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The Lived Experience of Anxiety Among Adolescents During High School

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Graduate Program in Nursing

A thesis submitted in partial fulfillment of the requirements for the degree in Master of Science

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THE LIVED EXPERIENCE OF ANXIETY AMONG ADOLESCENTS DURING
HIGH SCHOOL

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By

Diana R. Leone

Graduate Program in Nursing

A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Science in Nursing

The School of Graduate and Postdoctoral Studies
Western University of Canada
London, Ontario, Canada

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THE UNIVERSITY OF WESTERN ONTARIO
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**The Lived Experience of Anxiety Among Adolescents
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requirements for the degree of
Master of Science in Nursing

Date: July 18th, 2012

Dr. Abe Oudshroon
Chair of the Thesis Examination Board

Abstract

The purpose of this research study was to gain an understanding of the lived experience of everyday anxiety among adolescents during high school. An interpretative phenomenological approach as articulated by Merleau-Ponty (1962) and Van Manen (1998) was utilized for this study. A purposive sample of 8 adolescent males and females were interviewed. Data analysis was undertaken throughout the research study by utilizing a thematic analysis of text in which themes emerged to document and understand the lived experience of everyday anxiety among adolescents during high school. The study revealed themes reflective of the lived body in time, space and in relations with others. The three themes were 1. The embodied experience of anxiety with the subthemes of the body responds and the constant running mind of worry and fear; 2. Feeling uncomfortable in the lived space of school with the subthemes of the lived relations of bullying, the internal/external space of isolation, the constant pressure to perform well, and life will get better and; 3. Life at home with the subthemes of the lived space of home and the lived relations of pressure from parents. Conclusions from the study revealed areas of improvement for the healthcare and school systems, implications for nursing education, practice and future research.

Key Words: lived experience of anxiety, adolescent anxiety, high school, interpretative phenomenology

Co-Authorship Statement

Diana Leone completed the following work under the supervision of Dr. Susan L. Ray and her advisor Dr. Marilyn Evans. Drs. Ray and Evans will be co-authors of the publication resulting from this work.

Epigraph

For the young males and females around the world who are experiencing anxiety on a daily basis while trying to cope with the demands of their everyday life.

For those struggling with the effects of anxiety and who are trying to fight and make their lives better by finding solutions and meaning to their anxiety.

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CHAPTER ONE: INTRODUCTION

According to the World Health Organization (WHO, 2011), mental health is a state of well-being in which the individual realizes his or her own abilities. A mental health disorder is defined as a problem characterized by a combination of abnormal thoughts, emotions, behaviour and relationships with others (WHO, 2011). Twenty-five percent of the Canadian population, ages 15 to 24, meet the criteria for a mental health disorder as reported by the Public Health Agency of Canada (PHAC, 2010). The most common mental health disorders are mood and anxiety disorders, affecting 6% of the adolescent population in the United States (Byrne, 2000). In Canada, anxiety disorders are the most common of all mental health problems, affecting one in 10 people, children and adults (Canadian Mental Health Association (CMHA), 2010).

Anxiety disorders are defined by the clinical presentation of several events and situations, including at least six months of excessive anxiety and worry and difficulty controlling the anxiety or worry such as being unable to relax or cope during stressful situations (American Psychiatric Association [APA], 2000). “Excessive” can be interpreted as experiencing more than what typically would be expected for a particular event or situation. Furthermore, an anxiety disorder includes the presence of other symptoms such as feeling wound-up, tense, restless, easily fatigued, lack of concentration, irritability and difficulty sleeping for most days over that six month period. All of the listed symptoms cause clinically significant distress and problems functioning in daily life (APA, 2000).

Anxiety disorders can alter functioning and coping in many environments (Brookman & Sood, 2006). Anxious adolescents create heavy burdens on society because

as they suffer with their own personal struggles, they engage in increased problem behaviours, have poor self-concepts and show low school achievements, such as absenteeism, avoidance and difficulty concentrating (Byrne, 2000; Dia & Bradshaw, 2008). Schools are the primary setting in which youth exhibit signs of impairment and in turn, interference with their school experience (Mychailyszyn, Beidas, Benjamin, Edmunds, Podell, Cohen & Kendall, 2011). Retrospective and prospective studies have shown that anxiety disorders in adolescents do not spontaneously disappear over time (Bittner, Egger, Erkanli, Costello, Foley & Angold, 2007; Keller, Lavori, Wunder, Beardslee, Schwartz & Roth, 1992; Moffitt, Harrington, Caspi, Kim-Cohen, Goldberg, Gregory & Poulton, 2007; Pollack, Otto, Sabatino, Majeher, Worthington, McArdle & Rosenbaum, 1996 & Woodward & Fergusson, 2001). If left untreated or ignored, anxiety disorders can lead to further mental health problems, poor social and developmental outcomes later in life (Saavedra, Silverman, Morgan-Lopez, & Kurtines, 2010).

Not all anxiety however, can be clinically diagnosed as a mental illness or disorder. Normal or everyday anxiety is a mental/emotional state experienced by all humans, often on a daily basis. It is accompanied by a set of behavioural and psychological responses, including avoidance, vigilance and arousal. These are normal responses experienced in relation to a potential threat or harmful situation, elicited by the body's natural functions to try and protect the individual (Gross & Hen, 2004). Since not all anxiety denotes a clinical diagnosis, it is important to recognize normal anxiety as a common emotion of human life that can also impact the daily functioning of adolescents.

The everyday anxiety experienced by adolescents can be affected by school environments, relationships with friends and family, as well as personal characteristics.

Youth experiencing mental health issues have unique social and health challenges associated with their age, many of which will follow them into adulthood (PHAC, 2004).

Declaration of Self in Front of the Text

Based on my personal experiences, I felt the need to learn more about living with everyday anxiety and its effect on adolescent functioning. Having experienced everyday anxiety as a teenager during high school, and into my university education, I struggled with voicing my concerns and sharing stories about my struggles. It was difficult for others to understand my experiences and I felt limited in ways of communicating my thoughts. I also found it difficult to find help and resources that could address my issues of everyday anxiety. I was not looking for a solution to eliminate my anxiety, but rather strategies to adequately manage my anxiety while maintaining normalcy in my daily social and school life. Therefore, as the researcher in this qualitative study, I felt the need to examine the experience of living with everyday anxiety during adolescence in order to provide a vehicle for those experiencing similar situations as mine to share their stories. It is crucial for healthcare workers, teachers and families to understand the lived experience of everyday anxiety from the perspective of adolescents before it evolves into a mental health illness such as generalized anxiety or major depressive disorder in order to provide the best care to meet their needs (Brookman & Sood, 2006).

Also, it was interesting to see how adolescents cope with their everyday experiences of anxiety and whether or not they were different than my own experiences. This would be reflective of the environment in which today's youth are living; compared to the environment in which I was situated, several years prior to this study. Although it has only been 12 years since my journey through high school, the world around us has

evolved and our dependence on technology and social media has increased. Youth in today's world are surrounded by easily accessible cell phones and computers, allowing them to access information from around the world in seconds. Using social media is one of the most common activities of today's children and adolescents (O'Keeffe & Clarke-Pearson, 2011).

Social media is considered any website that allows social interaction, including websites such as Facebook, MySpace, Twitter, gaming sites, and virtual worlds such as Club Penguin. These sites offer today's youth a means for entertainment, communication and increased technological skills; however, the nature and content of some social media sites can be unhealthy environments for adolescents. Since children and adolescents lack the capacity for self-regulation and are more susceptible to pressure from peers, they are at an increased risk for the negative effects associated with social media. Social media provides a new means for today's youth to bully (cyber-bullying), form cliques (private groups or chats) and experiment sexually (sexting), all of which are problems that need to be addressed (O'Keeffe & Pearson).

The role of youth has changed over the last 20 years with a variety of societal changes, forcing youth to take on increased demands in their daily lives and increased accountability (Alberti-Gambone, Walker & Walker, 2011). Youth are responsible for promoting their personal development, which includes academic success, graduation from high school and onto post-secondary education, avoiding risk-taking behaviours and improving their health. I believe the increased demands on today's youth, such as school performance, maintaining extra-curricular activities, part-time jobs and the negative influences of social media increases the incidence of adolescent everyday anxiety and

makes it difficult for them to cope in their daily lives. Furthermore, I feel that the expectations placed on youth by their teachers and parents add to their feelings of everyday anxiety and ultimately can overwhelm them with their lives. It was fulfilling for me as a researcher to be able to compare my experiences with anxiety, stressors and my coping abilities as a teenager, to those adolescents participating in the study.

Background and Significance

Adolescence is a critical period during human development in which life goals, values and establishment of direction and purpose in life are created (Berman, Weems & Stickle, 2006). Adolescence is a time of change and challenges, affecting mental, emotional and spiritual health, as well as physical development (Canadian Pediatric Society, 2006). Physical changes experienced during adolescence focus on the development of the reproductive system. Various endocrine glands secrete hormones that develop pubertal growth and physical changes, such as secondary sex characteristics including beginning of menses and formation of breasts in girls and growth of testicles and penis and deepening of the voice in males (Bee, Boyd & Johnson, 2005). The new physical developments experienced during adolescence can pose great discomfort and angst for many adolescents. During this period of development, adolescents begin to expand their autonomy, form personal identities and develop coping skills. Most risks for the mental health and psychological well being of adolescents are related to their personal behaviours. Behaviours, such as isolation, aggression, avoidance, self-harm or substance abuse during this period of development could be the initial signs of mental illness (Kinnunen, Laukkanen, Kiviniemi, & Kylma, 2010)

Anxiety disorders present clinically with excessive worry over a variety of events and situations, affecting daily functioning within school environments, friendships and family (APA, 2000; Brookman & Sood, 2006). Anxiety is closely related to worry, which in turn affects depression levels in adolescents (Barahmand, 2008). Worry is a cognitive-emotional process that occurs in most people; however for some it can become pathological. Anxiety disorders are clinically diagnosed based on the type of worry a patient presents with. For example, worrying about a specific threat is the key criteria for the diagnosis of an anxiety disorder. Although much is known about worry and anxiety, little is known about why it can become pathological in some youth and not in others (Wilson, Budd, Chernin, King, Leddy, MacLennan & Mallandain, 2010).

The ability to cope with everyday demands and stressors is a critical skill for healthy functioning (Pincus & Friedman, 2004). Coping skills affect adolescents' psychosocial functioning and maturation, becoming part of the personal system into adulthood (MiSung, Puskar & Sereika, 2006). If provided with a supportive, flexible environment, adolescents will potentially have the resources and abilities needed to face and cope with the challenges of life (PHAC, 2010). Anxiety is considered to be a core human issue; however, little is known in relation to everyday anxiety among adolescents (Berman et al, 2006). Research on adolescent anxiety has focused on the psychodynamics, turmoil and conflict often experienced by adolescents and has investigated the relationship between anxiety and other health effects, such as depression (Collins, 1991; Dusek, 1987). More recently, studies have explored the psychobiological and psychosocial aspects of the changes occurring during adolescence. Byrne (2000) suggests that it is important to move away from the perceived turmoil of anxiety and

instead, measure anxiety with specific tools, treating symptoms with pharmacological solutions and using therapies for adolescents. In addition, there needs to be a shift towards understanding the lived experience of everyday anxiety from the perspective of adolescents. It is crucial to listen to the voices of adolescents living with everyday anxiety in order to gain a better understanding of the experiences they face and to identify themes of personal importance to them (Sargeant, 2010).

Purpose Statement

The purpose of this interpretive phenomenological study is to gain an understanding of the lived experience of everyday anxiety among adolescents during high school.

Significance of the Study to Nursing

There is a strong need to study and understand the everyday anxiety that many youth experience. Although the sensations and responses to anxiety are a normal part of every human experience, when the sensations and responses become excessive or pathological, they turn into an illness (Gross & Hen, 2004). For some adolescents, “normal” everyday anxiety can escalate and evolve into a mental health disorder as defined by the American Psychiatric Association (2000). By addressing everyday anxiety and responses to stress in adolescents through prevention and health promotion strategies, they can learn effective strategies to reduce and control their symptoms and can combat their anxiety before it evolves into a further debilitating mental health disorder. The findings from this study may inform nursing practice and education by helping to equip nurses with needed knowledge on everyday anxiety among high school adolescents and how nurses can best advocate for the needs of this population.

