

## Understanding the Nature and Condition of Adolescents with Generalized Anxiety Disorder

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### ABSTRACT

*The study aimed to recognize and categorize the characteristics of adolescents with Generalized Anxiety Disorder (GAD). This study is qualitative research utilizing the multiple case study design to determine the common symptoms of ten (10) individual cases with GAD from each of their psychologists. Interview guide question was developed to set a direction in gathering the clients' nature and condition. A thematic analysis using Braun and Clarke's (2006) method was used to formulate relevant extracts' themes to understand their common symptoms. The findings revealed that adolescents who are diagnosed with GAD have manifestations of physiological, cognitive, and behavioral symptoms. This study posits an easier understanding of their symptoms in the context of a Filipino setting through their psychologists' transcriptions. With the findings, a better understanding of the perspective of adolescents with GAD can be conveyed to the community in preventing public and self-stigma amongst them. This is also a step forward in designing effective psychotherapeutic interventions tailored to their needs. A program for their mental health protection and promotion is also recommended for further studies.*

**Keywords:** *Common Symptoms, adolescents, generalized anxiety disorder*

### INTRODUCTION

One of the targets of the Sustainable Development Goals under Good Health and Well-being by 2030 is to increase mental health and well-being while reducing the premature mortality rate from non-communicable diseases by one-third through prevention and treatment (United Nations, 2015). Despite the urge of the organization to achieve these global goals, findings show that mental health concerns aver a high prevalence worldwide.

Young people's mental health is a global health challenge as mental disorders account for many diseases. Factors like academic performance, familial problems, and relationship issues have plagued adolescents to experience mental health concerns, raising the prevalence of mental disorders worldwide. Poor mental health is also strongly related to development concerns (i.e., sexual health, lower educational achievements) and other health concerns, including comorbidity (Patel, et al., 2007).

According to current estimates, there are currently 166 million adolescents worldwide who have received a clinical diagnosis, with more males (51.65%) than females (48.35%), and these diagnoses are generally consistent (UNICEF, 2021). In related research, 10% of children and adolescents worldwide suffer from mental problems. Still, most of them do not start looking for professional help and, as a result, do not receive any treatment. Suicidal thoughts, estimated to be the fourth leading cause of death in people between the

ages of 15 and 19 years, are suggested to be more likely to occur based on this research (WHO, 2021). This data concurs with Cornejo-Babida's (2020) local study among adolescents with suicidal ideation, which posits high and low levels of frustration intolerance. On the other hand, according to a 2017 National Institute of Mental Health estimate, anxiety disorders already impact 20% of teenagers between the ages of 13 and 18. They are projected to rise by a factor of one-third.

Because researchers have not focused enough on the prevalence of specific disorders, data on Generalized Anxiety Disorder (GAD) among Filipino youths are ambiguous. However, according to a local study, low-income Filipino families are likelier to have a member who has a mental disorder. Financial issues accounted for 39% of rural low-income populations' overall prevalence of anxiety in the same survey, making them the leading source of anxiety in those areas. Adolescent participants in the study allegedly indicated their school as the source of their stress 47% of the time (Flores et al., 2018).

In a survey conducted by the Department of Health (DOH) for the Global School-based Student Health Survey, 17.1% of students had seriously committed suicide in the past year, while 16.7% had planned how they would commit suicide in the Philippines (DOH, 2003-2004). Most adolescents tend to care less about their health since they feel like they are no longer affected by childhood diseases and yet encounter health issues that plague the older population (WHO, 2002). In an estimated report from the National Institute of Mental Health (2017), nearly one in three adolescents from 13 to 18 will experience an anxiety disorder, as it has been consistently rising between 2007 and 2012 up to 20%. Alongside this data, there is a lack of available resources on the prevalence of Generalized Anxiety Disorder (GAD) cases, particularly in the Philippines.

Stanford Children's Health (2020) claimed that persons with GAD often have negative thoughts, mostly thinking that something terrible will happen to them, making it harder for them to do or decide on their own. A child or teen with GAD has a lot of worry and fear that seems to have no real cause, and the worry may be more intense than the situation calls for. Children or teens with GAD often worry about future events, past behaviors, social acceptance, family matters, personal abilities, and school performance (Stanford Children's Health, 2020). Some changes occur in the teen's mood, personality, and behavior. An adolescent with GAD may exhibit symptoms including difficulty concentrating, being irritable, having a constant sense of dread, depressed mood, trouble relaxing, difficulty sleeping, being jumpy, body aches, and overanalyzing possible adverse outcomes (American Psychiatric Association [APA], 2013).

Because of these emerging symptoms, parents and caregivers of adolescents with GAD may be confused and at a loss regarding how they provide their help and support, especially when these adolescents may start to detach their selves from relating with peers, parents, and caregivers (Stanford Children's Health, 2020). One study explains that a person with mental health disorder not only suffers from the symptom itself but would also experience suffering from the comments and judgments from the public (Rusch et al., 2005). The problem with the public is that they lack education and awareness about certain conditions. They could easily say that people with schizophrenia are "crazy" where there is else to be considered with the condition apart from their psychotic behavior. The nomenclature also brings stigma to the public. It misleads unaware people – for example,

they label people "schizophrenic" when it should go as "people with schizophrenia" – people should not label people. The public would also generalize people with mental health conditions even when there are mild to severe cases. These comments are sometimes based on people's prejudices of people, which could lead to discrimination and, worse, leads to self-stigma in as much as they are not anymore aware of what they really feel, they feel unaccepted and are afraid. Young people exhibit poor help-seeking behavior as a result. The practice of demonstrating empathy is seen as a crucial requirement in generating positive outcomes in the therapeutic process (Florentino, 2020) because it may be difficult for young people to build rapport and trust with a psychologist.

