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*Worry and the Sense of Quality of Life in Young Women with
Generalised Anxiety Disorder*

Martwienie się i poczucie jakości życia młodych kobiet z zespołem lęku uogólnionego

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ABSTRACT

This study examined the relationship between worry and the sense of quality of life and the differences within these variables in a group of young women with generalised anxiety disorder (GAD) (clinical group) and in a group of healthy women (control group). Sixty women, aged 20 to 34 years ($M = 27.23$; $SD = 4.52$) (clinical group) and 19 to 35 years ($M = 25.37$; $SD = 4.30$) (control group) participated in the study. The following research tools were used: the author's demographic questionnaire, the Penn State Worry Questionnaire (PSWQ) in the Polish adaptation by Janowski, and the Sense of Quality of Life Questionnaire by Straś-Romanowska et al. Correlation analysis showed a significant negative relationship between worry and the sense of quality of life – general and in the subjective and metaphysical sphere (clinical group) and in the psychophysical and psychosocial sphere (control group). It was also shown that women with GAD have higher levels of worry and lower levels of sense of quality of life than those in the control group. As worry increases, quality of life decreases, both in women with generalized anxiety syndrome and in the control group. Women with GAD have higher levels of worry and a lower sense of quality of life than women in the control group.

Keywords: worrying; sense of quality of life; generalised anxiety disorder

INTRODUCTION

Worry is a common experience that affects virtually every human being to some degree. From a scientific perspective, it is defined as a cascade of unstoppable, intrusive thoughts and images that can cause negative emotions, including anxiety (Solarz, Janowski, 2013). While transient episodes of worry may have a useful role in enabling people to engage in effective problem-solving behaviours, chronic and intense worrying deviates from the norm and becomes increasingly difficult to manage (Borkovec et al., 1998). It results in heightened anxiety levels and inhibits action (Januszevska, Januszewski, 2020). Intense worrying is a clinical symptom observed in individuals experiencing anxiety disorders (Esbjörn et al., 2015), such as generalised anxiety disorder (GAD). In addition to worrying, individuals with GAD also demonstrate a chronic, difficult-to-control anxiety and several somatic symptom (Gałecki, Szulc, 2018).

Undoubtedly, GAD symptoms have a substantial impact on daily functioning and perceived quality of life across various dimensions, including biological symptoms, social relationships, and personal values. For such a comprehensive approach, the personalistic-existential framework of the sense of quality of life by Straś-Romanowska (2005) appears to be the most suitable. The author regards quality of life as a multifaceted notion, comprising psychophysical, psychosocial, subjective, and metaphysical aspects. The psychophysical domain pertains to homeostasis regarding biological requirements. The desire to satisfy biological needs is motivated by an automatic mechanism of a drive nature. The satisfaction of these needs results in the experience of pleasure. Disruption and inadequate functioning in this sphere can manifest in illness. The psychosocial domain pertains to the overall functioning of an individual in a social group and encompasses the needs for belonging, security, acceptance, and respect, as well as social identity. The subjective domain particularly accentuates the significance of individuality and independence of a person, their sense of freedom and self-sufficiency, and their capability to make decisions for themselves and assume responsibility for their choices. On the contrary, the metaphysical realm centres on timeless and transcendent ideals such as goodness, truth, beauty, and love. This domain also suggests the potential for spiritual encounters, leading a fulfilling spiritual life, as well as attributing purpose to life, particularly in the context of challenging circumstances (Suchodolska, 2017). Generalized anxiety disorder can be one of such cases.

