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Articles

Relationship between anxiety and adaptation among school-going adolescents in Colombia

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Abstract

Adolescence is considered to be a time of transition and great transformation at a biological, cognitive, and social level, which makes adolescents prone to certain risks and dysfunctions. Close to 20% of adolescents around the world suffer from a mental disorder, with many of those being of an emotional and affective nature. At the same time, it is estimated that 20% of the population will suffer from an anxiety disorder at some point in their lives. The problems that occur in different spheres, such as family, social, educational, political, economic, among others, may cause an imbalance regarding cognition and in the way that diverse situations are faced, which undoubtedly affect adaptation in different contexts. This is a cross-sectional correlational study, the objective of which was to determine the consistency existing between the dimensions of state-trait anxiety and the general state of adaptation in 98 adolescents, aged 12 to 15, from sixth to eleventh grade, using the State-Trait Anxiety Inventory for Children (STAIC) and the Bell's Adjustment Inventory (BAI). From an analysis of multiple correspondences and the R-Statistics package, the results indicate that with greater levels of anxiety, there are lower levels of adaptation. Lower levels of anxiety are presented, the higher levels of state anxiety (tranquillity) being more common at the beginning of adolescence (12-13 years old), and specifically in social adaptation. Additionally, the analysis derived from the levels of state and trait anxiety and their relationship with the different types of adaptation is discussed.

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1. Introduction

Adolescence is considered to be a stage of transitions and transformations in biological, cognitive, and social areas of great importance for individuals and which, according to Venegas (2012), predispose them towards certain traits and dysfunctions. In each stage of adolescence,

there are pertinent adjustments to the environment to attain proper psychological and social development with respect to the context. Without this adjustment, various difficulties could arise at a cognitive, emotional, and behavioural level (Aragón & Bosques, 2012; Branje, 2018; Peleg, 2012).

In this way, Ospina et al. (2011) claim that these mental alterations have become a public health issue and that they represent a large percentage of morbimortality in most countries. It is identified that close to 20% of adolescents around the world suffer from a mental disorder, with emotional affective disorders between the ages of 15 and 19 being most prevalent. Likewise, it is estimated that approximately 20% of the population will suffer some kind of anxiety disorder during their lives (Alfárez, 2011; Gómez, 2012; Ospina et al., 2011; Rojas, 2014).

Adaptation, for its part, has been considered to be the adjustment of the individual to themselves and the reality they live in, influenced by personal, contextual, and social factors, among others. These also include learning history, personality traits, attitudes, beliefs, abilities, and relationships with parents (Montalla et al., 2016), as well as a behavioural function, tightly related to wellbeing. It is a process with which the organism reaches a balance between the needs of the individual and the circumstances (Gómez & De La Iglesia, 2017).

Concerning the impact of anxiety on adaptation processes in adolescents, Acevedo and Carrillo (2010) state that the connection between these two variables has the function of abstracting the human being from risks and preserving them, thus allowing the adjustment with respect to the new circumstances. However, when analyzing the empirical background, it is found that although studies have been carried out, they were independent and took into consideration only some aspects of these variables (Cabas-Hoyos et al., 2019; García, 2011; Kuftyak, 2015; Martínez-Yacelga, et al., 2018; Ospina et al., 2011; Pulido et al., 2013; Ruiz-Martin, 2019). According to what has been previously mentioned, the objective put forward is to determine the relationship between the dimensions of state-trait anxiety and the general state of adaptation among Colombian adolescents.

The identification of the state of the study variables throughout adolescence will allow the evaluation of the risk of presenting elevated symptoms of state-trait anxiety, family adaptations and health, social and emotional problems, which may become psychopathological disorders in the future. For this case, the study was carried out with a group of school-going adolescents from a public educational institution, who were selected based on convenience, in accordance with exclusion criteria, such as the presence of cognitive difficulties responding to the instruments, their unwillingness to participate in the study or a lack of parental consent.

2. Method

The study conducted is non-experimental, of a correlational type, and cross-sectional design (Hernández et al., 2010). It sought to analyze the connection that exists between the variables state-trait anxiety and adaptation among 98 adolescents between 12 and 15 years of age, with a level of schooling between sixth and eleventh grade, from a municipality in Colombia.

2.1 Instruments

2.1.1 State-trait anxiety Inventory (STAIC). It was created by Spielberger (1992) and adapted and validated for Colombia by Castrillón and Borrero (2005). It is a test designed to measure two components: the first, state-anxiety, which identifies and measures transitory states of anxiety at a certain moment; and the second, trait-anxiety, which determines the propensity or tendency to demonstrate a state of anxiety. Construct validity is presented through factorial analysis with varimax rotation by the principal component method. Results are obtained from six factors, which are fear, tranquillity, preoccupation, avoidance, somatization and sadness. This explains 52% of the variance, which is considered normal for this type of test, and a reliability of 0.60 using Cronbach's Alpha.