Understanding the nature and condition of adolescence with GAD is crucial to the protection and promotion of mental health, given all the relevant facts and literature that have been provided. The information can be utilized as additional input for proper assessment, particularly by practitioners, to help them comprehend the real context of the various GAD symptoms. While it is true that individual differences play a significant influence in how people differ from one another, it is also vital to recognize that there are also similar symptoms that manifest; as a result, it is crucial to understand how they act, behave, or feel about their condition. The data, as operationally defined by the reports of the clients' psychologists, can be used to delineate abnormal symptoms that may need treatment. The findings of this study also suggest that more attention should be paid to establishing interventions or programs for long-term planning for protection and promotion.

### **Objectives of the Study**

The study aimed to recognize and categorize the characteristics of adolescents with GAD.

## **METHODOLOGY**

### **Research Design**

This qualitative study used a Multiple Case Design by Yin (2014). It utilized multiple data sources possible through interviews and documentation with psychotherapists and by gathering their adolescent-clients' information needed in this study. This design provides more meaning and extensive descriptions and explanations of a particular phenomenon.

### **Subjects of the Study**

Ten (10) psychologists were interviewed about their clients with GAD, whose ages range from 14 to 17, with research consent from their parents/caregivers. They also have completed at least four psychotherapy sessions.

### **Data Gathering Tool**

A semi-structured interview which served as a guide in gathering the data was developed to conduct online or virtual interviews with the psychotherapists who consented to the interview. The tool has been reviewed and validated by subject-matter experts to ensure that the questions purport to address the research problem.

### **Ethical Consideration**

This study has been reviewed and approved by the Saint Louis University – Research Ethics Committee, which is a committee whose task it is to make sure that research participants are protected from harm. In conducting the data gathering, full consent was obtained from the respondents using an Informed Consent form presented before the interview. The respondents were asked to complete the Informed Consent before proceeding with the interview. The study's aims and objectives were thoroughly explained to the respondents, explaining that the data collected from the participants would only be used for this study. They were addressed anonymously, and identities were not disclosed. Further, no personal information was used outside of the study. Only the researcher, adviser, and subject-matter experts had access to the data, and these were stored on an external drive and kept in a secured location.

### **Data Gathering Procedure**

The use of the snowball effect to fasten the recruitment in gaining participants was executed. Participants have used online platforms convenient for them in responding. Before the interview, an Informed Consent was sent together with the interview guide. The researcher started the discussion by asking what interventions/techniques they use to treat GAD and which techniques they would consider the most effective. Lastly, they were asked about their client's responses to the interventions. All interviews lasted in average of less than 60 minutes. Additional follow-up questions to the participants were also executed to some of the participants for data saturation.

### **Data Analysis**

The thematic analysis developed by Braun and Clarke (2006) analyzed the common psychotherapeutic interventions and techniques used and the clients' responses. Themes were developed by categorizing the qualitative data to discover patterns and design themes. In presenting the data, excerpts in verbatim are revealed in the findings, followed by their English translation. The objective assistance of two psychologists sought to peer-review themes and English translations generated by the researcher. Investigator triangulation was used to ensure the rigor/trustworthiness of the data.

## **RESULTS AND DISCUSSION**

This section provides the common symptoms manifested and incurred by a client that has qualified them to be clinically diagnosed with GAD. Upon thorough consideration of the inclusion and exclusion criteria of clients with GAD, the common symptoms of adolescent-clients resulted in three major themes: *Physiological*, *Cognitive*, and *Behavioral* manifestations based on the responses of their psychotherapists, as presented in Table 1.

In the following sections, each theme and sub-theme that emerged from the interview with the respondents about the common symptoms of their clients is further explained.

### **Physiological manifestation**

Physiological manifestations are signs, symptoms, or effects from one's physical or biological foundation when one experiences anxiety, worry, or fear. Some examples of physiological manifestations are evident in their clients, such as trembling, shaking, slurry speech, feelings of physical tension, restlessness, palpitation, sleeping problems, panic-like symptoms (difficulty of breathing), and ill-like symptoms (dizziness or nausea). Nine out of ten respondents have mentioned physiological manifestations from their adolescent-clients.

The following excerpts are narrations from the respondents highlighting physiological aspects as a manifestation of GAD.