A systematic review of previous studies indicates that individuals with GAD have a diminished quality of life compared to healthy individuals (Barrera, Norton, 2009; Das et al., 2020; Henning et al., 2007). Additionally, a correlation between quality of life and difficulties in various aspects such as professional, family, and social life, as well as completing daily tasks, was also established (Henning et

al., 2007). Individuals with GAD achieved considerably higher scores in relation to worrying, which was found to be inversely correlated with the overall scores on the quality of life measurement scale (Henning et al., 2007). The negative correlation between worrying and quality of life was similarly confirmed within other groups, such as children from larger families and students (Zalewska, 2020). However, the literature still debates the relationship between anxiety and worry. Some scholars argue that worry is equated with anxiety, specifically its cognitive component (Kelly, Miller, 1999; Nitschke et al., 2001; Oathes et al., 2008; O'Neill, 1985). Others view them as very alike phenomena (Zebb, Beck, 1998), while some researchers agree that worry and anxiety are related but not identical constructs (Borkovec, 1994; Davey, 1994; Meyer et al., 1990). We assume that anxiety and worry are separate phenomena and this study is another one to explore the relationship between them in a specific study group for which anxiety is a central symptom (people suffering from GAD). The novelty of the undertaken problem concerns, first of all, the analysis of the very phenomenon of worry, which is a relatively rare topic in Poland – only a few studies concern adult worry (Gierus et al., 2018; Janowski, 2011; Solarz, Janowski, 2013). It also seems interesting to know the specificity of the relationship between worrying and the sense of quality of life.

The objective of this research was to investigate the correlation between worry and the quality of life in a cohort of young adult women with GAD. Additionally, the study sought to identify differences in these variables, namely worry and quality of life, between the clinical group and a control group of healthy individuals. The research considered three hypotheses:

H1. There is a correlation between the worry and the quality of life in females with GAD. Specifically, a higher level of worry is associated with a decrease in the quality of life.

H2. Young women with GAD exhibit more worry than women without a diagnosis.

H3. There are significant differences in the perceived quality of life among young women with GAD and their counterparts without any diagnosis. The former is found to have a distinctly inferior quality of life than the latter.

MATERIAL

The study was conducted from March 2022 to January 2023, comprising a group of 60 women, 30 of whom were diagnosed with GAD and the remaining 30 were healthy (control group). The decision to only include women in the study was due to the difficulty in recruiting men with GAD, which is more prevalent in women (Vesga-López et al., 2008). Women in the control group (healthy women) were allocated on the basis of a negative response in the questionnaire to questions

about having been diagnosed with GAD or the other disorder. Women in the clinical group were allocated on the basis of a positive response in the questionnaire to questions about having been diagnosed with GAD (time of diagnosis, the most common symptoms of GAD), as well as the type of treatment implemented. The clinical group underwent a paper-and-pencil examination individually at Psychiatric Hospitals located in Lublin and Gdańsk, in addition to private psychological and psychiatric offices. Individuals for the clinical group were also recruited from a GAD group on Facebook. The control group was gathered electronically via a Google Forms form shared on Facebook. The sample size was estimated based on the availability of the clinical group. No study was excluded.

The age range of female participants in the clinical cohort was 20–34 years ($M = 27.23$; $SD = 4.52$). Over half of them had completed secondary education (56.7%), while 36.7% had higher education qualifications. The majority of working women (60%) resided in urban areas (70%). The average illness duration was around 20 months ($SD = 17.83$). 93.3% of all respondents received psychotherapy, with individual sessions being the most common (73.3%). Pharmacotherapy was used by 76.6% of the overall research sample. The study's control group comprised 30 healthy female participants who had not received a diagnosis of any mental illness or disorder. The participants' ages ranged from 19 to 35 years ($M = 25.37$; $SD = 4.30$). Half of the sample reported having secondary education, and 46.7% had completed higher education. Among the participants, 40% were employed, 36.7% were students, and the rest were working and studying simultaneously. Notably, 80% of the respondents were from urban locations. The study was conducted in accordance with established ethical guidelines. Institutional and personal approval was obtained.

METHOD

Three instruments were utilized in the investigation: a self-reported questionnaire covering sociodemographic factors (gender, age, education, occupation, place of residency) and questions regarding mental health: having or not having a diagnosis of GAD or other disorders, their symptoms, duration and treatment modalities (pharmacotherapy and/or psychotherapy – individual, group, other). The respondent was asked to answer yes or no to these questions and, in the case of the type of psychotherapy, to indicate the correct answer.