References

- Alberti-Gambone, M., Walker, K.C., & Walker, J.A.(2011). 100 Years of research in youth development. *Journal of Youth Development*, 6 (3), 1-184.
- Barahmand, U. (2008).Age and gender differences in adolescent worry. *Personality and Individual Differences*, 45, 778-783. doi:10.1016/j.paid.2008.08.006
- Bee, H., Boyd, D., & Johnson, P. (2005). *Lifespan Development: Canadian Edition*. Toronto, Ontario: Pearson Education Canada Inc
- Berman, S.L., Weems, C.F., & Stickle, T.R. (2006). Existential anxiety in adolescents: Prevalence, structure, association with psychological symptoms and identity development. *Journal of Youth and Adolescents*, 35(3), 303-310. doi: 10964-006-9032-y
- Bittner, A., Egger, H.L., Erkanli, A., Costello, E.J., Foley, D.L., & Angold, A. (2007). What do childhood anxiety disorders predict? *Journal of child Psychology and Psychiatry*, 48, 1174-1183.
- Brookman, R.R., & Sood, A.A. (2006). Disorders of mood and anxiety in adolescents. *Adolescent Medicine Clinics*, 17(1), 79-95. doi:10.1016/j.admecli.2005.10.001
- Byrne, B. (2000). Relationships between anxiety, fear, self-esteem and coping strategies in adolescence. *Adolescence*, 35, 201-215. Retrieved November 10th from <http://www.eric.ed.gov/ERICWebPortal/search/detailmini>.
- Canadian Mental Health Association.[CMHA] (2010). Anxiety disorders: One of Canada's most common illnesses is also the least understood. Retrieved May 2nd from http://www.cmha.ca/bins/content_page.asp?cid=3-94&lang=1

- Canadian Pediatric Society. (2006). Mental health of children and adolescents.
Retrieved from May 2nd from
<http://www.cps.ca/english/advocacy/mentalhealth.htm>
- Collins, J.K. (1991). Research into adolescence: A forgotten era. *Australian Psychologist*, 26(1), 1-9.
- Dia, D.A., & Bradshaw, W. (2008). Cognitive risk factors to the development of anxiety and depressive disorders in adolescents. *Child Adolescent Social Work Journal*, 25, 469-481. doi: 10560-008-0156-7.
- Dusek, J.B. (1987). *Adolescent development and behaviour*. Englewood Cliffs, NJ: Prentice Hall.
- Gross, C., & Hen, R. (2004). The developmental origins of anxiety. *Nature Review: Neuroscience*, 5, 545-552.
- Keller, M.B., Lavori, P.W., Wunder, J., Beardslee, W.R., Schwartz, C.E., & Roth, J. (1992). Chronic course of anxiety disorders in children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 31, 595-559.
- Kinnunen, P., Laukkanen, E., Kiviniemi, V., & Kylma, J. (2010). Associations between the coping self in adolescence and mental health in early adulthood. *Journal of Child and Adolescent Psychiatric Nursing*, 23(2), 111-117. doi:10.1111/j1744-6171.2010.00230.x
- Moffitt, T.E., Harrington, H., Caspi, A., Kim-Cohen, J., Goldberg, D., Gregory, A.M., & Poulton, R. (2007). Depression and generalized anxiety disorder: Cumulative and sequential comorbidity in a birth cohort followed prospectively to age 32 years. *Archives of General Psychiatry*, 64, 651-660.

- MiSung, K.M., Puksar, K.R., & Sereika, S. (2006). Psychosocial factors and coping strategies of adolescents in a rural Pennsylvania high school. *Public Health Nursing, 23*(6), 523-530.
- Mychailyszyn, M.P., Beidas, R.S., Benjamin, C.L., Edmunds, J.M., Podell, J.L., Cohen, J.S., et al. (2011). Assessing and treating child anxiety in schools. *Psychology in the schools, 48*(3), 223-232. doi:10.1002/pits.20548
- O’Keeffe, G., & Clarke-Pearson, K. (2011). The impact of social media on children, adolescents and families. *American Academy of Pediatrics, 127*(4), 800-804.
- Pincus, D.B., & Friedman, A.G. (2004). Improving children’s coping with everyday stress: Transporting treatment interventions to the school setting. *Clinical Child and Family Psychology Review, 7* (4), 223-240.
- Pollack, M.H., Otto, M.W., Sabatino, S., Majeher, D., Worthington, J.J., McArdle, E.T., et al. (1996). Relationship of childhood anxiety to adult panic disorder: Correlates and influence on course. *American Journal of Psychiatry, 153*, 376-381.
- Public Health Agency of Canada. (2010). Trends in the Health of Canadian Youth. Retrieved May 2nd from http://www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/trends-tendances/pdf/youthtrends_e.pdf
- Public Health Agency of Canada. (2004). Young people in Canada: Their health and well-being-Chapter 10: Emotional Health. Retrieved May 2nd from http://origin.phac-aspc.gc.ca/hp-ps/dca-dea/publications/hpsc-2004/chapter_10-eng.php

- Saavedra, L.M., Silverman, W.K., Morgan-Lopez, A.A., & Kurtines, W.M. (2010). Cognitive behavioural treatment for childhood anxiety disorders: long-term effects on anxiety and secondary disorders in young adulthood. *Journal of Child Psychology and Psychiatry*, *51*(8), 924-934. doi:10.1111/j.1469-7610.2010.02242.x
- Sargeant, J. (2010). The altruism of pre-adolescent children's perspectives on "worry" and "happiness" in Australia and England. *Childhood*, *17*(3), 411-425. doi: 0907568209341087.
- Wilson, C., Budd, B., Chernin, R., King, H., Leddy, A., MacLennan, F., & Mallandain, I. (2010). The role of meta-cognition and parenting in adolescent worry. *Journal of Anxiety disorders*, *25*, 71-79. doi:10.1016/j.janxdis.2010.08
- World Health Organization. (2011). Health topics: Mental Disorders. Retrieved from http://www.who.int/topics/mental_disorders/en/

CHAPTER TWO: MANUSCRIPT

Introduction

Normal or everyday anxiety is a common emotion experienced by most humans, typically on a daily basis. Everyday anxiety is not clinically diagnosed as a mental illness as it is a normal behavioural and psychological response to potential harm or stress. Anxiety includes emotional responses such as avoidance, vigilance and arousal, which are elicited as the body's response during stressful situations (Gross & Hen, 2004). Anxiety is characterized as excessive worry about events or situations, affecting all aspects of daily life (APA, 2000; Brookman & Sood, 2006). The cognitive-emotional process of worry occurs in most humans; however, for some it can become pathological, although little is known about why this occurs for some and not for others (Wilson, Budd, Chernin, King, Leddy, MacLennan & Mallandain, 2010).

Not all anxiety is clinically diagnosed as a disorder. This emphasizes the importance of realizing that anxiety is a common human emotion, impacting the daily lives of adolescents. Anxiety experienced during adolescence can affect functioning at school and other environments and the ability to form relationships with friends and family. Adolescence is a difficult stage in growth and development, during which anxiety and mental health issues can have a unique impact on adolescents' health and social functioning. If not addressed during this period, many of the issues faced in adolescence will follow these individuals into adulthood (PHAC, 2004).

Adolescence is a time of many challenges and changes, affecting the mental, physical, emotional and spiritual health. During this time, adolescents develop life goals,

values, and beliefs and determine a purpose in life (Berman, Weems & Stickle, 2006). Furthermore, this period of human development emphasises the need for autonomy, personal identities and coping skills. This can increase the chances for mental health issues because adolescents often explore personal behaviours including isolation, avoidance, self harm and experimentation with substances (illegal drugs and alcohol). These behaviours can often be the determining factors and signs of mental illness (Kinnunen, Laukkanen, Kiviniemi, & Kylma, 2010).

Coping is an important aspect of anxiety and a critical skill for healthy functioning during adolescence and later on in adulthood (Pincus & Friedman, 2004). If adolescents are taught coping skills and given a safe and comfortable environment in which to grow in, they will be able to use their personal resources and skills to face challenges later in life (PHAC, 2010). Although much is known about anxiety and its relation to humans, little has been done to explore normal, everyday anxiety during adolescence (Berman et al, 2006). It is important to move the focus away from the turmoil and challenges during adolescence and focus on solutions and treatments, which are age-appropriate for adolescents. Understanding the lived experience of everyday anxiety during adolescence and listening to the stories from adolescents themselves will help increase our knowledge around their experiences with anxiety and issues identified as important to them (Sargeant, 2010).

Search Methods

To examine the extent to which adolescent anxiety has been explored, a comprehensive review of the literature was conducted across the disciplines of nursing, psychology, youth and adolescent medicine, public health and social work. Databases

used for the literature review included CINAHL, PsychInfo, Ovid, Proquest Psychology and Nursing Journals and Child Development and Adolescent Studies. The search strategy included the constructs of adolescence, anxiety (normal and pathological), mental disorders and coping abilities during adolescence. Literature was examined to explore the relationships between adolescents and anxiety, various coping strategies used during this developmental period and the effects of anxiety on adolescents while attending high school. An attempt was made to include primary resources and both qualitative and quantitative research within the various domains of healthcare. Literature from 1987-2011 was reviewed to determine key research findings and to identify any existing knowledge gaps and future research initiatives. This range was also used to capture the most current literature on adolescent anxiety. Literature dating back to 1932 was included to help ensure that older research was reviewed and included. Furthermore, utilizing research dating back to 1932 and comparing to present day research on adolescent anxiety helped to determine changes, progress and current treatments for adolescent anxiety.

The search yielded four categories of information which will be used to discuss the literature review. The first category consisted of literature related to adolescent anxiety. The second category consisted of literature on the school environment, specifically the high school setting (grades 9 to 12) and its impact on adolescent anxiety. The third category included coping behaviours of adolescents including both behavioural and cognitive effects. Finally, the fourth category of the literature search gathered information on previous intervention studies from Canada as well as some international studies. The search attempted to find both quantitative and qualitative studies; however

no qualitative studies on everyday adolescent anxiety were found. Canadian studies were chosen because adolescents participating in the study have attended schools within the Canadian school system; therefore, literature was applicable to their experiences. Canadian literature around adolescent anxiety was compared to international literature for similarities and differences.

Adolescent Anxiety

The main themes that arose from the first section of the literature review around adolescent anxiety were: 1. What is adolescence? 2. Normal anxiety and anxiety disorders in adolescence.

Adolescence

Adolescence refers to the idea of “growing up” and has traditionally been a process characterized by rapid physical development, sexual maturation and new forms of thinking and reasoning (Simmons, 1996). Adolescence is a transitional period of growth and development during which individuals achieve autonomy, form personal identity and develop coping skills (Kinnunen, Laukkanen, Kiviniemi, & Kylma, 2010). Typically, adolescence spans the period of life between childhood and adulthood, between the ages of 10 to 21 years. This pubertal period includes the phase of development and maturation of the reproductive system. In girls, it is marked by menarche (ages 10-15 years) and production of sperm in the testes of boys (ages 10-14 years) (Burns, Brady, Dunn & Starr, 2000).

Aside from the many biological changes, social and psychological changes during adolescence are directly related to the development of anxiety, which often interferes with their daily lives (Van Oort, Greaves-Lord, Verhulst, Ormel & Huizink, 2009).

According to Erickson (1959), adolescents advance from industry versus inferiority (school-age) to identity versus role diffusion psychosocial crisis. During this time, they are coming to terms with their own identity. If they successfully navigate through this stage, they will have developed their own individuality, self-definition and knowledge around their role within society. If they fail to achieve their ego-identity, they will remain immature, exhibiting intolerance of others who are different and avoidance of cliques/peers (Erickson, 1968). As adolescents attempt to establish themselves as independent, self-governing individuals, they are concerned about being less dependent on their parents, able to make their own decisions and establish personal values and beliefs (Thomas, 1996).

The adolescent stage of development is also characterized by the transition from concrete operational thinking to formal operational thinking, according to Piaget (1973). This involves thinking more about the future, being able to reason in an abstract manner, formulate and test hypotheses, think about consequences and engage in scientific reasoning (Thomas, 1996). As adolescents develop, they are able to have a more sophisticated understanding of the complexity of knowledge and engage in relative thinking and reasoning, as opposed to black-and-white thinking (Piaget, 1973; Thomas).

The home and family are an important part of adolescent mental health. Family relationships include mothers and fathers (birth parents, foster parents, or step-parents) siblings living in the home and extended family members, such as grandparents, aunts, uncles and cousins. The home environment provides the first context in which young people socialize and develop. Young children will learn to develop values and norms based on those modeled and taught at home (King & Hoessler, 2011). Parenting styles

that are nourishing, providing warmth, control and affection allow children to develop self-reliance, responsibility and high academic standing at school (Kail & Barnfield, 2009). Having strong parental support is a key influence on the choices made by youth because it acts as a buffer on the influence of peers and the risky behaviours often attempted by youth. Living in a strong, positive household ultimately affects the mental health of adolescents, allowing them to experience emotional support and encouragement (King & Hoessler).