**Table 1**

*Tabular presentation of the emergent themes on the common symptoms of adolescents with GAD*

<b>Identified Theme</b>	<b>Subtheme/s</b>	<b>Description</b>
Physiological		signs, symptoms, or effect from one's physical or biological foundation when one experience anxiety, worry, or fear
Cognitive	Intrusive thoughts	overt negative thinking that something terrible may happen to a person, whether an event has happened to them or not
	Free-floating anxiety	comprises of anxiety, worry, fear, and nervousness towards a circumstance to which does not have a rational connection
	Lack of concentration Pressure	one's inability to focus on a given task or that the person cannot grasp information caused by internal and external forces or influence, from thinking about the things to be done to thinking about the expectations to do well
Behavioral	Disruption in daily functioning	inability to perform daily functions or tasks such as, but not limited to, attending school, taking a bath, and eating meals
	Isolation	one's decision to be alone, stay at home instead of involving oneself with the crowd due to avoidance of interaction
	Problems with interpersonal relationships	showing inappropriate treatment towards other people, such as irritability or hot-temperedness, or may portray a mistrusting attitude toward others regardless of their relationship status

"Physical manifestations – yung trembling, shaking and even yung kanyang speech ay medyo slurred na (*Physical manifestation is evident such as trembling, shaking, and he also has a slurry speech*)" (R1)

"She had difficulty sleeping, feeling of significant physical tension." (R2)

"Siyempre yung typical symptoms of ano, shortness of breath, panic-like symptoms, tapos racing thoughts, diba, ... tapos problems in sleeping. (*Typical symptoms like shortness of breath, panic-like symptoms, then racing thoughts ... there are problems in sleeping.*)" (R4)

"... tapos nagkakaroon siya ng palpitation, restless siya, hindi siya maka-concentrate, hindi siya makatulong (*...she experiences palpitation, restlessness, cannot concentrate, unable to sleep*)" (R5)

"...and it's causing her a lot of tremors, she couldn't sleep, she wakes up at the middle of the night... in fact, she cries, there are tremors..." (R6)

"...yun, madali siyang napapagod. Parang lagi siyang pagod... (*... she easily gets tired. It seems that she is always tired...*)" (R7)

"...initially, for panic attacks. So, yun yung clinaim kasi ng parents na may panic attacks and then upon sessions, na discover na she has trouble sleeping... tapos yun nga, may episodes din ng panic attacks, the difficulty of sleeping, yung mga yun. (*...initially, her parents claimed the client to have panic attacks. During the session, it was observed that she had problems sleeping... She has episodes of a panic attack and difficulty in sleeping.*). "(R8)

"Lagi daw kasi siyang pagod at madali lang siyang mapagod. (*He reported experiences of fatigue every day and he said he easily gets tired.*)" (R9)

"We already had 3 sessions, and every time he attends his session, he says he is restless. And na-observe ko naman 'yon. Parang lagi siyang pagod pero when I ask him what he does, he says he was just at their house the whole time. Ayun pala, he has sleep problems. He sleeps late kasi nahhirapan daw siyang matulog. And paputol-putol. (*We already had 3 sessions, and every time he attends his session, he says he is restless. It seems like he always gets tired, but when I ask him what he did the whole time, he says he was just at their house. He has sleeping problems, and his sleep is intermittent.*)" (R10)

These narratives imply that physiological manifestations are present among adolescents when they experience generalized anxiety in different situations. The DSM-5 by the APA (2013) has mentioned similar underlying symptoms that fall under the criteria of GAD in which a duration of more days than not must be present for the past six (6) months

(APA, 2013). This suggests that the adolescent-client must exhibit physiological manifestations of these symptoms for the majority of the days throughout the preceding six months.

### ***Cognitive manifestation***

Intrusive thoughts, free-floating anxiety, lack of concentration, and pressure are salient themes that fall under cognitive manifestations of GAD. Nine out of ten Filipino psychologists have mentioned cognitive manifestations of anxiety in their adolescent-clients.

### ***Intrusive thoughts***

Intrusive thoughts are the overt negative thinking that something terrible may happen to a person, whether an event has happened to them or remained only in their thoughts. These intrusive thoughts are considered triggers or factors that cause them to experience excessive worrying or fearfulness. A person who has intrusive thoughts also feels that the world is going against them (i.e., feelings of unworthiness). In some cases, they have the ability to identify what causes them to think negatively, but they cannot control their negative thoughts. Most respondents revealed that their adolescent-clients have intrusive thoughts under the cognitive symptoms. Some of their responses are as follows:

“Sudden experience of extreme nervousness – so yun yon. Any time of the day, there is this thought – this is actually ano e, parang triggered by a thought – so dun siya nati-trigger (*There is a sudden experience of extreme nervousness. any time of the day, the client is triggered by a thought.*)” (R1)

“Psychologically, it was basically her intrusive thoughts that made her anxious. These negative intrusive thoughts are feelings of unworthiness and feelings of loneliness. Although when she is surrounded by people, she said that she seems to be fine. So, she said it is only her mind that says so. (*Psychologically, it was basically her intrusive thoughts that made her anxious. These negative intrusive thoughts are feelings of unworthiness and feelings of loneliness. Although when she is surrounded by people, she said that she seems to be fine. So, she said, it is only her mind that says so.*)” (R2)

“He worries about many things – he worries about his academic status, he worries about mathematics, he worries about his appearance because he is less friendly. He is actually, uhm... he’s not a very friendly guy. So, he worries a lot. He worries about too many things. He worries that he’s not performing well in class. And the worrying is so much. The worrying is sometimes, you know, he would ask permission to leave the classroom and he would stay in my office and we would talk about his worry, we would talk about the things that worry him too much” (R3)