Additionally, the Polish adaptation by Janowski (2007) of the Penn State Worry Questionnaire (PSWQ) created by Meyer et al. (1990), which contains 16 items outlining diverse expressions of worry. Participants rate the extent to which they exhibit certain behaviours on a 5-point scale (ranging from 1 – *not at all usual for me* to 5 – *very typical for me*). The culmination of all scores determines an overall result score (minimum 16 points, maximum 80 points), with higher scores indicating greater level of worry. The questionnaire presents robust

psychometric features, with high internal consistency and significant test-retest reliability (Meyer et al., 1990). In this study, the scale demonstrated an overall Cronbach's alpha reliability index of 0.96.

The questionnaire for Assessing Quality of Life (KPIŻ) by Straś-Romanowska (1992, 2005; Straś-Romanowska, Frąckowiak, 2007) comprises four scales, with each containing 15 items that pertain to various dimensions of quality of life (psychophysical, psychosocial, subjective, and metaphysical). A mark from 1 (*strongly disagree*) to 4 (*strongly agree*) is assigned by the person being surveyed to the supplied statement. The total score of the questionnaire is the result of the summation of all marks acquired by the surveyed person (range of score: 60–240 points). The total score can be classified into three categories: low (>40 points), medium (40–60 points) and high (<60 points). As such, an increase in score denotes an increase in perceived quality of life (Frąckowiak, 2004). The questionnaire displays good psychometric properties with a test-retest reliability at a 0.65 level; the Cronbach's alpha coefficient for the whole scale is 0.70, while individual scales range from 0.65 (metaphysical sphere) to 0.77 (psychophysical sphere). In this study, the reliability of the entire scale was assessed using Cronbach's alpha, resulting in a value of 0.95. Additionally, individual scales demonstrated alpha values ranging from 0.79 in the psychosocial domain to 0.90 in the subjective domain. All data and study materials are available from the authors. This study was not preregistered.

RESULTS

To test the initial hypothesis suggesting a correlation between worrying and the quality of life, a correlation analysis was conducted on the both groups using the Pearson's r coefficient for normally distributed variables (control group) and rho-Spearman for non-normally distributed variables (control group) (Table 1 and 2).

Table 1. Rho-Spearman correlation coefficients for the relationship between worrying and the sense of quality of life in the clinical group (N = 30)

	Variables	1	2	3	4	5	6
1	Worrying	–					
2	A sense of quality of life	-0.44*	–				
3	Psychophysical sphere	-0.21	0.68**	–			
4	Psychosocial sphere	-0.22	0.60**	0.31	–		
5	Subjective sphere	-0.40*	0.91**	0.55**	0.54**	–	
6	Metaphysical sphere	-0.40*	0.81**	0.34	0.42*	0.69**	–

* $p < 0.05$; ** $p < 0.01$

Source: Authors' own study.

The examination of links within the clinical group show the present of a negative, moderate correlation between worry and overall quality of life, subjective and metaphysical dimensions – thus, affirming hypothesis 1. Similarly, equivalent correlations were scrutinized within the control group (refer Table 2).

Table 2. Pearson's r -correlation coefficients for the relationship between worrying and the sense of quality of life in the control group ($N = 30$)

	Variables	1	2	3	4	5	6
1	Worrying	–					
2	A sense of quality of life	-0.21*	–				
3	Psychophysical sphere	-0.18*	0.83**	–			
4	Psychosocial sphere	-0.13*	0.16**	0.63**	–		
5	Subjective sphere	-0.30	0.91**	0.65**	0.66**	–	
6	Metaphysical sphere	-0.09	0.77**	0.38*	0.49*	0.73**	–

* $p < 0.05$; ** $p < 0.01$

Source: Authors' own study.

There are negative, weak correlations between worrying and the quality of life – overall and psychophysical and psychosocial sphere.

