

## Study of Anxiety among Adolescents: Across Age, Sex and Social Support Perspective

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### ABSTRACT :

*Since Freud's conceptualization of anxiety neurosis in 1894 as a discrete clinical syndrome, anxiety has been measured within the context of psychological theory. Anxiety is viewed as an unpleasant emotional state which is characterized by subjective feelings of tension, apprehension and worry and by activation or arousal of the autonomic nervous system. In the context of the importance of anxiety in the modern era, the present study was designed to examine anxiety among adolescents in across age, gender and social support perspective. 100 males and 100 females belonging to early adolescence and mid-adolescence were administered IPAT Anxiety Scale Questionnaire and Sarason's Social Support Questionnaire. The study revealed: 1. Male adolescents were higher on anxiety than female adolescents during the stage of early adolescence, 2. Early adolescents were higher on anxiety than mid-adolescents, 3. Adolescents receiving higher social support were less anxious than adolescents receiving low social support. The implications of these findings were discussed.*

### INTRODUCTION :

Study of anxiety has only a short history although it is as old as human existence. James Kritzeck noted a central concern with anxiety in the work of medieval Arab philosopher Alai bn Huzun of Codova, written in eighteenth century, in which he asserts the universality of anxiety as a basic condition of human existence. Review of literature points out that interest in anxiety gained more attention after 1950s. Anxiety is often accompanied by physical sensation such as heart palpitation, nausea, and chest pain, shortness of breath, stomach aches, or headache. The cognitive component entails expectation of a diffuse and certain danger. Anxiety is a negative affective state characterized by worry over future misfortune by heightened physiological arousal. Earlier Lazarus and Averill (1974) regarded anxiety as a complex emotional syndrome which consists of unpleasant cognitive and affective status and physiological arousal as basic components.

Anxiety produces a number of typical symptoms and signs. Symptoms of autonomic over-activity include palpitation and sweating. Anxious behaviors such as restlessness and reassurance-seeking are a feature. Changes in thinking include apprehension, worry and poor concentration, and physical symptoms such as

muscle tension or fatigue may occur. Since anxiety is a frequent response to threat, it is found in all clinical populations. It can be adaptive, but in certain circumstances it becomes maladaptive or morbid.

Psychologist describes anxiety as feeling of fear, dread and tension. According to Feldman (1993) anxiety is typically associated with perception of threat or uncertainty, anticipation of future events, and increased autonomic activity. Anxiety is a vague feeling of uneasiness or apprehension- a gloomy anticipation of impending doom- that often involves a relatively uncertain or unspecific threat (Sarafino, 1998). Anxiety is common among professional musicians (Rife, Lapidus, Shnek, 2000. Kenny, Davis, Gates (2004) explored the inter-relationship among state and trait anxiety in a group of elite operatic chorus artists employed full time by a national opera company. Results indicated that the chorus artists reported higher occupational personal strain than normative sample. Results further indicated that higher score on personal resources were associated with the higher scores on trait-anxiety. Plaisier et al., (2006) reported in their study that poor working conditions may be an important prediction of stress and may contribute to the development of anxiety. Rani & Yadav (2000) studied anxiety level among working and non-working women. The authors did not find sufficient difference between anxiety scores of two groups. They further indicated that working women were better adjusted than their non working counterparts and had less anxiety in spite of their dual responsibilities.

The current study expands on the existing literature in the filed of anxiety by incorporating various refinements into the methodology of the study. The main merit of the present study lies in the fact that age, sex and social support have been included in the purview of a single study.

## **OBJECTIVES**

- 1) To compare male and female adolescents on anxiety.
- 2) To compare early adolescents and mid-adolescents on anxiety.
- 3) To compare adolescents with higher social support with adolescents having lower social support on anxiety.

## HYPOTHESES

The following hypotheses were formulated:

- I It is hypothesized that the male adolescents will score higher on anxiety than female adolescents.
- II It is hypothesized that early adolescents will score higher on anxiety than mid- adolescents.
- III It is hypothesized that adolescents with higher social support would exhibit lower anxiety than adolescents with lower social support.

## METHODOLOGY

### Sample:

The sample comprised of 50 male and 50 female adolescents belonging to early adolescence in the age range of 13-14years and 50 male and 50 female adolescents belonging to mid-adolescence in the age range of 15-17 years. The sample was selected from different schools and colleges of Ludhiana. The majority of subjects belonged to middle and upper-middle socio-economic status. Incidental Sampling was employed.

### Tests used:

Keeping in view the objectives of the study and formulated hypotheses, IPAT Anxiety Scale Questionnaire and Sarason's Social Support Questionnaire were employed. A brief description of these questionnaires is given below:

#### A. IPAT Anxiety Scale Questionnaire (ASQ: Cattell & Scheier, 1961)

The IPAT Anxiety Scale Questionnaire was developed from extensive research and practice (Cattell & Scheier, 1961) as a means of getting clinical anxiety information rapidly, objectively and in a standard manner. Each question has three response alternatives and any single item contributes to only one of the five components. The Anxiety Scale Questionnaire is designed to give a total composite anxiety score as well as the scores on five different components. Three kinds of scores are possible:

- A single total anxiety score based on all 40 items.
- A breakdown into:  
An unrealized, covert anxiety score, Score A, for 1-20 items; and An overt, symptomatic, conscious anxiety score, Score B, for 21-40 items.
- A breakdown of total anxiety score into the five components of anxiety. In the present study, scores on five different components of second-order anxiety factor were used.