Depending on their cultural context, adolescents experience this transitional period in different ways. Adolescents form a large part of the population in many countries. According to the WHO, today's society has the largest generation of young people in history with 1.8 billion 10-24 year olds globally (WHO, 2012). Typically, today's youth are healthier; more educated than other aggregates, and have the potential for economic prospects in the future (WHO, 2005). However, as a result of rapid economic change, and the spread of various diseases and poverty, they are facing serious challenges and risks (United Nations Children's Fund, 2006). In North America, the focus is on independence; therefore, adolescents strive to develop a sense of determination and skills that will enable them to live independent lives from their family (Erickson, 1959). They often struggle with the notion of achieving autonomy while maintaining connections with their caregivers (Bettmann & Jaspersen, 2009). Within Europe, the onset of adolescence historically occurred faster than in Western society, as many adolescents had experienced puberty and assumed many adult roles at an earlier age than their counterparts in Western society (Simmons, 1996). Currently, young people still strive for independence, assuming adult roles earlier in life; however, there has been

a rise in adolescent depression and substance abuse, resulting in some of the highest rates of homicide and suicide ever seen in Europe (WHO/Europe, 2012). In Asia, opinion polls and surveys showed that young people feel misunderstood by adults and do not receive the support and services they required in order to reach their full potential (United Nations Children's Fund, 2006).

Normal Anxiety and Anxiety Disorders

Many children and adolescents experience periods of anxiety, which is considered normal. Normal or everyday anxiety consists of eliciting a feeling to a potential or actual threat. Anxiety, in its non-pathological form can be divided into two categories: state and trait anxiety. State anxiety is a measure of the immediate or acute level of anxiety. Trait anxiety reflects the long-term tendency of an individual to show an increased response to anxiety (Gross & Hen, 2004). Responding to anxiety through physical reactions such as standing still or not moving, increased heart rate, blood pressure changes, and increased vigilance are functionally adaptive behavioural and perceptual responses that are considered normal and appropriate defence responses to anxiety. These responses can help to reduce danger or injury (Borkovec, Shadick & Hopkins, 1991).

Although it is considered "normal", everyday anxiety can still have an impact on school performance. Increased anxiety can result in an increased number of school absences due to physical symptoms, suspensions for behavioral disturbances, or difficulty concentrating (King & Bernstein, 2001). Physical symptoms caused by increased anxiety include appetite and sleep disturbances; fatigue and loss of energy; cardiopulmonary effects such as palpitations, chest pain and shortness of breath; gastrointestinal issues such as nausea and abdominal discomfort; neuromuscular effects such as trembling,

shaking and numbness; and gynecologic disturbances for females such as changes in menstrual periods (Brookman & Sood, 2006).

All mood and anxiety disorders interfere with important areas of daily functioning in adolescents, such as at school, with family or with peers. Worry, a cognitive-emotional process occurring in most children and adolescents, is considered normal, according to the literature. However, problems arise when it becomes pathological (Wilson, Budd, Chernin, King et al, 2010). Anxiety disorders are characterized based on the amount of worrying an individual experiences. When the individual has an inability to control their worrying over various activities and everyday events, for more days than not, during a six month period, they are considered to have an anxiety disorder (Brookman & Sood, 2006). According to the American Academy of Child and Adolescent Psychiatry, 8%-9% of adolescents have an anxiety disorder and 1% has a social phobia (Brookman & Sood). It is very common for both mood and anxiety disorders to co-exist or for one to develop as a result of the other. Typically, anxiety develops in childhood, followed by depression during adolescence (Brookman & Sood).

In 2008, the Mental Health Commission of Canada carried out a study to determine the economic scope of mental health services in Canada. A total of \$14.3 billion in public expenditures was spent on mental health services and supports in Canada. The largest component of this cost was pharmaceuticals (\$2.8 billion), followed by hospitalizations (\$2.7 billion) (Institute of Health Economics, 2010). Within Canada, there has been continuous, cross-national research conducted to evaluate the mental health and well being of Canadian youth. According to the Anxiety Disorders Association of Canada (2003), anxiety disorders affect 750,000 Canadians ages 15 years

and over. In Canada, anxiety disorders affect 12% of the population, with an estimated economic cost of \$7.3 billion in 1993 (Health Canada, 2002).

When presenting clinically, these two mental health disorders do not always fit the DSM-IV (International Classification of Diseases, Ninth Revision) criteria because symptoms might not always be persistent and on-going, over the required six-month period, as needed for a clinical diagnosis. The DSM-IV is the official tool, published by the APA that provides a common coding system, with specific criteria to determine the diagnosis and severity of a mental health disorder. Severity of a mental health disorder can range from mild, moderate, severe, in partial remission, and in full remission (APA, 2000). However, revisions to the DSM-IV have included longitudinal outcome data, assessment of anxiety, parent-child interventions, and the use of pharmacotherapy to the previous parameters to help ensure a multidimensional approach to the diagnosis and treatment of anxiety disorders in adolescents (American Academy of Child and Adolescent Psychiatry, 1997).

Within Canada, there are various organizations that promote child and adolescent health including the Canadian Pediatric Society, the Canadian Mental Health Association and the Anxiety Disorders Association of Canada. National health surveys have outlined how many adolescents in North America might be at risk for having a mood or anxiety disorder. The 1997 Commonwealth Fund Survey, conducted in the United States on the health of adolescents aged 10-19 years, found 5% of males and 9% of females reported feeling depressed (Brookman & Sood, 2006). The National College Youth Risk Behaviour Survey, sponsored by the American College Health Association, showed that, from the 16,000 college students surveyed, 44% reported feeling so depressed that it was

difficult to function and 61% reported feeling hopeless on one or more occasions (Kisch, Leino & Silverman, 2005).

Literature shows adolescents are fairly accurate reporters of internal symptoms, such as sadness and anger, and parents are good reporters of their children's externalizing behaviours, such as aggression and mood (Cantwell, Lewinsohn, Rohde & Seeley, 1997). Since mood and anxiety disorders present differently in adolescents than adults because of other factors such as hormones and cognitive changes occurring during this adolescent stage in development, they can become perplexing in the younger population; therefore, establishing the quality and quantity of the pervasive mood is a key diagnostic factor (Birmaher, Ryan, Williamson, Brent, Kaufman, Dahl, Perel & Nelson, 1996). Once a diagnosis has been accurately made, managing the mood or anxiety disorder for the adolescent consists of behaviour therapy and a trial of anti-depressants to help restore mood, reduce anxiety, and assist with daily functioning (Brookman & Sood, 2006). However, it is important to note that physicians and mental health counsellors are very hesitant to diagnose or label an adolescent with a specific disorder, according to Brookman and Sood. Specifically with anxiety, there are clinically significant areas of functioning that are common among many of the anxiety disorders, so diagnosing based on the DSM-IV are not often done during an adolescent's initial presentations with anxiety (Brookman & Sood). Therefore, treatments and therapies will be initiated based on presenting symptoms, exploration of current medications/substances (prescribed and illegal), any specific methods used to deal with their anxieties, as well as a detailed family history (Brookman & Sood).

The High School Environment and the Impact on Anxiety

The second section of the literature review resulted in two themes: 1. School avoidance, and 2. Teachers' role in the school environment. The high school environment plays a large part in the daily lives of adolescents. It is the place where they spend the most amount of their time. However, it can also be the place that causes the most stress and anxiety for adolescents, causing them to feel uncomfortable and most anxious resulting in school avoidance (King & Bernstein, 2001).

School Avoidance

School avoidance, as a result of symptoms caused by anxiety, accounts for 20% of youth absenteeism (King & Bernstein, 2001). Discomfort in the school environment often leads to avoidance of a wide range of activities, leading to long-term consequences including poor academic performance, lack of socializing and creating friendships, all of which are key developmental tasks in adolescence (Fisher, Masia-Warner & Klein, 2004). Common anxiety-provoking situations include initiating conversations, answering questions in class, attending social events, and performing in front of others (Fisher et al).

Initially, school avoidance was difficult to define because there was no consensus on the specific behaviours and personal characteristics exhibited by children. Previous research attempts to classify school refusal were laborious and masked the significance of the complexity of the issue. It was difficult to define school refusal because of the environmental, individual, and cultural aspects affecting each child (Brandibas, Jeunier, Clanet & Fouraste, 2004).

Early definitions of school refusal centered on separation anxiety. Researchers attempted to explore truancy and refusal in children as a result of their experiences with

various types of anxiety (Broadwin, 1932; Johnson, Falstein, Szurek & Svendsen, 1941). The definition later evolved to include emotional troubles experienced by adolescents that often reflected a crisis, resulting in absence from school. Researchers used anxiety disorders (transitory anxious states) as the cause for crisis for adolescents, causing them to avoid school. They felt that adolescence was the period where the reactivation of problems originally occurring during infancy (separation anxiety) would appear again (Coolidge, Willer, Tessman & Waldfogel, 1960). Researchers later found that anxiety is not systematically correlated with school refusal but rather is a combination of different types of anxiety (Last, Francis, Hersen, Kazdin et al, 1987). Avoidance behaviours are often related to depression and low self-esteem (Brandibas, Jeunier, Clanet & Fouraste). A survey done in 2003 by the Center for Disease Control in the United States on Youth Risk Behaviours among students in grade 9-12 showed five percent of students avoided school because they felt it increased their anxiety levels (Grunbaum, Kann & Kinchen, 2004). The gap in consistent definitions of school refusal is a cause for concern. There needs to be clear identification of the causes of school refusal during adolescence to better understand adolescent anxiety and help decrease the amount of school refusal by addressing the root causes within the school environments.

Teachers' Role in the School Environment

Teachers play a significant role as they observe their students for a large portion of the day. Creating positive relationships with teachers while at school can assist adolescents in promoting positive change for their anxiety (Pinicus & Friedman, 2004). The role of teachers in today's classrooms has evolved into more than just an educator.

They must instruct students, while acting as social workers, counsellors, officers and legal advocates (Jones, 2011).

The importance of academic success and the trend to rank performance has become a stressor for both students and teachers. A researcher from the University of British Columbia explored the effects of academic stressors and their effects on the mental health of students (Jones, 2011). The results indicated that students felt pressured to organize their lives and plan a career for the future solely on high academic grades. Although Jones (2011) understood students' desire to succeed academically during school, she felt they would not be able to keep up with the increasing demands. Ultimately, she felt the students would fall behind causing further mental health issues.

The trend to rank individual academic performance in the classroom can be harmful. In 2000 the Canadian Psychological Association and the Canadian Association of School Psychologists issued a warning that showed reports on ranking of student success to be potentially damaging, causing psychological harm to both students and teachers. Jones (2011) states that due to societal changes and pressure on schools for students to achieve high academically, there is less focus and encouragement for today's youth to be good citizens and enjoy their youth. Society is not educating youth to become good citizens because there is less focus on the idea of community and living positive lives (Jones, 2011).

Coping Behaviours

The main theme that arose from the third section of the literature review on adolescent anxiety was coping behaviours during adolescence. Coping behaviours are an important aspect of adolescent anxiety. During this developmental period, adolescents

learn strategies to cope with life's stressors (Byrne, 2000). Typically, adolescents use a hierarchy of coping strategies to deal with various situations. However, these are often affected by other factors such as gender, ethnicity, race and family circumstances (Frydenberg & Lewis, 1994).

Coping consists of behavioural or cognitive efforts to manage situations that are considered stressful. Coping involves both emotion-focused coping, such as focusing on managing emotional responses to stressful events, and problem-focused coping, such as responses that focus on changing problematic aspects of stressful events (Chesney, Neilands, Chambers, Taylor & Folkman, 2006). The ability to purposefully deal with the demands and stressors that are part of everyday life is a critical skill for healthy functioning. Adolescents are continually confronted with inter-personal problems such as creating relationships or interacting with others and coping with common everyday stressors that are related to their psychological adjustment (Stark, Spirito, Williams & Guevremont, 1989). Effective coping can mediate the impact of life events and is associated with positive behavioural and emotional adjustment (Pincus & Freidman, 2004).

There is limited research on the development of child and adolescent coping skills. However, many studies have examined developmental patterns and specific triggers of anxious situations and coping responses of adolescents. Researchers in the Society for Research in Child Development at New York University examined developmental changes in children's abilities to cope with uncontrollable stress at various age levels (5-6years, 7-9 years, and 10-12 years) (Altshuler & Ruble, 1989). Based on coping techniques discussed in the adult coping literature, children were grouped into

categories ranging from approach to avoidance techniques. They were interviewed based on questions designed to elicit frustration and fear in uncontrollable situations, to determine their spontaneous suggestions of coping strategies. The study's findings showed that as children age, they tend to use more behavioural distraction strategies to cope with uncontrollable, stressful situations rather than cognitive distraction strategies. Results from this study suggest various coping strategies are used at the different age levels of children, which have an implication for their abilities to cope with uncontrollable stress (Altshuler & Ruble).