To test hypothesis 2, which posits a differences in the level of worry between young women with GAD and individuals without a diagnosis, we performed a Mann–Whitney U non-parametric test for independent groups. As the data did not meet the assumption of normal distribution ($W(60) = 0.933$; $p = 0.003$), we present the test outcome in Table 3.

Table 3. Differences in worry between the women with GAD and the women without GAD (Mann–Whitney U test coefficients)

Variable	Young women with GAD ($N = 30$)		Young women without GAD ($N = 30$)				η^2
	M	SD	M	SD	U	$p <$	
Worrying	47.33	4.00	32.27	6.93	687.500	0.001***	0.45

*** $p < 0.001$

Source: Authors' own study.

The Mann–Whitney U test yielded statistically significant results ($U = 687,500$; $p < 0.001$) indicating significant differences in worry levels between young women who have been diagnosed with GAD and those without a diagnosis. Specifically, women with GAD ($M = 47.33$) exhibit significantly higher levels of worry than women without a GAD diagnosis ($M = 32.27$), confirming Hypothesis 2.

To investigate hypothesis 3, which posits differences in quality of life between young women with GAD and individuals without diagnosis, we conducted either a parametric *t*-test or a non-parametric Mann–Whitney *U* test for independent groups, contingent on adherence to distribution normality assumptions.¹ The test results are displayed in Tables 4 and 5.

Table 4. Differences in the sense of quality of life and its dimensions between the women with GAD and the women without GAD (*t*-test coefficients)

Variable	Young women with GAD (<i>N</i> = 30)		Young women without GAD (<i>N</i> = 30)				
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i> <	Cohen's <i>d</i>
A sense of quality of life	147.56	3.59	176.60	15.45	-4.721	0.001***	-0.662
Subjective sphere	35.97	7.53	43.43	7.63	-3.815	0.001***	-0.985
Metaphysical sphere	37.73	9.30	45.60	7.50	-3.605	0.001***	-0.931

*** $p < 0.001$

Source: Authors' own study.

Statistical analysis revealed significant differences in the overall sense of quality of life and two of its dimensions, namely the subjective and metaphysical spheres, whereby women diagnosed with GAD exhibited lower severity when compared to healthy individuals. Similar findings were observed for other dimensions of the sense of quality of life as presented in Table 5.

Table 5. Differences in the sense of quality of life and its dimensions between the women with GAD and the women without GAD (Mann–Whitney *U* test coefficients)

Variable	Young women with GAD (<i>N</i> = 30)		Young women without GAD (<i>N</i> = 30)				
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>U</i>	<i>p</i> <	η^2
Psychophysical sphere	33.03	6.59	42.17	9.36	710.000	0.001***	0.50
Psychosocial sphere	39.90	5.88	45.40	6.25	652.000	0.003	0.39

*** $p < 0.001$

Source: Authors' own study.

¹ The Mann–Whitney *U* test was used for the psychophysical and psychosocial domains, as the distribution in the study group deviated from the normal distribution. In the other spheres, the distribution was normal. Therefore, a Student's *t*-test was used.

The group of women diagnosed with GAD displayed a lower sense of quality of life in both the psychophysical and psychosocial domains compared to the group of healthy women.

Hypothesis 3 was validated as there exist significant statistical differences between young women with GAD and those without a diagnosis, in relation to their overall quality of life and its respective aspects. Specifically, females without GAD illustrate a superior overall quality of life in contrast to those with a diagnosis of GAD.

