. Further research is necessary to understand the factors influencing this relationship across different populations and settings.
V. REFERENCES