“tapos meron din siyang mga intrusive thoughts baka hindi na siya magising pag natulog siya. She worries about dying, about her loved ones dying, about getting sick from almost everything she comes in contact with. She acknowledges that her

worries are sometimes "unreasonable" or out of proportion, but she cannot help but think about them (*she also has intrusive thoughts*). *When she sleeps, she thinks she might not be able to wake up. She worries about dying, about her loved ones dying, about getting sick from almost everything she comes in contact with. She acknowledges that her worries are sometimes "unreasonable" or out of proportion, but she cannot help but think about them.*)" (R5)

"Yung disturbances, isa yun sa mga pinaka outlay ng client together with the presence of symptoms of worries. She's been dealing with obscurities, yun, madali siyang napapagod. (*One of the outlays of the client is the presence of disturbances and the symptoms of worries. She's been dealing with obscurities and easily gets tired.*)" (R7)

"Meron siyang prolonged anxiety na hindi niya mawari kung bakit siya anxious. Ang main concern talaga niya is anxious siya, nag-woworry siya. Nagsh-shake nga siya noong intake interview noong kinakausap ko siya e. Sabi niya nang mangiyak ngayak, "Please help me... I do not know where this is coming from, but I want to be healed. I always feel worried about something I feel I did not experience yet" (*He has prolonged anxiety which he could not figure out why he is anxious. His main concern is his anxiety and that he worries. He is shaking during our interview. He even asked for help, telling that he wanted to be healed, but he did not know where his anxiety was coming from. He always worries about something he did not experience yet.*)." (R9)

Illness intrusive thoughts are widespread in both nonclinical persons and patients with an illness anxiety disorder (IAD), albeit they are more intense (Arnáez et al., 2020) and more frequent (Langlois et al., 2000) in patients with IAD. Furthermore, the way they are viewed makes it simpler for individuals to develop IAD symptoms (Arnáez et al., 2020). Compared to nonclinical individuals, people with GAD had worse attentional control, more obsessive-compulsive symptoms, rumination, concern, anxiety, and depression (Moradi et al., 2014).

Adolescent-clients who have intrusive thoughts emphasize the existence of their erroneous assumptions about events that have never happened to them or that they believe would. They overthink many things, including their academic and life achievements, relationships with their loved ones, and even themselves, to the point that they feel they are no longer valuable. Their intrusive thoughts' manifestation is reinforced by the idea of vulnerability, which means the inability to control one's reaction to negative beliefs (Clark & Beck, 2010). To a person inflicted with negative thoughts, it can be rather challenging to manage one's emotions, which CAM classified as one of the factors that contribute to worry, according to Newman and Llera (2011).

### **Free-floating anxiety**

Unlike intrusive thoughts, free-floating anxiety is not as specific as the former, and the anxiety appears for no reason. Free-floating anxiety comprises anxiety, worry, fear, and



nervousness towards a circumstance to which it does not have a rational connection. The client's fear is unknown and unidentified, but thinking about how they feel gives them uneasiness and discomfort. Based on the narratives, five psychologists shared about their adolescent-clients having free-floating anxiety:

*“Yung negative thinking niya na natatakot siya sa mga mangyayari sa future niya. (There is a negative thinking that something will happen to his future.)” (R1)*

*“Meron siyang fear of the unknown. So, fear of what is not certain – yun yung nagcre-create ng kanyang anxiety (She has a fear of the unknown. There is a fear of what is not certain which creates her anxiety)” (R5)*

*“she’s always worried. She's worried about her career; she's worried that it seems that the schools where she applied for a college life have not been giving her good results (She's always worried. She's worried about her career, she's worried that it seems that the schools where she applied for a college life have not been giving her good results)” (R6)*

*“Very much related sa school niya yung anxiety niya. Hindi siya makatapos. Tapos, dahil hindi siya makatapos, mas lalo pa siyang nagwoworry (Her anxiety is very much related to her schooling where she fails to accomplish them. And when these tasks are unaccomplished, she worries more even.)” (R8)*

*“Basically, meron siyang excessive and constant fear which he cannot identify. He said he worries about his future too much. When I ask him what he worries about, he says he doesn't know. He is just afraid of what might happen to him. (“Basically, he has excessive and constant fear which he could not identify. He said he worries about his future too much. When I ask him what he worries about, he says he doesn't know. He is just afraid of what might happen to him.)” (R10)*

Free-floating anxiety highlights that the sense of apprehension does not directly link to a specific event or object. Prolonged or constant anxiety allows the client to experience overthinking and being overwhelmed. For example, *“She overthinks and can't help herself from doing so. The major theme of her overthinking is something bad might happen anytime, with her, her girlfriend, and even her mom. She feels overwhelmed even with small things as well as with her responsibilities.” (R5).*

Anxiety not only focuses on oneself but can also extend to the community. In a report from R5, *“Her "community" consists of her mother and her girlfriend, and kapag nag aalala sya, her worries also extend to her mother and girlfriend. (Her "community" consists of her mother and her girlfriend, and when she remembers something, her worries also extend to her mother and girlfriend.)” (R5).*

Although they are not the same, intrusive thoughts and free-floating anxiety are somewhat related. As was previously described, intrusive thoughts talk about preset, negative beliefs, whereas with free-floating anxiety, the anxiety appears for no reason,

which makes them more uncomfortable. The inability to control one's emotions may be what causes the free-floating anxiousness to get worse. This instance is why cognitive reappraisal is one of the recommended techniques for alleviating anxieties, particularly those that are difficult to identify (Kerns et al., 2014).