DISCUSSION

The subject of the presented research was to check whether there is and what is the relationship between worry and the sense of quality of life in a group of young women suffering from GAD, as well as to find out the differences in both variables (worry and sense of quality of life) in the clinical group and in the group of healthy women. The initial hypothesis posited a link between worry and the quality of life in young women with GAD. Correlation analyses revealed negative, moderate relationship between the examined variables: overall quality of life and two its dimensions: subjective and metaphysical. As stated in the introduction, although a moderate amount of worrying may serve as motivation and have a positive impact on the individual, excessive worrying can impede a person's functioning. This phenomenon is observed in patients diagnosed with GAD. The key feature of GAD is excessive worry, which is characterised by its higher frequency, greater number of topics, lower controllability, and greater distress compared to individuals not diagnosed with GAD (Hoyer et al., 2001). This may result in a range of physical and emotional symptoms, including overall emotional tension, sleep and appetite disturbances, irritability, and cardiac complications (Galecki, Szulc, 2008). Consequently, this may lead to a decrease in quality of life. Henning et al.'s (2007) research also confirms that individuals with GAD, especially those with comorbid conditions, report lower quality of life and greater impairment. However, it is noteworthy that a negative relationship between worry and quality of life has been reported in other studies (cf. Nasrabadi et al., 2009; Zalewska, 2020) also in our own research, in relation to the control group. If comparable dependencies were detected in both the clinical and control groups, as well as studies of other group, it can be inferred that there is a correlation between worry and quality of life, independent of the study's specificity. The overall tendency of this correlation can be expressed in a negative correlation model – the more worry, the lower the quality of life. Worry focuses a person on negative aspects related to the future, resulting in a reduced quality of life.

Interesting findings were discovered regarding the correlation between worry and individual aspects of quality of life, which differed among the clinical and

control groups. The research found that women with GAD evidenced a moderate negative correlation between worry and the subjective and metaphysical aspects. This is consistent with the previous empirical reports, which state that increased worry inhibits taking action and weakens the cognitive abilities and motivation of a person (Januszevska, Januszewski, 2020). The excessive worries that are inherent in individuals with GAD may lead to feelings of anxiety, uncertainty, and negativity impacting their capacity to participate fully in life. Consequently, they may lack the desire to seek purpose and meaning in their experiences (metaphysical quality of life) or their sense of independence and ability to decide for oneself decrease (the subjective quality of life). It is probable that these individuals are more concerned with the details of their concerns, negative contemplations and coping with the indications of their ailment than actively pursuing the purpose of existence. It cannot be dismissed that the symptoms of the medical condition might ignite a sentiment of both mental and physical fatigue, which in turn does not stimulate efforts to search for or experience the profound meaning of life.

Confirmation that the negative relationship between subjective and metaphysical quality of life and worry is somehow related to the specificity of GAD is provided by the lack of such a relationship in the control group. It has been demonstrated that women who do not experience generalised anxiety do not experience a loss of their sense of subjectivity, nor does their worrying constitute a violation of the meaning of life.

Following this line of reasoning, it is possible to explain the lack of relationship between worry and psychophysical and psychosocial quality of life in women with GAD and the presence of a negative relationship between these variables in the control group. GAD is characterised by a multitude of somatic symptoms, to the extent that patients may become habituated to their presence. Consequently, a lack of correlation has been observed between worry and psychophysical quality of life in patients diagnosed with GAD. In turn, in healthy people, physical complaints, disease symptoms which make up the lower psycho-physical quality of life, cause an increase in worry. For example, cancer-related worry is negatively associated with physical well-being, especially in the context of high perceived stress, in young adults with testicular cancer (Darabos, Hoyt, 2017). Similarly, the more social difficulties women without GAD experience, the more their level of worry increases. And conversely, the greater the sense of belonging and social support (higher psychosocial quality of life), the lower the level of worry (Saifuddin et al., 2019). However, this relationship was not confirmed in women with GAD as if problems in social relationships, did not cause an increase in worry.

The second hypothesis posited that there were discrepancies in the level of worry amongst young women diagnosed with GAD and those without any diagnoses. These outcomes align with the findings of Henning et al. (2007). Statistical analysis revealed that the surveyed women in the clinical group exhibited

a greater level of worry compared to their counterparts in the control group. This conclusion is evident, and is rooted in the specificity of GAD, the essence of which is excessive worrying. This has been confirmed in other studies (DeMartini et al., 2019; Gałecki, Szulc, 2008; Siwiak-Kobayashi, 2011).