2.1.2 Bell's Adjustment Inventory (BAI). It was created by Bell (1934) and adapted by Gómez-Ramírez and De la Iglesia (2017). It evaluates the general state of the adaptation in adolescents through four dimensions, fostering emotional stability, and a suitable development in their context using 24 items which have a dichotomic answer: YES, NO, and "?". The validity of content was obtained with Aiken values which were adequate for most items while the validity of construct was obtained through a factorial analysis with Varimax rotation, isolating a structure of the items which explain 36.77% of the variance in the factors corresponding to the instrument. Finally, the internal consistency was obtained using Cronbach's Alpha for each dimension, for family adaptation, 0.66; health adaptation, 0.49; social adaptation, 0.62; and emotional adaptation, 0.70, values which are adequate except for the health adaptation dimension.

2.2 Ethical considerations

They were taken into consideration aspects mentioned in Law 1090 of 2006, by which the practice of psychology is regulated, and the *Código Deontológico y Bioético* (Deontological and Bioethical Code) is promulgated, as well as Resolution n.º 008430 of 1993, in which scientific, technical and administrative norms for health research are established, primarily those related

to general dispositions, and research on human beings and its ethical aspects, which highlight the respect for the dignity, and the protection of the rights, of the participants

2.3 Data analysis

Using the R Statistics program, an exploratory data analysis was carried out which distinguished their main characteristics. Afterwards, a multivariate data study, with a correspondence analysis was carried out, from which the dependence and independence relationship of the set of variables with contingency tables was graphically analysed.

3. Results

Table 1 shows a descriptive analysis of the scores obtained after applying the questionnaires (STAIC and BAI).

Table 1. Percentage distribution of categorical scores in the scales and sub-scales of instruments

Age	Category	STAIC							BAI		
		FE	TRA	PRE	AV	SOM	SAD	SO	HE	EM	FA
12	H	2.2	7.8	2.2	3.3	2.2	1.1	3.3	4.4	3.3	2.2
	M	8.9	6.7	8.9	3.3	2.2	4.4	10	6.7	10	11.1
	L	4.4	1.1	4.4	8.9	11.1	10	2.2	4.4	2.2	2.2
13	H	1.1	6.7	7.8	3.33	1.1		10	8.9	5.6	2.2
	M	18.9	16.7	8.9	8.9	3.3	11.1	5.6	2.2	15.6	13.3
	L	3.3		6.7	11.1	18.9	12.2	7.8	12.2	2.2	7.8
14	H		18.9	6.7	6.7	3.3	2.2	6.7	5.6	5.6	4.4
	M	27.8	13.3	17.8	16.7	7.8	13.3	21.1	4.4	11.1	16.7
	L	6.7	2.2	10	11.1	23.3	18.9	6.7	24.4	17.8	13.3
15	H	1.1	13.3	6.7	2.2	3.3	3.3	10	4.4	3.3	5.6
	M	17.8	12.2	10	14.4	5.6	8.9	12.2	6.7	11.1	14.4
	L	7.8	1.1	10	10	17.8	14.4	4.4	15.6	12.2	6.7

Note: The categories are divided as follows: H: high; M: medium; L: low. The values are to be interpreted as percentage values (%).

In Table 2, the relationships found between the categorical scores of the instruments are presented, from the analysis of multiple correspondences, identifying consistency between them.

Table 2. Multiple correspondence analysis: association between methods

Associations		
Category	Anxiety	Adaptation
Low	Sadness	Emotional; health; family
Low	Tranquillity; preoccupation; avoidance; somatization; fear	Social
Medium - normal	Fear; sadness	Emotional; health; family
Medium - normal/ High	Avoidance; somatization; preoccupation; sadness	Social; health; Social
High	Tranquillity; avoidance; preoccupation	Health; emotional

In Table 3, the most relevant relationships between the anxiety sub-scales and adaptation scales are identified. It shows that emotional and family adaptations are the most related to the fear, sadness, tranquillity, and preoccupation sub-scales.