Three studies focused on the development of coping related to medical stressors and stressful situations in children (Band, 1990; Band & Weisz, 1988; Brown, O'Keefe, Sanders & Baker, 1986). The first study was a quantitative study involving 64 youngsters, aged seven to seventeen. All participants had been attending diabetic clinics located in North Carolina within the last 6 months. The study aimed to determine the cognitive aspects of coping with diabetes as a young child and adolescent (Band). The second study, also a quantitative study, included 73 children aged six, nine and twelve who were asked to recall their stressful episodes involving various situations including separation, medical stress, and school failure. Researchers then applied adult coping techniques to the responses of the children. The techniques included primary control coping (attempting to change the stressful circumstance), secondary control coping (trying to adjust to circumstances as they are) and relinquished control (neither changing the circumstances nor adjusting to them) (Band & Weisz). In the third study, also a quantitative study, the researchers investigated which types of cognition (coping and catastrophizing) children report in response to two imagined and one real-life personal

stressor. They also explored how these cognitions related to age, trait anxiety, and gender. The study included 487 students, aged eight to 18, selected from public and private schools within the Salt Lake City area (Brown et al.).

Although the purpose of each study differed, the three studies showed similar results. Styles of coping varied based on the specific stressful circumstance. School failure resulted in high levels of primary coping while medical stress evoked high levels of secondary coping. Age also influenced the style of coping used. As age increased, primary coping decreased and secondary coping increased, especially when related to medical stress. Younger children cope with everyday stress influenced by their situational constraints and cognitive development (Band, 1990; Band & Weisz, 1988). Older children and adolescents are more likely to utilize emotion-focused coping and use cognitively-based interventions compared to younger children who use problem-solving skills. As they age, children develop a sophistication and efficacy of coping responses (Brown et al.).

Two studies were located that examined common problems and coping strategies in late childhood and adolescence. The first study was a randomized control trial, focusing on school-aged children and their abilities to generate emotion-focused coping strategies after a training session regarding coping skills (Pincus & Friedman, 2004). It also examined the effects of teaching problem-focused coping versus emotion-focused coping. It involved 167 participants from two elementary schools in New York City. The second study investigated common problems experienced by children and young adolescents and the strategies they used to cope with the events (Stark, Spirito, Williams & Guevremont, 1989). Six hundred and seventy-six participants, aged 9-17 years were

asked to identify a recent problem they had experienced and describe strategies used to cope.

Both studies revealed a relationship between the age of a child and the type of everyday stressors that were affecting them. Results of the first study, with regards to social functioning, showed other areas of stress for school-aged children include academic demands, fear of success, fear of failure, friendship initiation, and peer conflict (Pincus & Friedman). Adolescents aged 14-17 years most commonly reported school, parents, friends, and significant others as the most common type of everyday stressor (Pincus & Friedman). Findings of the second study revealed that although there were minimal gender differences noted in the types of everyday stressors, males differed from females in the frequency of these problems with males typically reporting less frequency of the everyday stressors (Stark et al.). Coping strategies were examined against adolescents' emotional state and their evaluations of the stressor. The school environment provided an ideal setting for gathering this type of information from youth because it is where they spend most of their time. Overall, findings from these two studies provide evidence that coping skills can be effectively taught to children, who can then bring these skills with them into adolescence to help cope with life stressors.

Previous Research on Intervention Studies

The final section of the literature review consisted of locating research on intervention studies, both Canadian and International research. This review examined both normal anxiety and anxiety disorders. Several studies from Australia, the United States, and Canada, have examined the effectiveness of school-based interventions targeted at decreasing anxiety symptoms through various coping mechanisms, gender

differences in coping strategies and interventions, and meta-cognition in adolescents (Berry & Hunt, 2009; Brandibas et al, 2004; Fisher, Masia-Warner & Klein, 2004; Mi Sung, Puksar & Sereika, 2006; Pincus & Friedman, 2004). All studies reviewed consisted of inclusion criteria which required participants to meet a certain score on an anxiety measurement tool or scale.

These studies highlighted the factors associated with adolescent anxiety and the usefulness of school-based interventions to assist with coping and psychological well being through prevention programs. All of the studies used specific tools to measure the levels of anxiety, coping strategies, and other co-factors such as depression and self-esteem. Measurement tools used in the studies included self-reports such as the Screen for Child Anxiety Related Emotional Disorders (SCARED), Bullying Incidence Scale (BIS), Coping-Response Inventory-Youth (CRI-Y), State-Trait Anger Expression Inventory (STAXI), Reynolds Adolescent Depression Scale (RADS), Rosenberg Self-Esteem Scale (RSES) and a child self-report checklist of coping. Cognitive-behavioural and school-based interventions were also used including the Skills for Academic and Social Success (SASS). In addition, two of the studies used structured interviews based on four hypothetical stressful scenarios to evaluate coping responses (Berry & Hunt, 2009; Brandibas et al, 2004; Fisher, Masia-Warner & Klein, 2004; Mi Sung, Puksar & Sereika, 2006; Pincus & Friedman, 2004).). Interventions used in each study consisted of behavioural interventions through groups sessions, psycho-education, realistic thinking, and social skills aimed at reducing anxiety. No qualitative studies were located that addressed adolescents' experiences of normal anxiety during high school or that addressed high school-based interventions on coping with adolescent anxiety.

Two of the previously mentioned quantitative studies also examined gender differences in anxiety and coping (Berry & Hunt; Mi Sung et al.). Both studies involved measuring the levels of experienced anxiety among participants using a self-reported anxiety inventory scale. Inclusion criteria for both studies were based on anxiety scores that were greater than those of the general population. The first study tested the efficacy of an intervention for anxious adolescent boys (n=46) experiencing bullying at school, using a randomized control trial. Measurement tools in this study included the Screen for Child Anxiety Related Emotional Disorder (SCARED) and the Bullying Incidence Scale (BIS). Results revealed that through a cognitive-behavioural intervention aimed at targeting individual factors which increase adolescents' vulnerability to bullying, boys were able to reduce their bullying experiences, anxiety, and depression (Berry & Hunt). The second study was a cross-sectional study that evaluated coping levels, psychosocial factors, and gender differences associated with anxiety of rural adolescents, males and females (n=72). Measurement tools used in this study included the Coping-Response Inventory-Youth (CRI-Y), State-Trait Anger Expression Inventory (STAXI); Screen for Child Anxiety Related Emotional Disorder (SCARED) Reynolds Adolescent Depression Scale (RADS) and the Rosenberg Self-Esteem Scale (RSES). The findings showed that adolescents living in rural communities had significantly higher levels of avoidance coping types than the normative samples. Avoidance coping strategies resulted in increased health problems and health risk behaviours (Mi Sung et al.). Results from both studies revealed that adolescent boys and girls differ in their levels of anxiety and coping strategies. Increased awareness of the needs of each gender is critical in developing

programs targeted at this population. Neither study specified if the anxiety experienced by the adolescents was considered normal or pathological.

Two studies were located during the literature review that examined the role of meta-cognition and cognitive risk factors during adolescence. The first study was an exploratory study utilizing 185 adolescents in the Baltimore-Washington region of the United States. Adolescents completed a Childhood Anxiety Sensitivity Index, measuring their levels of anxiety related to various situations (Dia & Bradshaw, 2008). The second study explored meta-cognition in relation to adolescent worrying, using a sample of 72 adolescents aged 11-16 years. Participants were asked to complete three questionnaires, Multidimensional Anxiety Scale for Children (MASC), Penn State Worry Questionnaire for Children (PSWQ-C) and Meta-Cognitions Questionnaire-adolescent version (MCQ-A) (Wilson et al, 2010). Both studies revealed cognitive risk factors to include anxiety sensitivity, negative affectivity and positive affectivity. Adolescents' meta-cognitions about worry and their inability to control their worrying were associated with increased worrying and anxiety among adolescents (Dia & Bradshaw, 2008; Wilson et al, 2010). These two studies are evidence that the identification of risk factors for adolescent anxiety is critical for the development of prevention and early intervention programs for adolescents as well as utilizing the school environment to address adolescent coping (Berman et al, 2006).

Summary and Gaps in the Literature

To summarize, the literature review provided much quantitative research surrounding adolescent anxiety, worry, gender differences, and school based-interventions and reinforced the lack of qualitative research studies. There was an

abundance of quantitative research on specific anxiety disorders in adolescents, evaluation of anxiety scales, treatment methods such as behavioural interventions, and comparative studies on gendered differences and outcomes of anxiety and adolescence. There was, however, no qualitative research found on the lived experience of everyday anxiety among adolescents. Since many young people experience this type of daily anxiety in their lives, it reinforces the need to gain a better understanding of the lived experience of everyday anxiety among adolescents during high school. An in-depth exploration of everyday adolescent anxiety can create consciousness raising for health care providers, specifically nurses, to understand the lived experiences of normal anxiety among adolescents to better support their needs and provide health-promoting interventions.

Statement of the Problem

As demonstrated by the review of the literature to date, and by the identified lack of qualitative research examining the lived experiences of anxiety during adolescence, it is crucial to understand the experiences of living with everyday anxiety in adolescents for the promotion of their mental health and prevention of further mental health problems later in life.

Study Purpose

The purpose of this phenomenological study was to gain an understanding of the lived experience of everyday anxiety among adolescents during high school.

Statement of Research Question

What is the lived experience of everyday anxiety among adolescents during high school?

Sub- Questions

1. What would you like from the health care system to further your healing and coping with anxiety?
2. What would you like to see from the school system to assist you with your anxiety while attending school?

Methodology

The methodological framework used to guide this study involved a philosophical inquiry of an interpretive and phenomenological nature as articulated by Merleau-Ponty (1962) and van Manen (1998) was. Phenomenology is a philosophy with epistemological and ontological branches that influence knowledge development (Mackey, 2004).

Phenomenology is used to describe one's lived experience, while interpretive phenomenology describes how one interprets life. It is a human science that studies people or persons, referring to the "uniqueness of each human being while trying to understand the lived structures of meanings" (van Manen 1990, p.4). I chose to use an interpretive phenomenological approach, as it allowed me to explore essential truths about the phenomenon of anxiety, grounded in the lived experiences of the adolescents themselves (Polit & Hungler, 1997).

According to Merleau-Ponty (1962) and his philosophical view, people exist in a "pre-given world", whereby their existence consists of being born from and within a never finished world, and where they continuously learn about themselves. I wish to focus my research on discovering the experiences of living with anxiety; therefore each participant's body is a perceived entity, acting in the world in which he/she lives and discovering the world's place in time and structure (Sadala & Ardono, 2002).

Using the viewpoints of van Manen (1990) and Merleau-Ponty (1962), I wished to explore each participant's understanding of embodiment, as being situated and relational, or as "being-to-the-world". This refers to the idea that human knowledge is relational, temporal, and present in the world, instead of just being a static object in the world, independent of the researcher. According to van Manen (1990), Merleau-Ponty offers four existentials: "1. Lived body (Corporeality) 2. Lived space (Spatiality), 3. Lived time (Temporality), and 4. Lived human relation (Relationality)" (p.101). These four existentials were utilized and reflected upon throughout the research process to understand the realities of the participants and their lived experiences of anxiety, and to allow the findings to be grounded on the fundamental life world structures which all human beings experience, although not all in the same ways. The four existentials described above "can be differentiated from one another, but cannot be separated because they work together through the lived body in time, space and relations to form an intricate unity called the life world, our lived world" (van Manen, 1990, p.105). As human beings, our existence is shaped by our experiences, which are always lived in the context of our bodies, located in a given space, and within a temporal landscape in the social boundaries of the past, present and future (van Manen). These experiences and human relations are central to our embodied meanings and purpose for life. When looking at the phenomenon of anxiety, a person's lived experiences through these four existentials shape his/her perspectives of the whole meaning of the phenomenon. The four existentials of lived body, lived space, lived time, and lived human relation are categories for phenomenological questioning, reflecting, and writing (van Manen, 1990). (Appendix A).

Methods

Sampling strategy

A purposive sample was utilized to obtain rich data and gain an in- depth understanding of living with everyday anxiety from the perspective of high school adolescents. Strategies to recruit participants for the study included utilizing intensity and snowball sampling. Intensity sampling consists of information-rich cases that manifest the phenomenon of interest intensely, but not extremely (Patton, 2002). This method of sampling allowed for the collection of potential, information-rich participants who intensely possessed everyday anxiety. Participants enrolled in the study could also suggest other friends or family members also living with everyday anxiety or members of the health care team could suggest other potential participants suitable for the study.