The third hypothesis posited that disparities exist in the quality of life between young women diagnosed with GAD and individuals without such a diagnosis. Subsequent statistical analyses revealed that the clinical group demonstrated a lower sense of quality of life than their control group counterparts, across both the overall sense of quality of life and within each of its respective spheres. A substantial body of research has consistently demonstrated that GAD significantly impairs quality of life (QOL) in affected individuals. A comparison of older adults with GAD and non-psychiatric samples reveals that the former report lower life satisfaction (Bourland et al., 2000). GAD patients experience impairments across various domains, including work, social functioning, and self-esteem (Barrera, Norton, 2009; Henning et al., 2007). The findings of our study are in accord with those of Henning et al. (2007).

In conclusion, women with GAD are characterised by higher levels of worry and lower quality of life compared with women without a diagnosis, both overall and in relation to specific dimensions: psychophysical, psychosocial, metaphysical and subjective. A negative correlation was also found between worry and general, subjective and metaphysical quality of life in women with GAD. In contrast to healthy women, no correlation was found between worry and psychophysical and psychosocial quality of life.

In view of the findings, particularly those arising from the correlation analysis, it can be concluded that enhancing the quality of life of women with GAD, particularly in terms of personal autonomy, responsibility for life (i.e. subjective quality of life), spiritual development, and a sense of meaning in life (i.e. metaphysical quality of life), is likely to result in a reduction in their level of worry. The remaining domains – social and physical – within the context of the disorder in question, appear to be unrelated to worry. Consequently, therapeutic interventions should focus on the fundamental aspects of functioning, such as personal autonomy and sense of life, which are not influenced by worry in individuals who do not experience GAD.

The primary limitation of the present study is the modest sample size (30 subjects in each of the clinical and control groups), the comparable age of the participants (all subjects were in early adulthood), and the exclusive inclusion of female subjects, which precludes the generalisation of the findings to the broader population.

In subsequent studies, it would be beneficial to augment the size of the clinical group under investigation, to differentiate it according to age and gender, and to incorporate individuals with a dual diagnosis (approximately 80% of patients exhibit such a diagnosis). A comparison of individuals utilising forms of support,

such as psychotherapy and pharmacotherapy, with those not receiving such support, would be a valuable avenue for future research. This would provide valuable insights into the levels of worry and quality of life experienced by patients not receiving treatment.

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ABSTRAKT

Celem podjętych badań była analiza zależności między martwieniem się a poczuciem jakości życia oraz różnic w obrębie tych zmiennych w grupie młodych kobiet chorujących na zespół lęku uogólnionego (*generalised anxiety disorder*, GAD) (grupa kliniczna) oraz w grupie osób zdrowych (grupa kontrolna). W badaniu wzięło udział 60 kobiet. Wiek grupy klinicznej mieścił się w przedziale 20–34 lata ($M = 27,23$; $SD = 4,52$), natomiast grupy kontrolnej w przedziale 19–35 lat ($M = 25,37$; $SD = 4,30$). Wykorzystano następujące narzędzia badawcze: ankietę demograficzną autorstwa własnego, Kwestionariusz Oceny Martwienia się w polskiej adaptacji Janowskiego oraz Kwestionariusz Poczucia Jakości Życia opracowany przez Straś-Romanowską i in. Analiza korelacji wykazała istotny ujemny związek między martwieniem się a poczuciem jakości życia – ogólnym oraz w sferze podmiotowej i metafizycznej (grupa kliniczna) i w sferze psychofizycznej oraz psychospołecznej (grupa kontrolna). Wykazano też, że kobiety z GAD charakteryzują się wyższym poziomem martwienia się oraz niższym poziomem poczucia jakości życia niż osoby z grupy kontrolnej. Wraz ze wzrostem martwienia się spada jakość życia, zarówno u kobiet z zespołem lęku uogólnionego, jak i w grupie kontrolnej. Kobiety z GAD charakteryzują się wyższym poziomem martwienia się oraz niższym poziomem poczucia jakości życia niż kobiety z grupy kontrolnej.

Słowa kluczowe: martwienie się; poczucie jakości życia; zespół lęku uogólnionego; młodzi dorośli