Table 3. Multiple correspondence analysis: most relevant associations

Most relevant associations		
Category	Anxiety	Adaptation
Low	Fear; tranquillity; sadness; preoccupation	Emotional; family
Medium	Fear; tranquillity; sadness; preoccupation	Emotional; family
High	Fear; somatization; sadness	Emotional; family

4. Discussion

As mentioned by Venegas (2012) and Aragón & Bosque (2012), adolescence is a phase of a human being's life characterized by a transformation at a biological, cognitive and social level, which is related to the pursuit of autonomy, self-identity, and, among other aspects, the integration into society. There may exist some predispositions to risk and disfunction for the individual, as these changes tend to appear suddenly and have repercussions on functioning, psychosocial relationships and family management (Branje, 2018). Therefore, it is considered important to identify, among other factors, the possible relationship between manifestations of anxiety and the different types of adaptations.

In accordance with the findings of the present study, it is evidenced, regarding the scale of state anxiety in the fear sub-scale, that low and normal score categories are predominant. At the same

time, in the tranquillity sub-scale, there is a predominance of high scores. In addition, it can be said that high scores in these two sub-scales are related to factors such as bullying and cyber-bullying (Mendoza et al., 2017; Ruiz et al., 2019), risk of school desertion (Hernández et al., 2015), use of social media (Tresáncoras et al., 2017), and practice of physical activity (Herrera et al., 2012); this last becoming a protective factor, the more it is engaged in. Undoubtedly, these factors show the importance of creating prevention strategies in the family context, as well as in the academic and social. Additionally, it is considered to be essential to identify possible situations of the context that may be related to an increase in symptoms.

In turn, a predominance of low and normal scores was observed in the anxiety-trait sub-scales (preoccupation, somatization, sadness, and avoidance) for all the groups, and high scores in lesser percentages, which can be related to factors of upbringing, such as the perceived support of parents (Aguilar et al., 2019) or changes that take place in puberty, which may affect self-esteem and the perception of body image (Mercader et al., 2018). In this respect, it is considered necessary to insist on the importance of strengthening family connections and even supporting, through different networks, the individuation process the adolescent is faced with.

Concerning the adaptation scales, they showed that 13 years of age is predominant in the high category in the emotional (6%), health (9%), and social (10%) components. In the case of the latter, it can be related to what is stated by Gaete (2015), who speaks about early adolescence (10 to 13 or 14 years of age), characterized by wide fluctuations in mood and transformations in appearance, which cause concern in adolescents regarding their physical characteristics, given that they tend to compare their bodies with those of other young people.

In the same way, the use of the internet is highlighted as a compensatory strategy for establishing new social ties, for which, as stated by Turkle (2011), the use of social networks tends to foster the illusion of company without the demands of one-to-one friendship. This causes difficulties in those adolescents who hide behind a screen without being able to create real connections. Del Barrio and Ruiz (2014) also claim that 96% of adolescents tend to use social networks to be in contact with their friends, for which reason these applications become a socialization channel for this age group. Moreover, 29% of adolescents say that most of the time invested using the internet is spent on social networks.

According to the family adaptation component, the age of 15 was predominant in the high category (6%), in comparison to the other ages of the study. The results can be explained as an aspect to overcome in the stage of adolescence, as it is there where the construction of their identity starts, as the authority figures of the mother and father lose the power they held in

previous stages. Besides, the search for independence and autonomy, both economic and moral, causes conflicts between parents and children (Fernández, 2014). In this same vein, Branje (2018) manifests that, throughout adolescence, the relationship between parents and children changes to one with a horizontal structure, which brings about conflicts, triggered by the expectation of appropriate behaviour that is linked to the authority, autonomy, and responsibilities that are acquired by the different parties.

Additionally, Aragón and Bosque (2012) state that adolescents between 15 and 17 years of age are the least adapted to a father figure. Meanwhile, Verdugo et al. (2014) disagree with the results of the study, given that they mention that, regarding the family environment, adolescents show high satisfaction with the mother and that the father shows a better relationship with male children. As a result, it is considered necessary to identify other explanatory variables in future research.

Likewise, the analysis of multiple correspondences allowed the identification of a first and third association, in which the low levels of anxiety in the sadness sub-scale and normal levels in the fear sub-scale would be related to optimal and proper levels of emotional, health, and family adaptation. In turn, Pérez and Alegre (2011) revisit the concept of attachment posed by Bolwby (1988), who proposes that the development of an emotional bond between parents and children allows the positive development of the latter. This emotional articulation, seen from the perspective of family adaptation, also manifests security in the emotional component that facilitates the flourishing of ideas or positive mindsets regarding conflict resolution, stress, fear, anger, guilt, and, among others, the experience of happiness in situations that motivate degrees of wellness.