Freud believed that free-floating anxiety could lead to anxiety attacks in some clients, and thus panic attacks always followed, but psychiatrists now believe that panic attacks can occur without prior episodes of generalized anxiety, which has increased the duration and extent of anxiety as a core criterion of GAD from "several months" to "at least six months" (Rickels & Rynn, 2001). In DSM-5, APA (2013) explains that the apprehension felt by a person arises based on their expectations that something may happen in the future.

### ***Lack of concentration***

Lack of concentration is one's inability to focus on a given task or that the person cannot grasp information. It extends to the tendency of one's mind to go blank, and its effect could lead to being unproductive or worsen one's anxiety. It is also evident to the adolescent-clients with GAD as based on the narratives of the psychologists:

*"Siyempre yung typical symptoms of ano... tapos racing thoughts diba, the usual, na hindi maka-grasp... problems of concentration. (Typical symptoms like... then racing thoughts and cannot grasp... there are problems of concentration)." (R4)*

*"Parang lagi siyang pagod or hirap na hirap siyang mag concentrate sa bawat bagay na gusto niyang gawin. (It seems that she always has fatigue or she can barely concentrate with the things she wants to do.)" (R7)*

*"Sa school, nabanggit niya rin na nahihirapan siyang mag concentrate o lagi siyang natutulala. Pero mind you, sa battery of tests niya, mataas naman ang kanyang intelligence so you can see that the client has difficulty of concentrating or his mind is going blank (At school, he mentioned that he cannot easily concentrate or that his mind is going blank despite having high results on his intelligence tests.)" (R9)*

Difficulty concentrating or mind going blank is one of the criteria of GAD identified in DSM-5 associated with one's anxiety or worry (APA, 2013). Unlike in DSM-5, the result of their narratives show that lack of concentration has emerged on underlying themes under cognitive manifestation. However, it is essential to note that the results of this study do not intend to revise the criteria stated under DSM-5 but only to understand the common symptoms among adolescents with GAD.

Although it is not always the case, Freud may be right about experiencing anxieties because of unmet needs, which manifest from unconsciousness (Crocq, 2015). Being in an unconscious state may render a person to experience difficulty concentrating since they are not "in themselves" as they think about their desires. Additionally, Clark & Beck (2010) highlighted that a person's intellect is a significant mediator between a circumstance and emotion. Even though this is not directly related to one's concentration, concentration and intelligence are typically linked.

### **Pressure**

Pressure is another cognitive manifestation, according to the narratives of two psychologists. Pressure, in this context, is caused by internal and external forces or influences, from thinking about the things to be done to thinking about the expectations to do well. One's perspective on pressure is subjective, as the stress caused by internal or external pressure would depend on one's ability to cope. But to someone with GAD, pressure is one of the factors that cause them to feel anxious, even if it may seem a little concern to some. Their perspectives about these minor issues could turn overwhelming once they do not know what should be done. These narratives go...

“pag merong task na gagawin, okay, so na-pre-pressure siya e... lumalabas siya pag pressured sa school... okay, pressure sa requirements tapos pressure sa parents tapos grades. So nagkakaran... nagiging anxious to do well. Madalas kapag merong workload na gagawin... napre-pressure siya. *(If there is a task to do, he is pressured. He goes out when he is pressured in school, his requirements, parents and grades. He is anxious to do things well. Most often, if there is a workload, he is pressured.)*” (R4).

“She feels overwhelmed even with small things as well as with her responsibilities. I remember her telling me na naprepressure sya sa expectations ng mom nya. *(She feels overwhelmed even with small things as well as her responsibilities such as getting pressured with the expectations from her mother.)*” (R5)

Pressure is not a direct qualification of a clinically diagnosed GAD under the DSM-5. Still, this study shows that pressure causes people to think more about their concerns, alleviating their anxiety. In this case, the cognitive manifestation of feeling pressured towards themselves or other people may be an obstruction to their healing. The pressure is attributable internally (i.e., one that overthinks that they may fail) or externally (i.e., school performance, parents' expectations); that is similar to the first criterion of GAD in DSM-5, excessive anxiety in a particular event such as school performance (APA, 2013).

Adolescent-clients are under pressure from internal and external forces, exacerbating their anxiety. They feel pressure primarily from the demands placed on them by their parents and, in some circumstances, within themselves since they find these situations overwhelming. Miller and others (2004) have investigated the relationship between performance and confidence. It is essential to recognize that pressure and self-confidence are opposing ideas that significantly impact one's self-esteem, like in the comparable study by Miller et al. (2004), that one's performance influences their self-confidence and how others see them. This finding suggests that while under pressure, one's self-esteem may suffer, which makes it more likely that one won't be able to perform effectively. Speaking of performance, the next theme discusses the behavioral symptoms that GAD in adolescent-clients manifests.

### **Behavioral manifestation**

Behavioral manifestation is also a prominent theme for adolescent-clients with GAD, where disruption in daily functioning, isolation, and problems with interpersonal

relationships are indicators based on the reports of seven out of ten psychologists. These are manifestations characterized by a changed behavior on what is considered normal to them brought about by their physiological and cognitive manifestations.