In interpretive phenomenological studies, sample size is determined based on themes or recurring patterns of meaning (ideas, thoughts, feelings) throughout the emerging data (van Manen, 1990). Eight to 12 participants is considered a sufficient sample size to allow for rich descriptions and recurring patterns meaning (Morse, 2000). The final sample size for this study was eight participants.

Potential participants (males and females) were recruited from physicians' offices of primary care teams within Hamilton and surrounding area. This strategy ensured that participants had sought treatment in the past or were currently seeking some form of treatment for anxiety. Treatment could have been provided from either their family physician or mental health counsellor to help prevent further or the re-occurrence of symptoms while they shared their experiences during the study. Primary care teams were utilized because they provide consistent standard of care and counselling (within each

practice facility) from healthcare team members, including medication to treat symptoms of anxiety, or weekly counselling sessions providing behavioural therapy for adolescents.

Employed members of the primary care teams, including physicians, nurses and child and youth mental health counsellors introduced the study to participants who they felt met the requirements for the study based on the inclusion criteria (Appendix B1). If participants were interested in participating in the study, they were given a separate letter of information (Appendix B2) and my contact information (Appendix C) and asked to contact me to arrange a meeting to further discuss study details and inclusion criteria.

If recruitment for the study was low, alternative methods of participant recruitment would have been utilized. These strategies included recruitment through local youth support groups provided through Hamilton Public Health and the Hamilton Family Health Teams and through the public and Catholic school boards in Hamilton. Recruitment for this study was not a problem and I did not have to utilize either one of these strategies as recruitment at the physicians' offices provided the required number of participants for the study. Adolescents wanted to have the opportunity to talk and participation in the study gave them the opportunity to do so.

Inclusion Criteria

Inclusion criteria included the following: adolescent aged 18 to 24 years, who is presently attending high school or has attended high school within the public or Catholic school boards in Hamilton in the past but currently not attending (attended within the last five years). Adolescents who were currently not attending high school or had attended in the past were included to try and capture the variety of experiences with everyday anxiety during high school, as well as afterwards. This was done to try and encompass a post-

high school experience of everyday anxiety and capture any growth or decline in their anxiety before or after their high school experience. Participants must have sought help for their everyday anxiety during the past year (e.g., pharmacotherapy and/or counselling) from a health care member employed by a primary care team or must have attended a youth support group provided by Hamilton Public Health and the Hamilton Family Health teams. Participants had to be experiencing everyday anxiety that was not formally diagnosed as an anxiety disorder by a health care provider. Participants did not need to have a formal diagnosis of anxiety disorder as this study aimed to explore the “normal” everyday anxiety, experienced by most adolescents. Participants had to be able to communicate fluently in English.

Exclusion Criteria

Exclusion criteria included adolescents who had never attended high school and those who had been diagnosed with an anxiety disorder.

Data Sources: Collecting the Data

The main form of data collection for this study were one-on-one semi-structured interviews with the adolescents (Appendix D). The semi-structured guide provided a flexible tool and topic guide in which to capture a wide range of information from all participants, giving them the opportunity to express their feelings and share their lived experience of everyday anxiety (Polit & Beck, 2008). Participants were asked to sign a consent form, prior to starting the interview (Appendix E). Participants were then asked to complete a demographic questionnaire, which gave further information regarding their age, schooling and status of their anxiety (Appendix F). As the researcher, I encouraged participants to talk freely about their stories, providing as much detail as they wished. I

engaged in in-depth interviews with each participant to foster prolonged engagement. I created a dialectic relationship, through interactions and dialogue with each participant to obtain deep insights and understandings of the lived experience of everyday anxiety among adolescents. Although the interview guide was used, I allowed for flexible conversations and opportunities to veer away from the guide if necessary. I gave all participants a choice in how they preferred to have the interview conducted; one-on-one interviews or group interviews. None of the participants chose group interviews. All interviews were conducted at a convenient time and location of the adolescent's choice. Interviews lasted from 25 minutes to one hour, and were conducted separately on a one-on-one basis with each participant. Interviews were digitally recorded and uploaded into a password-protected computer. All interviews were transcribed verbatim upon their completion. Field notes were kept throughout the interviews to capture what was occurring during the interview and to further elicit an understanding of living with everyday anxiety. Reflective journaling occurred post-interviews around any observations I made during the interviews, including body language and facial expressions and my own personal feelings. I also wrote notes on various recurring themes or imminent thoughts I experienced while listening to the stories. Post-interview procedures included listening to each recorded interview to ensure audibility and completeness and to look for any gaps or follow-up questions that could be used if participants were re-contacted later (Polit & Beck, 2008).

Data Analysis

Van Manen (1997) uses six interactive approaches for data analysis in interpretative phenomenology. They include 1. Orienting oneself to the phenomenon of

interest and explicating assumptions and pre-understandings; 2. Exploring experiences as lived through conversation rather than as we conceptualize them; 3. Reflecting and conducting thematic analysis to characterize the phenomenon through interpretations of conversations; 4. Describing the phenomenon through the art of writing, thinking, reflecting and recognizing in order to create depthful writing; 5. Maintaining a strong relation to the primary question about the phenomenon; and 6. Considering parts as wholes to balance the context in which the research is taking place (Van Manen 1997, p.30). These six interactive approaches facilitated reaching an in-depth understanding of the lived experience of everyday anxiety among adolescents during high school. As suggested by van Manen (1998) the use of temporal, spatial, relational, and bodily existentials to guide the analysis yields a richly-textured understanding of the embodied nature of living with everyday anxiety among high school adolescents. Overall, the data was analyzed through systematic readings of each transcript to reveal recurrent themes, capturing the emergent themes in writing, re-writing, and finally pulling the participants stories together to form a narrative (Finlay, 2006).

I personally listened to the recorded interviews and transcribed verbatim each onto a Word document. I systematically listened to each recording while reading through the transcript to check for accuracy. For each hard copy of the interviews, I performed an initial coding by reading through each transcript, looking for any words or phrases that were repeating throughout the transcript. This allowed me to obtain a sense of the whole. I highlighted similar words and phrases with various colours to help organize the data into tentative categories. The tentative categories were discussed with the research committee and four of the participants from the study. This process allowed for

reflection and discussion about the results and coding. Once all of the transcripts were coded and categorized, I moved to a higher level of abstraction by collapsing the categories into three main themes and sub-themes

Rigor

Rigor in phenomenological research is determined by whether or not the study is believable, accurate, correct, and useful to people beyond those who have participated in the study (Sanders, 2003). Hermeneutics is a process for bringing out or exposing what is normally hidden in human experiences, while looking for meaning embedded in common life practices (Lopez & Willis, 2004). In interpretive phenomenology, it is assumed that there are multiple, intangible mental constructs that are social experiences, as well as local and specific in nature. Therefore, the researcher and participants are linked interactively so that the findings are created as the investigation occurs (Guba & Lincoln, 1994). Four methods identified by Guba and Lincoln were utilized to ensure trustworthiness and authenticity. These included credibility, transferability, dependability and confirmability.

Interpretive phenomenological inquiry gains credibility by capturing the experience as it is lived and perceived by participants (Benner, 2000; van Manen, 1998). An interpretive phenomenological study is credible when it represents an accurate account of the participants' experiences, as defined by the participants themselves. A credible study is one which elicits a phenomenological nod, insofar as we recognize the experience as our own or potentially our own (van Manen, 1998). To increase credibility of this study, "member checks" were utilized. I wished to ensure my interpretations were accurate representations of their experiences; thus, I followed up with each of the

participants via the phone to review the written narratives from the transcribed interviews. I did not provide any written material to the participants. I reviewed with them the codes, categories, and themes, as determined by my analysis. Four of the participants responded and provided further clarification and an understanding was reached that made the most sense of the experience.

Transferability was accomplished by ensuring a detailed description of the setting in which the research was conducted to provide readers with enough information to be able to judge the applicability of the findings to other settings. Dependability was achieved by providing an audit trail (documentation of data, methods, and other research decisions) which can be judged for external scrutiny. Finally, confirmability was achieved through triangulation of data, researcher, and context to invoke auditing as a means to demonstrate quality (Guba & Lincoln, 1994). Triangulation was achieved through on-going feedback with the thesis committee through the data analysis process. Furthermore, reflexive journaling throughout the research process helped to establish confirmability. Journaling included common themes as determined solely from the interviews, my personal feelings after hearing the narratives, potential follow-up questions for participants, personal accomplishments throughout the study, and potential future issues and concerns.

Ethical Approval

Ethical approval to conduct this inquiry was granted by the Review Board of Health Science Research Involving Human Subjects at the University of Western Ontario. A letter of information outlining study details, goals and objectives was provided to participants and informed consent was obtained from all participants prior to data

collection. Parental consent was not necessary as all participants were over the age of 18 years. Approval was obtained from the Hamilton Family Health Team to conduct the study through the physician offices within the primary health care team. A copy of the proposal and a separate letter of information were sent to each of the primary health care offices to be reviewed by members of the healthcare team at each practice facility being utilized in the study and to obtain their support.

Every effort was made to ensure confidentiality of participants. All information was kept in a locked cupboard and a password protected computer system for any transcribed information. The locked cupboard and computer were located at the home office of the Masters student, located in Hamilton Ontario. Only the Master's student and members of the thesis team had access to the data. Identifiable information (e.g., signed consent forms) was stored separately from other data and was kept in a locked filing cabinet in the office of the primary investigator, located at the University of Western Ontario. No names or other identifiers will be used when reporting study findings in future publications or presentations. All information will be shredded after five years of study completion or publication.

There were no predicted risks to the study participants. Furthermore, the right of participants was protected by allowing them the opportunity to decline or withdraw from the study at any time or if it elicited an overwhelming emotional response or feelings of uncertainty. Information regarding crisis hotlines, local community resources and places of contact for adolescent mental health services were provided to participants.

The Participants

The following section provides a brief description of each study participant. Their names were changed to pseudonyms for the purpose of confidentiality. The study comprised three males (Matt, Anthony and James) and five females (Erin, Dani, Hailey, Michelle and Jessica). Six of the participants were interviewed at my current place of employment, a family physician's office located in Hamilton. Two participants (Matt and Anthony) were interviewed at their current post-secondary schools, as per their request because of convenience. All participants were between the ages of 18 and 24. All of the participants attended high school within Ontario. Six participants attended high schools within Hamilton, one in Waterdown and one in Bracebridge. All of the participants had experienced everyday anxiety during their high school careers and had sought some form of treatment in the past (counselling, family physician, and pharmacotherapy). Despite experiencing everyday anxiety, all participants have been able to deal with their issues and continue to live a relatively normal life. At the time of the interviews, Hailey, Michelle, Jessica, Matt and James were still participating in regular counselling sessions with a healthcare provider.

Erin

Erin is a 21 year old female, currently living in a small town, outside of Hamilton, Ontario. Erin is an only child and lives at home with her parents. Currently, Erin is a police foundations student. She has completed all course work and has attempted to complete her physical and written exam. However, her first attempt at the exam was unsuccessful. She is training and studying to re-do the exam in the near future. She is

currently employed for Service Ontario. Upon successful completion of her exam, she will move to the police academy located nearby.

Her initial experiences with anxiety began as a young child, after experiencing a traumatic episode in her life (she did not wish to get into details regarding the specific episode). After this episode, she became very anxious and worried that it would happen again. She became emotionally scared, as she described it. Her anxiety and worrying developed into an everyday occurrence, often interfering with some of her daily activities. Erin struggled during high school because of her inability to formulate relationships with other students because of her anxiety. She was continually questioning her own abilities and comparing herself to others. As she continued her studies into college, she continued to worry and question her choices in life. Coming from a family of police officers, she assumed her role in life was to become a police officer. However, she noted that although she has completed her course work and is working towards completing her physical and written final exam, she is not sure if she made the right career choice. She is worried that her anxiety will interfere in becoming a successful police officer. Although Erin is still experiencing anxiety, she is not currently seeking any medical treatment or counselling.

Dani

Dani is a 22 year old female, currently living in the City of Hamilton. She is the middle child of three in her family. Her parents are still married and living in a small, northern town in Ontario where she was born and raised. She attended elementary, middle and high school in the same city in northern Ontario. She then moved to Hamilton to continue her education at McMaster University. She is presently enrolled in the

Medical-Radiation Sciences program, and completing her final clinical placement at a hospital.