**B. Social Support Questionnaire (SSQ: Sarason, Levine, Basham Sarason,1983).**

Social Support Questionnaire (SSQ) developed by Sarason, Levine, Basham, & Sarason, (1983) consists of 27 items. Each of the 27 items ask a question to which a two-part answer is requested. The item asks the subject (a) to list the people to whom they can turn and on whom they can rely in given sets of circumstances, and (b) indicate how satisfied they are with these supports on a 6-point Likert Scale (very satisfied, fairly satisfied, a little satisfied, a little dissatisfied, fairly dissatisfied, very dissatisfied). The SSQ yields two scores: (a) perceived availability of the number of supportive persons listed (SSQ-N), and satisfaction with available support (SSQ-S). The number (N) score for each item of the SSQ is the number of support persons listed. The social support available to deal with given problem is rated on a scale ranging from "very satisfied to "very dissatisfied". This yields a satisfaction score (S) for each item that ranges between 1 and 6. The authors concluded that the modest correlation between SSQ-N and SSQ-S provides a strong basis for analyzing social support into its components. The perceived availability support reflected by the SSQ-N score, and the satisfaction with the support that is available, reflected by the SSQ-S score, each appear to be worthy of study and analysis.

**PROCEDURE**

Two tests were administered in 'random' order requiring two different sessions. The tests were administered in small groups of 8 to 12 participants. The doubts of the participants were removed before permitting them to fill out the different questionnaires. The general testing conditions were satisfactory. Since efforts were made to establish rapport with the participants in order to elicit reliable and authentic information. Participants were told that the information was collected purely for research purpose. They were also assured that the information to be collected would remain strictly confidential and presented only in a form in which no person could be identified. The promise of privacy appears to have gone a long way in establishing psychological rapport because a large number of participants contacted the investigator later on and enquired about their performance on different measures. Cooperation of principals and teachers of different schools also helped in eliciting reliable information from the participants. Despite the tedious nature of the task involving test administration, participants showed keen interest in filling out different questionnaires.

## ANALYSIS

2x2x2 Analysis of Variance was performed to analyze the data. Three independent variables pertain to gender, age and social Support. In the current study, anxiety was used as a dependent variable.

## RESULTS

The current study was designed to study anxiety among adolescents in across age, gender and social support perspective. Age was manipulated at two levels corresponding to early adolescence and mid-adolescence. Gender was manipulated in terms of males and females and Social Support was viewed in terms of high and low qualitative social support. For the purpose of classifying high and low social support as measured by Sarason's Social Support Questionnaire, median was used as the cut-off point. 2x2x2 Analysis of Variance was applied for examining the effect of age, gender, and qualitative social support on anxiety as measured by IPAT Anxiety Scale Questionnaire .The summary of three way ANOVA is shown in Table 1.

**Table 1: Summary of three way (2x2x2) Analysis of Variance for anxiety (dependent variable).**

Source of Variance	SS	Df	MS	F
Age	323.249	1	323.249	7.819**
Social Support	1240.703	1	1240.703	30.012**
Gender	466.877	1	466.877	11.294**
Age X Social Support	56.739	1	56.739	1.372
Age X Gender	193.094	1	193.094	4.671*
Social Support X Gender	23.448	1	23.448	0.567*
Age X Social Support X Gender	86.32	1	86.32	2.02
Within	8019.942	192	41.340	

\* Significant at .05 level

\* Significant at .01 level

An examination of Table 1 reveals the significant main effects of age [ $F(1,192) = 7.819, p < .01$ ], social support [ $F(1,192) = 30.012, p < .01$ ] and gender [ $F(1,192) = 11.294, p < .01$ ] on anxiety as measured by IPAT Anxiety Scale Questionnaire.

Further it can be noted from the reported results that the main effect of age was modified by gender since the interaction of age and gender was also found to be significant [ $F(1,192) = 4.67, p < .01$ ]. It is equally interesting to know that no other interaction was found to be significant.

## DISCUSSION

Keeping in view the results regarding the significant main effect of social support on anxiety, the mean scores revealed that the adolescents with higher social support exhibited less anxiety as measured by IPAT Anxiety Scale Questionnaire in comparison to adolescents with low social support (Mean = 32.16 v/s 44.16), suggesting thereby the salience of social support in anxiety. It could be due to the fact that social support helps in retention of better psychological health in general and reduction of negative psychological consequences of exposure to stressful life events. In the recent years, there has been a considerable amount of research showing that support from family, friends and community networks is related to better physical health and lower levels of psychological symptomatology. Individuals with high levels of perceived social support appear to be more resistant to the adverse psychological effects of environmental stressors than do those with relatively low levels of perceived social support. The negative effects of environmental stressors can be reduced when the individuals have high personal control. When individuals are not provided social support, an essential feature of the experience is that they lose much of their ability to control what happens to them (personal control).

Furthermore, the significant interaction of age and gender revealed that males were higher on anxiety in comparison to females during early adolescence. However, gender differences were eliminated at the stage of mid-adolescence. It could be due to more academic pressure on males in comparison to females during early adolescence when they compete for various competitive examinations. What is new here is the finding that gender differences on anxiety were eliminated at mid-adolescence. Interestingly, in the current study the role of social support did not emerge as a moderating variable. The study revealed that social support has only main effect on anxiety, thereby rejecting hypothesis 1II.

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