### ***Disruption in daily functioning***

According to five psychologists, adolescent-clients manifest disruption in daily functioning. Disruption in daily functioning, as illustrated here, is defined as the inability to perform daily functions or tasks such as attending school, taking a bath, and eating meals. One's inability to start or complete a given task is caused by mishandled anxiety.

Client 1 suspends his daily activities and refuses to leave his house.

*“Emotionally naman, ito yung sobrang takot siya to the point na he could not even function na or sinu-suspend niya yung mga kailangan niyang gawin especially going out of the house (The client has a constant fear to the point that he could not function or that he suspends the things that he needs to do especially going out of the house)” (R1)*

Client 5 became unproductive and withdrew from school.

*“She took a leave from school because she feels that her anxiety is becoming worst, na hindi na daw nya nagagawa ung dati nyang ginagawa dahil and agad agad na naiisip nya, may masamang mangyayari. (She took a leave from school because she feels that her anxiety is worsening to the extent of being unproductive (not doing the things she should do) and that her thought tells her that something bad might happen.)” (R5)*

Client 8 struggled to complete her tasks, which led to her lack of accomplishment.

*“She has difficulty finishing tasks, grabe yung pag woworry niya. Very much related sa school niya yung anxiety niya. Hindi siya makatapos. Tapos, dahil hindi siya makatapos, mas lalo pa siyang nagwoworry. (Difficulty in finishing her tasks and her worries are evident. Her anxiety is very much related to her schooling where she fails to accomplish them. And when these tasks are unaccomplished, she worries more even.)” (R8)*

Client 9 stopped following his daily routines and became dependent on his girlfriend.

*“So hindi na talaga siya nakaka gawa ng daily routines niya, naging dependent na rin siya sa girlfriend niya pero at the same time aware naman siya doon pero hindi niya ma resist kasi hindi naman daw niya ma control ang isipan niya. (With this, he could not do his daily routines and he even became dependent towards his girlfriend but at the same time he is aware with it but could not resist it because he said he could not control how he thinks.”) (R9)*

And Client 10 refuses to follow his daily activities, such as attending to his classes, and cannot even leave their home.

“He said, he is unable to leave their house. This led him to not do his daily activities such as attending classes.” (R10)

By understanding the clients' lived experiences by their psychologists' reports, the disruption of daily functions is accompanied by fear, whether fear is predetermined or unidentified to the clients. The difference between a person experiencing normal anxiety and a person dealing with GAD is that the latter is incapable of doing their usual routines to the extent that they become dysfunctional when prolonged.

When a client's daily functioning is disrupted, it typically means that they stop doing what they are supposed to be doing according to their plans or that they no longer complete what is expected to be done. They change their plans only because they are anxious, regardless of other good reasons. These situations aggravate their anxiety and could adversely affect their performance (Miller et al., 2004). One's affected performance due to anxiety is backed up by multidimensional anxiety, stating that cognitive and somatic anxiety may influence performance, which is the evident symptoms of stated physiological and cognitive manifestations (The Oxford Dictionary of Sports Science & Medicine, 2020).

### **Isolation**

This subtheme is defined as one's decision to be alone or stay at home instead of being involved with the crowd. Being alone is due to avoidance of interaction.

Isolation has become evident among adolescent-clients since client 1 does not join in meal time with his family and prefers to eat alone inside his room.

“So basically, because of those thoughts, hindi na siya humaharap sa hapagkainan when they eat, usually sa loob nalang daw siya ng kwarto niya kumakain or late na siyang lumalabas ng kwarto niya (*Because of his thoughts, he does not anymore join in the meal with his family, and usually, he prefers to eat inside his room or he goes out of his room later.*)” (R1)

Client 5 avoids interacting with other people and joining crowded places. At the same time, he likes to stay alone or with his girlfriend at home [“Sometimes she deliberately avoids interacting with other people, going to crowded places, and would prefer to stay at home or be with her girlfriend and play online games to distract herself.” (R5)]. Client 7 pushes people away [“Her anxiety drove her towards isolation, she tends to push people away” (R7)].

These behaviors are indications of their manifesting isolation. A study by Skelly et al. (2015) shows that adolescent social isolation intensifies adult anxiety-like behavior. Following adolescent social isolation, the extinction of conditioned fear is less likely to occur (Skelly et al., 2015). According to Erik Erikson's concept, young adults go through a psychosocial crisis known as isolation during times of anxiety (Feist et al., 2018). According to the epigenetic principle, a person may carry over to the subsequent stage any met needs or crises they experienced during the previous phase. The adolescent clients, in this instance,

might have been developing personalities that may mold them to be isolated as they step into the young adulthood stage. Meanwhile, Karen Horney supported this stance that anxiety may have been due to social factors (Feist et al., 2018), as in this case, pressure from their environment to the extent that they feel worthless when they think the goal is not met.

### ***Problems with interpersonal relationship***

Problems with interpersonal relationships are termed when the adolescent-client is showing inappropriate treatment towards other people, such as irritability or hot-temperedness, or may portray a mistrusting attitude toward others regardless of their relationship status. Based on the excerpts of the psychologists, their adolescent-clients reportedly have problems with interpersonal relationships.

Client 2 has started to distrust people after mentioning that she doesn't feel safe.