Dani notes her anxiety being primarily related to her school work. Although it initially began during high school, it increased during her university career. She describes herself as a smart and talented student, always striving to do her best at school. She told me that her Type A personality causes her to worry about always being perfect. She strives to do the best possible work that she can and gets disappointed when her grades do not match the effort she had put into her work. Wanting to become a doctor has placed a great deal of pressure on her because she needed to get very high marks, while participating in various extra-curricular activities. This caused her on-going anxiety throughout her education.

Hailey

Hailey is a 21 year old female, also living in Hamilton. She is a single mother to a two year old daughter. Hailey is the youngest child of two in her family. Her parents are divorced. Hailey was initially from a small city, but moved to Hamilton after finishing grade 8. She started her high school education in grade 9 in Hamilton. During this time, she moved out of her parents' home and moved in with her grandmother, also in Hamilton. Hailey did not like the hostile environment created by her parents. Their constant fighting and arguing made it difficult for Hailey to feel comfortable at home and added to her anxiety. She did not get along with her parents and often found herself disagreeing and arguing with them.

Moving to Hamilton before high school was difficult for Hailey. She was forced to leave all of her friends and start from scratch at a new school. Her experiences at the Hamilton high school were not very pleasant ones. She found it challenging to make friends and found herself depressed and unmotivated. With encouragement from her grandmother, she moved to another high school, also in Hamilton, at the beginning of grade 10 to try and start fresh again. She was able to make friends and feel more comfortable in her new environment. However, her anxiety was still an issue for Hailey. She often missed school and did not complete her homework because of her anxiety. When she was 18 years old, Hailey became pregnant with her boyfriend of three years. She dropped out of high school. They decided to proceed with the pregnancy and nine months later, Hailey gave birth to a baby girl.

A year after her baby was born; Hailey went back to night school to complete her high school diploma. She felt more comfortable at night school because she did not have to deal with the high school environment. She currently lives in her own apartment with her daughter. She is attending hair dressing school in Hamilton.

Matt

Matt is a 23 year old male. He lives at home in Hamilton with his married parents. He is the oldest of two. He was born and raised in Hamilton, attending both elementary and high school in the Hamilton Wentworth Catholic District School Board. After high school, Matt continued his education at a local college, where he is currently completing his final year in the architecture program.

Matt first noticed his experiences with anxiety during high school. Most of his anxiety was centered around personal health and worrying about everyday occurrences. Worrying about his health caused him to experience some physical symptoms of anxiety, including chest pains, shortness of breath, and acid reflux. In return, Matt struggled during high school. He notes being very moody and lazy. His anxiety and worrying resulted in lack of sleep, which affected his attendance during high school. He also struggled at home with his parents. Although they were extremely supportive and helpful, Matt's attitude often caused tension amongst his family.

Eventually, Matt sought medical help for his anxiety and attempted to uncover the root of his problems. He felt that he needed to deal with his health issues which, in turn, would help his anxiety. To date, Matt does continue to experience anxiety, but is better at controlling his symptoms. This has resulted in an overall improvement in his health, home life, and school life. The relationship with his parents has improved and he is very happy at school.

Michelle

Michelle is a 20 year old female, living in Hamilton. She is the only child of a single mother, with whom she currently lives with. She was born in Eastern Canada because her mother left Ontario when she became pregnant. Her mother was not married and, therefore, left because she felt unable to face her family at the time. She later returned to Ontario after Michelle was born.

Michelle was the only participant to disclose having experienced physical abuse, starting as early as elementary school in grades one and two. Throughout her schooling,

she struggled with fitting in with other children because of monetary differences and not being able to keep up with the latest trends. However, as Michelle moved onto middle school and high school, she was able to meet a good group of friends and finally fit in. Although she is behind in her current schooling because of other health issues, she plans on finishing high school and continuing onto college.

Jessica

Jessica is an eighteen year old female, still completing high school. She was born and raised in Hamilton and currently living with her parents, who are still married despite having some marital issues and a potential separation in the future. She has one sister, who is currently living away at university. Jessica struggles with her relationship with her older sister because they do not agree on a lot of things and she feels as though her sister acts like her mother. Jessica is currently attending a self-paced high school in Hamilton, where she is struggling to maintain her attendance, grades, and extra-curricular activities.

She first noticed her anxiety as a young child, but was not able to recognize that it was in fact anxiety, until she was much older. Fights with her parents and sister would often cause her to worry and fear at home. Once she realized that her worry and fear was anxiety, her problems seemed to escalate. Upon starting grade nine, her marks began to drop and her parents began to question her about the changes they saw. Jessica began comparing herself to other classmates, which worsened her self-doubt and put her into a depression. Although she is still struggling with her anxiety and depression, she is trying to improve her school marks and increase her attendance. She will be returning for a 5th year of high school and then plans to apply to a university program.

Tony

Tony is a twenty year old male, completing his university degree in Geography. He was born and raised in Hamilton and currently living with his parents. He has one older sister, who also lives at home. Tony comes from a very close family which often enjoys holidays and vacations together. Tony has a girlfriend and a large group of friends with whom he often goes out. Tony first noticed his anxiety during high school. At the time, he was experimenting with different groups of friends and illegal substances. Although he acted rebellious during high school, he maintained his marks and continued his education.

Most of Tony's anxiety is centered on school and presentations. He often misses school and tutorials because he is afraid of being asked to speak in front of the class. Tony is still able to maintain a positive social life and is no longer associating with the same friends as he did during high school. He is focused and ambitious; however, his anxiety does disrupt his concentration and makes it difficult to complete tasks.

James

James is a twenty four year old male, currently completing teachers' college. James was born and raised in Hamilton, where he completed his elementary and high school education in the Catholic school system. He completed his degree at McMaster University in geography and religion. James currently lives at home with his mother and younger brother. He was an avid hockey and soccer player and spent most of his spare time together with friends and family.

James always remembers struggling with anxiety and obsessive-like behaviours. However, he stated that his anxiety worsened with the sudden passing of his father less than two years ago. The loss of such an important model and friend left James lost. He struggled to wake up in the mornings and to live a normal life. Instead, he focused more on his obsessive behaviours, which simply added to his anxiety. He eventually completed his application for teachers' college and has been successful in the program thus far. However, he still struggles with anxiety, specifically around still living in the same house that he was in when his father passed away. James continues to seek counselling for the loss of his father and his anxiety.

Findings

Three main themes and eight subthemes emerged from the data analysis of the adolescents' experiences of living with anxiety during high school. The themes are reflective of the lived body in time, space, and in relations with others. The themes were: 1. The embodied experience of anxiety with the subthemes of the body responds and the constant running mind of worry and fear; 2. Feeling uncomfortable in the lived space of school with the subthemes of the lived relations of bullying, the internal/external space of isolation, the constant pressure to perform well, and life will get better and; 3. Life at home with the subthemes of the lived space of home and the lived relations of pressure from parents. Excerpts from the participants' interviews are used to illustrate each of the three main themes and subthemes. Phenomenological description building towards a structured thematic analysis, will help to delve deeper into adolescents' experiences of living with anxiety. Suggestions for improvements within the health care and school systems as proposed by the adolescents are also discussed.

1. The Embodied Experience of Anxiety

A common theme among all participants was the embodied experience of anxiety with the subthemes of the body responds and the constant running mind of worry and fear. Anxiety always had some effect upon the body/mind of the adolescents. The embodied experience of anxiety reflects the lived experience of anxiety through the body and the mind together in space, time, and relations; therefore, adolescents' embodied experience of anxiety affected their lived space at home and school and affected their relations with others. All participants experienced individualized effects on their body/mind while experiencing an episode of anxiety. The subthemes of the body responds and the constant running mind of worry and fear are discussed next.

The body responds

The bodily symptoms were both internal (felt only by the individual experiencing it) including increased heart rate, upset or nauseous stomach and sweating and external (could be viewed by others) including sweating, rashes on the skin, heavy breathing or shortness of breath. Internal bodily symptoms were not necessarily visible for others to see. Michelle describes her experiences with the internal symptoms:

“Yes, umm, the fast heart rate and sweaty palms, I still definitely get. Nothing too crazy, like I didn't get sick to my stomach or headaches or anything like that. But definitely, when I feel myself getting anxious, my heart starts to beat quickly and my hands sweat. No one can really tell that its happening, but I can definitely feel it inside of me.”

Phenomenologically, we know the lived body records everything (Ray, 2009).

Many of the feelings that arose within the adolescents' lived body were a result of experiencing anxiety on a daily basis. Internal feelings of sadness decreased motivation

and overall doubt of one's self, and often left adolescents feeling sick (i.e., nauseous) and worthless at times.

External symptoms were the result of both anxiety attacks and prolonged anxiety experienced on a daily basis. Anxiety attacks were triggered by various situations, such as having to write an exam or complete a presentation in front of a large group. Attacks caused adolescents to experience symptoms that affected their lived body in time. External symptoms included sweating, rashes on their skin and muscle trembling. Some participants noted feeling nauseous and sometimes inducing vomiting in order to feel some relief. Attacks lasted for various amounts of time, depending on the situation.

Other bodily symptoms of anxiety were not caused by an actual anxiety attack, but were the result of continuous anxiety experienced on a daily basis. Erin describes her physical effects of living with the stress of anxiety:

“Like a lot of what goes on in the personal life is shown through in other areas like school, work and social areas. Stress has a very umm, interesting way of showing itself. Like, I have stress in between my fingers, like its peeling because of the stress. It actually shows through in different ways, it comes through the body in different ways. Physical signs of anxiety, you know”

Erin experienced anxiety and stress on a daily basis, so although she did not have anxiety attacks often, her lived body reacted to the daily experiences of anxiety, as evidenced through other aspects of her health. For the participants anxiety was felt as an embodied experience. No one could see the anxiety, but nevertheless, it was a real, physical experience for the adolescents.

The poem *Anxiety*, written by Stewart (2007), describes his experiences as a teenager during high school. Stewart was not a strong student and did not enjoy attending high school. However, he excelled in English class and decided to use his struggles with

anxiety and write them down on paper. His poem depicts his embodied experience both in body/mind as experienced by the adolescents interviewed for this study:

Anxiety

Fearing the future
 My eyes aching from the dark
 I am sleepless
 I am crazy
 Is this normal?

Sum on my chest
 Needles in my back
 I am dizzy
 I am nauseous
 Does everyone feel this?

My tongue is swelling
 I feel so strange
 I am thirsty
 I am terrified
 What is going to happen tomorrow?

One of the participants used her bodily symptoms of anxiety to actually try and deal with her anxiety. During anxious times in her life, she used the anxiety symptoms her body was experiencing, such as body and muscle shakes to teach herself how to calm down and relax. Hailey states:

“I decided, like now, the way I handle it. I get so worked up to the point where I shake. I start shaking like a leaf. And I feel a burning sensation, almost like heartburn that goes all the way down to my stomach. And so I usually then just sit down and cry, or I try to put on a smile and pretend like it’s not there and everything is ok. This usually helps me feel better and deal with the anxiety”

Although Hailey was experiencing negative effects of anxiety, instead of fighting her symptoms, she took advantage of them and used them to help calm her mind and let herself relax in her lived space. Other participants expressed not being able to control their embodied responses to anxiety until they identified and were able to deal with what

was specifically causing their anxiety. Matt described that his anxiety was actually caused from worrying about his own health. The constant worrying caused his shortness of breath, pain under his ribs, and acid reflux. Until he was able to address his own health issues, he was not able to deal with his anxiety.

“Well what happened was that my stomach pains were caused by the stress, because it was like things would happen, I would get more anxiety and more stressed out and my pain would get worse. So, my stomach kind of calmed down now because I’ve learned to deal with my anxiety”

Addressing the actual causes of adolescent anxiety typically resulted in improvements in adolescents’ overall health and well being. Once they were able to control their embodied symptoms, they often found their anxiety had improved. They no longer felt alienated or left out while trying to hide their symptoms. The embodied experience of anxiety was dependent on each individual’s experience; therefore, coping strategies and solutions were specific for each participant.

The constant running mind of worry and fear

The constant running mind of worry and fear was a common subtheme of the embodied experience of anxiety among all of the participants. They described feelings of not being able to clear their thoughts because they were always thinking about something. They described the feeling as having a person in their head who was continually talking and who they could not control or shut off. Their noisy and busy mind made it difficult to concentrate, especially at school because they were constantly thinking about other things in their life. The inability to shut off their thoughts and relax created problems in all aspects of their life, such as socializing with others, sleeping at night, and focusing on tasks. Their lived bodies could not fully participate in their lived environment and in

relationships with other beings in the life world because they were unable to stop the constant noise in their heads. Participants worried and feared over different areas of their day-to-day life, resulting in fluctuations in their personal environment.