According to the second association, low levels of anxiety in sub-scales of tranquillity, preoccupation, somatization, and fear, with adequate levels of social adaptation, may indicate that with the proper establishment of personal, emotional and family relationships, optimal affective-emotional, behavioural, and cognitive states are identified. They are related to the perception of security and comfort in the context, as well as the control of psychophysiological states that allow a suitable development and functioning of the individual in their environment. This social and family adaptation acts as a protective factor that is related to the prevention of suicidal ideation and alcohol consumption in adolescents (Forero et al., 2017; Suárez, 2012).

A fourth association relates medium categories of anxiety in the sub-scales of avoidance, somatization, preoccupation, and sadness, with medium categories in scales of health and social adaptation, and a high category in social adaptation. Although it is an association between

modalities which tend to be seen as adequate, it is important to find the social adaptation in high scoring related to those components of anxiety which, different from the previous paragraph, the imbalances at a social level would result in the manifestation of symptoms of anxiety, or conversely, in the light of anxiety disorders, as social anxiety and social phobia (Mineka & Zinbarg, 1995, as cited in Sierra et al., 2006).

The fifth association, for its part, relates difficulties regarding the variables of anxiety in tranquillity, avoidance, and preoccupation, with scales of health and emotional adaptation, which can be explained with factors such as bullying (Ruiz et al., 2019), or problems like obesity (Pompa & Meza, 2014). Additionally, the complexity in the process of puberty has to be highlighted, which is linked to the biological component, its correlation with anxiety and the process of satisfaction with their image, which results in difficulties in emotional and social adaptation, and may expose them to the risk of substance consumption at a later age (Mercader et al., 2018; Ruiz et al., 2012).

Regarding the relation between state-trait anxiety and adaptation, through the analysis of multiple correspondences, the existence of three important associations is evidenced. Firstly, a high categorical relationship between the variables of emotional and family adaptation with the variables of anxiety, fear, somatization, and sadness, that is to say, they present difficulties in their relationship with their parents and the recognition of their emotions and those of others, which are related to mood alterations that make possible the predisposition to manifest states of activation due to psychological distress.

Taking into account these results, Pacheco et al. (2010) assert that the emotional state and the behaviour of the students influence their adaptation, as well as that the bonds with their peers and agents (parents, teachers, siblings, among others), family and social environments, play a fundamental role in preventative actions to avoid problems. Following Bosques and Arango (2008), it could be concluded that the area of adaptation that presents a maladaptive response is the emotional. This shows that it takes place due to the current evolutive stage of the participants, given that there is concern regarding physical appearance and questioning about the present and future life, which facilitates changes in the psychological and social spheres without having all the elements and abilities to face the situations they experience.

The findings correspond to what was previously stated by Bosque and Aragón (2008), who say that the area of adaptation which presents a maladaptive response is the emotional. This situation is evidenced by the evolving phase of the participants, considering that adolescence causes a preoccupation with physical appearance and questions regarding present and future

life, which bring about changes in the psychological and social sphere, without the adolescents having all the elements and abilities to face the situations that arise.

As regards the development of an identity, in adolescence individuality and a sense of belonging are necessary, which trigger conflicts in the parent-child relationship. Autonomy plays a central role considering that the adolescent starts the separation from their family and begins to self-regulate and establish ties with their peers, assume responsibility for their actions, and thus, a more mature relationship with the parents is forged (Koepeke & Denissen, 2012). For this reason, parents or caregivers who provide more affection, promote social exploration and the development of healthy relationships with peers, become a model of sensitization towards others, allowing their children better social experiences (Zeifman & Hazan, 2008, cited by Delgado et al., 2011).

In the same line of ideas, Sugimura et al. (2020) found that the emotional separation from the parents understood as a minor dependence for emotional regulation and support, is linked to the difficulties caused by anxiety and the loss of the internalization of the parents, as well as that the trust of the parents served as a stimulus for the individualization of the adolescents, thus reducing conflicts in the parent-child relationship.

Finally, for the relationship of medium and low categories, associations were found between emotional and family adaptation, and the sub-scales of anxiety with fear, preoccupation, sadness, and tranquillity, that is, that an adequate acknowledgement of ones' own emotions and those of others and the satisfaction with the bonds established with the parents is consistent with comfort, security and balanced emotional states, which promote contentment in people. In the same vein, those adolescents who have greater abilities to recognize other people's emotional states have better relationships with their peers and parents. Therefore, they have fewer feelings of inadequacy and social stress. Additionally, it was evidenced that social support may influence the emotional abilities of adolescents, showing that satisfactory relationships with parents and peers make possible the development of emotional intelligence and competent social behaviour (Salguero et al., 2011; Azpiazu et al., 2015).

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Conflict of Interest Statement

The authors declare that the research was conducted in the absence of any potential conflict of interest.

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