"In terms of social symptoms, she mentioned about her unsafe places. She said that she only trusts a few because she does not easily trust people" (R2)

Client 7 has exhibited anger management issues to the point where she no longer has an effective connection with her close friends.

"And in consequence of that, medyo nagiging mainitin din yung ulo niya, hirap na siyang makausap ng mga dating ka-close niya tapos it affected her social, and even familial aspect of functioning. *(And in consequence of that, she becomes hot-tempered and she can't even communicate well to his close friends which has affected her social and even familial aspect of functioning.)*" (R7)

Client 9 said that despite his outbursts toward his partner, he merely displaces his anger toward his girlfriend. Based on the transcript, "he is irritable pero hindi niya alam kung bakit. Sometimes nag ooutburst nalang siya sa girlfriend niya kahit alam naman niyang siya ang mali. So, feeling niya, dinidisplace daw niya ang stresses niya sa girlfriend niya. *(He is irritable, but he does not know why. Sometimes, he outbursts his girlfriend even if he acknowledges that he is wrong. He acknowledges further that he displaces his anger to his girlfriend.)*." (R9)

Problems with interpersonal relationships and isolation are related concepts in this context. Anxiety drives them towards isolation, which creates the tendency to push people away and become irritable; it severed some crucial relationships. The difference between isolation and problems with interpersonal relationships is that the former talks about one's decision to move away because they do not want to go with other people. While the latter talks about one's reaction, typically an overt response (i.e., showing outbursts), because their anxiety has occurred.

What is considered prevalent in the case of GAD is that emotions can hardly be managed and regulated (Mennin et al., 2009) to the fact that a person, when circumstances heightened, already shows misbehaviors such as having interpersonal relationship issues. GAD clients perceive their emotions as overwhelming and dangerous, which affects their behavior and sense of well-being (Mennin et al., 2009). This claim backs up the subsequent behavioral manifestations that make it clear to adolescent clients that their actions negatively impact their overall performance and mental health.

## CONCLUSIONS AND RECOMMENDATIONS

The adolescent-clients present underlying physiological, cognitive, and behavioral manifestations, considered key elements of GAD. The findings show that adolescent-clients with GAD manifest symptoms as found in the DSM-5. However, despite what is written on the DSM-5 and the like, the finding of this research can be used to contextualize the nature and condition of individuals diagnosed with GAD because it can be difficult to rely on technical books for most laypeople.

Removing the stigma attached to various disorders, esp. Adolescents should be encouraged to seek professional help from mental health practitioners when necessary for GAD. However, it is also important to note that the effectiveness of their psychological assessment was not intended to validate and evaluate this study. Accounts from the psychiatrist may also be considered to compare and cross-validate observations of the clients. It is also noble to conduct interviews with clients alongside their primary caregivers and other significant persons with vivid observations of their daily functioning.

Further, organizations, primarily in the community, should have a good background in adolescents' experience of anxiety. When spearheading activities, they are encouraged to adopt an integrative approach in helping practitioners treat GAD. While it is helpful to acknowledge the nature and condition of adolescents with GAD, they should only conduct interventions with the supervision of experts. Hence, they are encouraged to refer the client to psychologists for further assessment with the permission of their parents or caregivers.

Finally, a needs assessment to implement a mental health protection and promotion program is recommended for future studies. Organizations may set up mental health support groups and hubs and offer a free helpline so adolescents can more easily receive professional assistance.

## REFERENCES

- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*, Fifth edition. Washington, DC: American Psychiatric Association; 2013:222.
- Arnáez, S., García-Soriano, G., López-Santiago, J., & Belloch, A. (2020). Illness-related intrusive thoughts and illness anxiety disorder. *Psychology and Psychotherapy: Theory, Research, and Practice*, 94 (1), 63-80. <https://doi.org/10.1111/papt.12267>
- Braun, V., & Clarke, V. (2006). *Using thematic analysis in psychology. Qualitative Research in Psychology*, 3 (2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Clark, D. A., & Beck, A. T. (2010). *Cognitive therapy of anxiety disorders: Science and practice*. Guilford Press.
- Cornejo-Babida, P. L. (2020). Aggressive behavior and suicidal ideation of adolescents with high and low level of frustration tolerance. *Asian Journal of Education and Human Development*, 1 (1), 162-174. <https://ajehd.unp.edu.ph/index.php/ajehd/article/view/17>