Adolescents' running mind of worry and fear was often a result of imminent situations in their life. For many participants the worry and fear was uncontrollable and they could not get their mind to focus on anything else at the time. Many participants worried a lot about various aspects of school. Hailey explained how she worried about simply attending school and what others were thinking of her:

“Yea, like those girls just caused me more stress and anxiety. So if I hung out with the guys, I didn't have to worry about that type of thing. Like I was always worried about what people were thinking about me, or how they were looking at me, so it made my anxiety a lot worse, you know?”

Hailey's worry created a negative association with school which, to this day, has not left her body/mind. Hailey has not been able to let go of the fears of attending high school and is living her past time in school in the present. Merleau-Ponty (1962) conceptualized the embodied person as existing in a knot of relationships that opens a person to the world. The body catches, comprehends and responds to the communications of other people. Hailey's body has not been able to adjust to the negative relations created with other students around her while in high school. Her past time in high school is something she struggles with on a daily basis and it continues to have a negative impact on her present lived time. She stated that even when riding the bus or going to the mall and seeing groups of girls nearby, echoes of past negative experiences bring her embodied experience back into her past lived time in high school. We are continually affected by temporality. Our past experiences affect our current experiences in time and lived body

and will later affect our future experiences. Past, present and future temporalities are all interconnected.

Many participants simply worried about what others were thinking of them while at school. They continually questioned what people were thinking or doing and worried that they were not good enough to be around other people. Erin expressed experiencing this type of worry on a daily basis. She was constantly battling between the thoughts in her mind and the reality she was experiencing. She found herself overanalyzing all situations in her life, especially with regards to other students at school:

“I was just worried that I don’t fit in. Like certain things, did I say something wrong? Or like how others are viewing me. High school is a very difficult thing. It is a very caddy environment, especially among females. So if you’re not popular or smart, it’s just very clicky, so I had a lot of anxiety. And I kind of over analyze in my head that I’m not good enough and I tend to block myself off from certain situations.”

Commonalities were found among most of the adolescents who worried about tests, presentations or simply failing a task. They expressed fears of disappointing those around them, especially themselves. Worry and fear over success at school was a large factor in the adolescents’ “felt” anxiety. They worried about performing well and always trying to achieve the highest marks possible and when they didn’t do as well as they had planned, their anxiety worsened. Erin stated

“Simple things, like big exams. I have big anxiety, I don’t know if it is a fear of failing or having a mind blank when sitting down and writing the test. Big presentations because I am more concerned with what the person was thinking of sitting in front of me or how they were doing it or was I good enough. You know simple things like did you look ok, you know? Simple things like that.”

Dani also experienced similar worrying over achievement in high school. Although she was a strong student, she worried that she might not do well enough, resulting in further anxiety. She said:

“I was always kind of just like stressing about school. I feel like I am type A personality where I want everything to be a certain way. I didn’t have a problem completing my work, but always worrying about getting perfect was my problem.”

Whatever the adolescents were worried or scared about, it ultimately had an effect on their embodied experience of anxiety and high school experiences. It affected their school work, attendance, and relationality with those around them as well as their ability to focus on the present lived time because of continuous worry.

They also worried about other aspects of their life, some of which were not in their control. Health was a significant area of worry, both for themselves and their family members. Matt explains his constant worry over his personal health and the effects on his anxiety:

“If something happened, I would just kind of worry about it. I had asthma and allergies, so I would always worry about that....especially the asthma. I was worried that the smoking was affecting my asthma, which was then adding to my anxiety.”

Erin worried about the health of her parents because she was an only child. If something happened to her parents, she would be left alone. The idea of being alone was distressful for Erin. She said:

“I had fears of my parents dying and how I was going to deal with it because I was an only child. Things that are way beyond time, like years and years away, but me totally thinking of them and worrying for them and how I was going to be.”

Erin was living her present time while worrying about issues such as death of her parents in the future. Worry and fear over health issues were a contributing factor in adolescent anxiety. Not knowing what would happen to them or their families, and uncertainty about future events, contributed to some distress and fears of the unknown for adolescents.

Lived time is reflected in the way a person understands oneself from the past and how

they project into the future (Benner, 2000). Worrying over various aspects of their life often overpowered their ability to experience time in the present and to be fully present in their lived body and lived space. Worrying interfered with their ability to create rich human relations in their lives world and affected their school work and abilities to socialize.

The adolescents' embodied experience of anxiety in their bodily responses and the constant running mind of worry and fear created unease not only in the external lived spaces in which participants found themselves, but also, the internal space within their own body, especially their mind and thoughts. The constant running mind of worry and fear over aspects of their life resulted in unsettling feelings within their own heads and increased their anxiety. This created unease for the adolescents. Jessica states:

“I can't sit here and say I've felt completely comfortable in my home, which is kind of hard because you are supposed to be comfortable in your own home environment. My head just wouldn't stop talking. I couldn't relax, I couldn't concentrate. No matter where I was, something was always talking inside of me, which further added to my anxiety.”

Dealing with constant thoughts and a running mind of worry and fear added to adolescent anxiety, resulting in feelings of discomfort, even when participants were at home. The inability to stop their thoughts left adolescents feeling even more anxious and worried over things they could not always control. In the following poem, the author (T.T, 2011) describes his idea of anxiety and worry and its impact on his internal lived space:

Panic

It creeps inside you.

The agitation begins.
You try to calm yourself.

But it doesn't matter.
Everything is overwhelming.

People.
Places.
Things.
It bothers you insanely.

Borderline crazy.
You begin to wonder if this
is your eternity?
Hopefully, not.
But, probably so.
Maintaining and
managing is all we get.
Sometimes, I laugh at trying
to make the most of it.

Learn how to deal.
Learn how to retrain the brain.
Why does it behave this way?
You really concentrate.
Or,
so you think.
Actually,
all you did was blink.

Nothing happened.
Unable to make sense,
you reach out for help.
Realizing this is not the person
you were meant to be.

Uncertainty prevails.
The feeling of anxiety.
A horrible thing the
brain does to you.

Turning.
It is always turning.
A change of mind so common.

Then, the panic creeps in once again.
So I try to find the feeling before it all happened.
I breathe and picture something funny.

It goes away.
 It creeps back.
 Always continuing the cycle
 over and over and over again.
 More than likely, you know this feeling.
 You will just have to admit it.
 Then, manage.
 A balancing act indeed.
 But, eventually autonomic

The poem reflects how adolescents feel during periods of high anxiety. Even during un-stressful situations, the constant running mind of worry and fear of the adolescent caused distress and discomfort in the body as well. Anxiety is a constant cycle of ups and downs, coming and going without any notice. Although adolescents try to hide or control their symptoms, such as sweating, freezing in one spot, panicking during tests/presentations they are often unable to. Their life, as stated in the poem becomes a balancing of symptoms, trying to maintain normalcy, while experiencing the feelings associated with anxiety.

2. Feeling Uncomfortable in the Lived Space of School

The embodied experience of anxiety during high school was a significant factor in the overall lived experience of school and personal achievements for all the participants. The embodied experience of anxiety had an impact on their day-to-day activities at school and experiences with friends. Not being completely comfortable within their own bodies and minds often caused the adolescents to become anxious in the lived space of their schools. The participants' embodied experience of anxiety during high school was significantly affected by their individual high school situations, previously experienced, or currently are still experiencing. The adolescents vividly described their embodied experiences in relation to the lived space and lived human relation surrounding them

during high school. All participants described experiencing some form of uncomfortable and painful situations while attending either Catholic or public high schools. The word uncomfortable dates back to the early 15th century, defined as causing discomfort or ill-at ease (Online Etymology Dictionary, 2012). This definition relates strongly to how the participants felt while attending school. None of them felt completely comfortable or at ease in their lived space, ultimately altering their felt experience of school life (van Manen, 1990). Van Manen (1997) writes that lived space (spatiality) is “felt space” (p.102). He suggests that we may say that we become the space we are in. Their lived experiences of anxiety were often influenced by the high school environment they were attending. Erin describes her utter dislike for high school and unpleasant experiences:

“I wouldn’t say that high school was a very pleasant time, at all. I hated it, if you want the honest truth. I was never one of those girls who totally fit it. Everything was a big deal for me; everything made me nervous and anxious in school.”

With this account, Erin provided a description of her embodied experiences in the lived space in which she found herself, as well as in relation to lived time and human relations in her life world. Her lived space within high school lacked a sense of safety, and security and as a result, increased her anxiety.

Within the theme of feeling uncomfortable in the lived space of school, four sub-themes emerged from the participants’ experiences: the lived relations of bullying, isolation, pressure, and things will get better.

The lived relations of bullying

Bullying, a very popular topic today was a common subtheme among the participants’ experiences during high school. On a daily basis, several of the participants faced taunting, name calling, hitting, and social forms of bullying while attending school.

In the following account, Michelle, describes her experiences of bullying while attending school:

“I was bullied as a kid and stuff, like for being over-weight. So like, it started in grade school and I can remember as far back as grade one or two as when it started. It was mostly name calling and taunting, but it did get physical at times. They would try to lock me in a locker or push me against the fence.”

Bullying was a daily occurrence for Michelle, ultimately having an impact on her overall self-esteem and worsening experiences of anxiety. She found herself becoming more reserved and isolated from other students. Her lived relations with other students with which she shared the lived space of school created a constant threat of being hurt or alienated. The danger she experienced in the lived space of high school intensified her feelings of anxiety and worry. Similarly, Hailey also experienced significant amounts of bullying from other male and female students. She states:

“You always have to worry about the high school drama and stuff. Like, I find that you have a group of friends and then you find out a couple of your friends are going behind you back saying stuff about you and then worrying about that one big girl whose going to meet you behind that school to beat you up.”

Both excerpts from the participants illustrate the daily struggles of attending school while experiencing or anticipating the lived relations of bullying. Attending high school created a very uncomfortable lived space for both participants, routinely disrupting their embodied experiences at school. They both lived in fear of attending high school, that their relationships with those around them would be hurt or scarred. Fear of attending school relates to not knowing what they might encounter with those around them. Fear of the unknown or prolonged physical or emotional harm will affect the lived body over time and affect adolescents' relationality. Participants felt as if they were an unwanted entity in the space which they were living, which automatically increased their chances of

becoming a victim to bullying. This occurred because of their low self-esteem and inability to create relationships with those around them. They were left alone thus increasing their likelihood of being singled out with other students. James illustrates how he felt unwanted during high school:

“I think the school environment added to my anxiety. I didn’t care about making friends, or joining all the teams. I wasn’t in school to be popular. I always had a few friends that I hung out with, but it was kind of hard for me to get close to people. And even though I have a huge family, I still felt alone sometimes. And kind of isolated. Especially because of some of my other issues, I felt that I had to hide from people.”

Bullying automatically placed the adolescents at greater risk for isolation and further feelings of being unwanted, which lead to the next subtheme of isolation.

The internal/external space of isolation

All of the participants expressed experiencing internal feelings of loneliness and isolation, while attending high school. At times, lived human relations seemed almost non-existent for the adolescents because they felt very alone and unwanted. Often participants felt alone within their external lived spaces, despite being surrounded by a community of other beings. The adolescents’ internal and external lived space was altered because they did not feel a sense of “being” while attending school, because they did not feel protected, or as if they could be themselves (van Manen, 1990). Hailey recalls her experiences with dropping out of school because she felt alone at school:

“I just stopped going. But then I had a few of my friends ask me what I was doing? So I decided to start fresh at a new school and same thing. Girls will be girls, start drama and then I dropped out in grade. 10 and said forget it, I’m not going back. I just didn’t feel comfortable. I felt like I didn’t belong anywhere and I just didn’t want to deal with it anymore.”

The embodied experience of anxiety created uncomfortable internal feelings of isolation for the adolescents. They did not want their friends to know about their anxiety and felt as though they needed to hide it from others. They had to be something different in front of everyone else. Matt describes his experiences of having an anxiety attack during a class:

“When I was having an attack, I kind of singled myself out. I didn’t want to talk to anybody; I was trying to just avoid everything and everybody. And because I am a guy, I didn’t want to tell anyone what was going on. I felt like I had to put up a front in front of my friends and stuff.”

Matt’s embodied experience of anxiety altered his external lived space and his day-to day existence while attending school. Hiding his internal feelings of anxiety added more pressure for Matt as a student and resulted in further isolation. This further isolation added to feelings of loneliness, as though they had no one to turn to. At times, they felt alone and unloved. This worsened their anxiety and made them feel as if they did not deserve a companion or love. A poem by Diana Esther (2003) describes her feelings of isolation and loneliness, similar to how the adolescents described their feelings of isolation while attending high school. In the poem *Retreat*, Diana portrays her presumptions of being wanted and retreating back into life:

Retreat

Barry’s gone. Drifted away.
I thought I deserved him.
And love.
Presumptuous, wasn’t I?