- Crocq, M. (2015). A history of anxiety: from Hippocrates to DSM. A Clinical Research. AICH – Servier Research Group. *Dialogues in Clinical Neuroscience*, 17 (3). <https://doi.org/10.31887/DCNS.2015.17.3/macrocq>
- Department of Health (2003-2004). *Global school-based student health survey in the philippines 2003-2004. A component project of the World Health Organization and the U.S. Centers for Disease Control and Prevention's Global School-based Health Surveillance System*. Country Report. Manila, Philippines: National Epidemiology Center, Department of Health.
- Feist, J., Feist, G. J. & Roberts, T. A. (2018). *Theories of personality*. 9th Ed. McGraw-Hill Education
- Florentino, C. G. (2020). Cost of caring: Vicarious trauma among guidance counselors and psychologists. *Asian Journal of Education and Human Development*, 1(1), 23-38. <https://ajehd.unp.edu.ph/index.php/ajehd/issue/view/1>
- Flores, J. L., Hernandez, M. A., Leyva, E. W., Cacciata, M., Tuazon, J. & Evangelista, L. (2018). *Prevalence and correlates of depression, anxiety, and distress among Filipinos from low-income communities in the Philippines*. *Philippine Journal of Nursing*, 88 (2): 8-13. PMID: 33935304; PMCID: PMC8088195.
- Kerns, C. E., Mennin, D. S., Farach, F. J., & Nocera, C. C. (2014). Utilizing an ability-based measure to detect emotion regulation deficits in generalized anxiety disorder. *Journal of Psychopathology and Behavioral Assessment*, 36 (1), 115–123. <https://doi.org/10.1007/s10862-013-9372-3>
- Langlois, F., Freeston, M. H., & Ladouceur, R. (2000). Differences and similarities between obsessive intrusive thoughts and worry in a non-clinical population: study 1. *Behaviour Research and Therapy*, 38(2), 157–173. [https://doi.org/10.1016/s0005-7967\(99\)00027-3](https://doi.org/10.1016/s0005-7967(99)00027-3)
- Mennin, D. S. (2004). Emotion regulation therapy for generalized anxiety disorder. *Clinical Psychology & Psychotherapy*, 11 (1), 17–29. <https://doi.org/10.1002/cpp.389>
- Miller, S. R., & Chesky, K. (2004). The multidimensional anxiety theory: an assessment of and relationships between intensity and direction of cognitive anxiety, somatic anxiety, and self-confidence over multiple performance requirements among college music majors. *Medical Problems of Performing Artists*, 19 (1). <https://doi.org/10.21091/mppa.2004.1003>
- Moradi, M., Fata, L., Ahmadi Abhari, A., & Abbasi, I. (2014). Comparing attentional control and intrusive thoughts in obsessive-compulsive disorder, generalized anxiety disorder, and nonclinical population. *Iranian journal of psychiatry*, 9 (2), 69–75. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4300468/>
- National Institute of Mental Health (2017). *Any anxiety disorder*. National Institutes of Health. [https://www.nimh.nih.gov/health/statistics/any-anxiety-disorder.shtml#part\\_155096](https://www.nimh.nih.gov/health/statistics/any-anxiety-disorder.shtml#part_155096)
- Newman, M. G., & Llera, S. J. (2011). A novel theory of experiential avoidance in generalized anxiety disorder: A review and synthesis of research supporting a contrast avoidance model of worry. *Clinical Psychology Review*, 31 (3), 371–382. <https://doi.org/10.1016/j.cpr.2011.01.008>



- Patel, V., Flisher, A.J., Hetrick, S. & McGorry, P. (2007). *Mental health of young people: a global public-health challenge. The Lancet*. 369 (9569), 1302-1313. ISSN 0140-6736. [https://doi.org/10.1016/S0140-6736\(07\)60368-7](https://doi.org/10.1016/S0140-6736(07)60368-7)
- Rickels, K. (1993). *Antidepressants for the treatment of generalized anxiety disorder. Archives of General Psychiatry*, 50 (11), 884. <https://doi.org/10.1001/archpsyc.1993.01820230054005>
- Rickels, K. & Rynn, M. A. (2001). *What is generalized anxiety disorder?* J Clin Psychiatry 2001; 62 (11), 4-12 [https://doi.org/10.1016/s0193-953x\(05\)70203-3](https://doi.org/10.1016/s0193-953x(05)70203-3)
- Rusch, N., Angermeyer, M. C. & Corrigan, P. W. (2005). Mental illness stigma: Concepts, consequences, and initiatives to reduce stigma. *European Psychiatry*, 20 (8), 529-39. <http://france.elsevier.com/direct/EURPSY/>
- Skelly, M. J., Chappell, A. E., Carter, E. & Weiner, J. L. (2015). Adolescent social isolation increases anxiety-like behavior and ethanol intake and impairs fear extinction in adulthood: Possible role of disrupted noradrenergic signaling. *Elsevier. Neuropharmacology*, 97 (1), 149-159. <https://doi.org/10.1016/j.neuropharm.2015.05.025>
- Stanford Children's Health (2020). *Generalized anxiety disorder (GAD) in children and teens*. <https://www.stanfordchildrens.org/en/topic/default?id=generalized-anxiety-disorder-in-children-and-adolescents-90-P02565>
- The Oxford Dictionary of Sports Science & Medicine (2020). *Multidimensional anxiety theory*. Oxford University Press. <https://www.oxfordreference.com/view/10.1093/oi/authority.20110903100215602>
- UNICEF (2021). *Ensuring mental health and well-being in an adolescent's formative years can foster a better transition from childhood to adulthood*. <https://data.unicef.org/topic/child-health/mental-health>
- United Nations (2015). *Global Goal 3: Good health and well-being*. <https://www.globalgoals.org/goals/3-good-health-and-well-being/>
- World Health Organization (2002). *Health and Adolescents in the Philippines*. <http://www.iccwtnispcanarc.org/upload/pdf/1679291585Health%20of%20adolescents%20in%20philippines.pdf>
- WHO (2021). *Mental health of adolescents*. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
- Yin, R. K. (2014). *Case study research design and methods (5<sup>th</sup> ed.)*. Thousand Oaks, CA: Sage <https://doi.org/10.3138/cjpe.30.1.108>