Well, Mom was right again.
She always says, “The meek shall inherit the earth.”
She says, “When we get high and mighty
And better than others,
We get knocked right back down.
Where we belong.”

Well, I'm here again, Lord. At the bottom.
 I'm learning, though. Learning slowly.
 I don't walk up to life
 Straight ahead anymore

I ease into it, sidle up to it.
 Flinching.
 Waiting to see what it will slip me this time.

I've been training myself
 To tiptoe in,
 Not approach it head-on,
 A sideways shuffle,
 Then I scamper back.
 Before anyone notices me.

The embodied experience of anxiety among adolescents created internal feelings of isolation and an external lived space of isolation because they often kept their pain and suffering silent. To them, their embodied experience of anxiety is filled with the internal/external space of isolation and feeling unwanted. The internal and external space of isolation closely overlaps with the previous subtheme of bullying. The lived relations of bullying are a reminder of their inability to fit in and be a part of the group, a constant reminder of the external lived space of isolation amongst school mates. Therefore, their invisible and silent wounds created by their embodied anxiety remains with them until they are able to reveal their struggles and deal with their issues.

The constant pressure to perform well

The subtheme of the constant pressure to perform well was evident among many of the adolescents' experiences of high school. There were various events that elicited feelings of the constant pressure to perform well at school and to fit in with their school mates. The overall pressures of performing well in the lives of the adolescents ultimately worsened the embodied experiences of anxiety and over-shadowed the positive

experiences of attending high school. Because of the constant pressure to perform well, the adolescents felt a sense of loss of control and identity in regards to lived relations with others.

According to some of the adolescents, the constant pressure to perform well at school included achieving high marks in all subject areas and participating in extra-curricular activities. Both these demands were considered strong qualities in a high achieving, well-rounded student. The ability to succeed in course work and maintain a lively extra-curricular student life was considered important by all the adolescents. Grades were considered a very important aspect of high school because high marks are needed in order to get into post-secondary education, such as university. Dani explains her embodied experience of anxiety as worsening when the pressure of achieving marks became more vital to her future education:

“I definitely noticed it starting to creep up towards the end of high school. I didn’t find the work hard, but as I went through the years, the importance of my marks was becoming more and more important because I wanted to get into university. So I kept putting pressure on myself to do well and that’s when the anxiety started getting worse.”

Dani explained that the school work itself was not difficult for her to complete. She always found school easy. Dani was unsure of why she wanted everything to be perfect. She was not satisfied with just doing well. Dani’s feelings of being perfect were not uncommon among the adolescents. Many of them used the word “perfect” in their narratives. They stated they felt the pressure to always be perfect. Perfect, as defined by the Online Etymology Dictionary (2012) means to bring to full development. Adolescents were unable to determine why they wanted to be perfect or where the pressure was coming from. Most of the pressure came from within themselves to achieve

well and do as many things as possible. A short story written by Anna Quindlen (2005) about being perfect describes her thoughts on why she strived to be perfect as a teenager and her thoughts reflecting back as an adult:

“I got up every day, and tried to be perfect in every possible way. If there was a test to be taken, I had studied for it; if there was a paper to be written, it was done. I smiled at everyone in the hallways because it was important to be friendly, and I made fun of them behind their backs because it was important to be witty. And I edited the newspaper and cheered at pep rallies and emoted for the literary magazine and rode on the back of a convertible at the homecoming game and if anyone had ever stopped and asked me why I did those things—well, I’m not sure that I could have said why. But in hindsight I can say that I did them to be perfect, in every possible way.”

However, a few of the other adolescents experienced worsening anxiety during high school because they were not strong students. They struggled to achieve marks comparable to their classmates and when they did not succeed, it negatively affected on their self-confidence and worsened their embodied experience of anxiety. Jessica explains:

“It’s not even just the stress of school. It’s the stress of all my friends have always been good at school, and I have always struggled.”

Even when parents did not add extra pressure to perform well on the participant, they still felt an innate constant pressure to achieve well at school. Jessica’s lived experience was feeling less than others and incapable of undertaking the same activities as her friends. Although Jessica wanted to do as well as her friends and achieve the same results, she was unable to perform as well. It seemed that, unless they were at the same academic level as their friends, they never truly felt comfortable, ultimately adding to a heightened embodied experience of anxiety. Michelle explains her experiences with keeping up with her friends at school:

“I felt a lot of pressure with school work. I wasn’t the best in school. I didn’t get the best marks, which added to my anxiety. I always had to do well and I didn’t always do the best work, so I kind of felt bad in a way.”

The constant pressure to perform well at school was compounded by the struggle to fit in academically and socially with other students. The adolescents felt that they had to be at the same level of performing as all of their friends in order to fully be a part of their social circle. The notion of fitting in with their friends was affected by the stress of keeping up with the latest fashion trends or the newest piece of electronic equipment. Since they were only in high school, adolescents had to depend on money from their parents in order to keep up with their friends:

“Everyone had money and name brands, which was a constant reminder of what I didn’t really have. I mean, my mom tried her best, but being a single mom and dealing with her own mental health issues, made it difficult for her to keep up. I felt like I was always being watched or compared to by other students because I didn’t always have what they had.”

The adolescents noted that keeping up with trends and name brands are a large aspect of high school social life. They stated that as they aged, the importance placed on material possessions changed and they were no longer concerned with keeping up with everyone else. However, feeling uncomfortable in the lived space of school, the lived relations of bullying, the internal/external space of isolation, and the constant pressure to perform well (including the importance of material and name brand possessions) did not offer a sense of safe and secure learning environments, but rather, it forced adolescents to feel the need to keep up with everyone else to fit in, compounding their embodied experience of anxiety.

Life will get better

Many of the stories and experiences about the adolescents' lived experiences during high school were negative. However, they all noted improvements in their anxiety and personal lives towards the end of high school or upon its completion. For them, improvements consisted of being out of the lived space of high school and being able to control their anxiety so that they could function within their life again. Adolescents were able to find a group of classmates that they could trust and with whom they could feel comfortable. They tried to shift their focus away from comparing themselves to everyone else and instead tried to be happy with who they were. Michelle states:

“I found my own group of a few people I could trust and just stuck with them. I didn't try to keep up with everyone around me. I just focused on being ok with me.”

Although Michelle experienced a very unsafe and uncomfortable lived space during middle school, she was able to find her niche or space in high school and allow herself to feel comfortable within her high school environment. Although she still struggles with being shy and experiences symptoms of embodied anxiety, she is now able to maintain positive lived relations with her parental figures and classmates.

Altering their lived space enabled the adolescents to deal with their embodied anxiety and have a sense of comfort in knowing things will get better. For them, comfort meant feeling at ease in their surrounding environments. It included being able to act like themselves without the constant worry about the various aspects in their surroundings.

Hailey described her experiences after changing schools:

“I decided to go to a school for adults, like continuing education. Because that way it was only adults and I didn't have to worry about the other kids and all of the other stupid stuff.”

After Hailey dropped out of high school, she moved to an adult-only school. Leaving the lived space of high school eased her embodied anxiety. Hailey recalls that after moving to the adult-only school, she felt a sense of relief and freedom from the constant suffering of embodied anxiety she experienced during high school. A change in lived space, allowed her to have a new sense of her embodied experience and a fresh start away from the constant struggles she faced during high school.

Adolescents also felt that they needed to deal with their embodied anxiety directly before they could feel completely better in their life world. All participants stated that they had to find ways to deal with their anxiety including coping with their feelings, before they could create positive lived human relations with those around them. For example, Matt struggled within the healthcare system to get help for his anxiety. He was moved around to various health care workers, all of whom told him to take medications and to just deal with his anxiety. This was very frustrating for Matt, and created a very hostile lived space at home and unsettled feelings for him. Until Matt dealt with his underlying issue of embodied anxiety, he was not able to feel better. He explained his experiences with treatments:

“So like I was still having the shortness of breath and breathing issues all the time, so then umm, I actually started going to a naturopath. I started taking different vitamins and stuff to help, which so far has been good.”

Matt was able to realize that he needed help and when the health care system failed him, he tried other options to deal with his embodied experience of anxiety. He was able to engage in human relations with others who could help him deal with his problems. Once adolescents felt a sense of relief and they received help suitable to their needs, they were

then able to deal with their anxiety. They centered on the help they received from others that they turned to in times of need to find that there was a light at the end of the tunnel.

While speaking to each of the participants, I felt a sense of hope or feelings that, in the future, life will get better. Although their stories started off in a very negative and bad place, as they aged and learned to cope with their embodied anxiety, they all expressed a renewed sense of hope in knowing that their lives would get better. Tony stated:

“I still have anxiety, but I learned how to deal with it. High school was only one small aspect of my life and I knew that in time, things would get better. I just had to coach myself through some of the stressful situations and work through them. My parents kept telling me that things would get better and I would start to feel better. I didn’t want to believe them at first, but eventually I did. And things around me did get better. I had hope in knowing that my anxiety would not ruin my life”.

3. Life at Home

Life at home was the third theme that emerged from the interviews with the adolescents. The subthemes of the lived space of home and the lived relations of pressure from parents ultimately contributed to their experience of embodied anxiety. Their narratives included both positive and negative factors at home that influenced their anxiety. Their experiences at home affected aspects of their school and social lives. Many of the adolescents’ personal identities were affected by life at home during a critical stage in their development. Life at home included the lived space of home and the lived relations of home which involved pressure from parents. .

The lived space of home

The adolescents’ lived space of home included families whose parents were still married and those whose parents had divorced. They included both supportive and non-

non-supportive households. Hailey describes her move to Hamilton and how her lived space at home affected her anxiety:

“When we first moved here, my parents were like always fighting, always fighting all the time. And that just like set me over. The constant noise and screaming at home literally haunted me. It just made my anxiety worse. And even when I was away from my house, I could still feel the tension. It was like I couldn’t escape.

Hailey found herself living in a very hostile and unhealthy lived space, which ultimately forced her to move away from home. The lived space of home created the “felt” space of unease and increased her anxiety. Even when separating from the home, Hailey still carried those unsettling embodied feelings. Hailey’s lived time at home was hostile, resulting in a lack of relations with her parents, ultimately framing the level of embodied anxiety she experienced.

Another participant, Jessica, experienced similar anxieties stemming from her lived space at home. She compared her lived space at home to that of others around her, such as her friends. She felt as though her life at home was so different from her friends, making her feel uncomfortable bringing other people to her lived space:

“I compare myself to other families. Like all my friends and their families appear to get along. Everything seems perfect. Even though I don’t know everything about them, it all just seems a lot better than what I see at home. My life at home is very loud, lots of yelling and fighting. We are never happy. It’s just different than my friends I guess. I’m scared to have friends over because it’s like my family doesn’t have a filter. Who knows what is going to happen at any given moment.”

Jessica felt worthless when comparing her lived space of home in relation to those around her. She was not able to relate to others’ lived experiences of home because she felt hers were so different from others’.

Hostile lived spaces experienced by adolescents caused them to want to leave home. The lived space of home no longer offered a sense of comfort and security. They would do anything to escape their life at home. The unease of having a loud and unfriendly life at home increased adolescent anxiety, even when they found themselves in situations outside of the home, such as at school.

Other adolescents, despite experiencing anxiety, reported the lived space of home as very positive and supportive. This made their experiences with anxiety and dealing with their personal issues much easier and safer. Michelle experienced anxiety on a daily basis at home; however, support from her mom at home and a safe lived space made her experiences with anxiety much easier. She recalled:

“My mom’s a big motivator. She was always very supportive of me and did her best to try and help me. I was never scared to talk to her or tell her about my anxiety. This made it much easier to deal with the anxiety.”

Having a positive lived space at home, a place to feel safe and secure in, helped adolescents deal with their embodied experience of anxiety. Although they still had experiences with anxiety outside of the home, they were able to return to the lived space of home and feel safe.

The lived relations of pressure from parents

The adolescents often experienced pressure in their relations at home, mainly from their parents. The demands placed on the adolescent by their parents resulted in feelings of not being good enough and increased anxiety. One participant, Jessica, was experiencing a great deal of pressure from her family at home. She was continually being compared to her older sister, who was academically sound and maintained extra-curricular activities. Her parents were always criticizing her for her inabilities and she

was continually faced with criticism. This ultimately had an impact on Jessica, causing her to become depressed and causing her further academic issues at school:

“I am already stressed enough because I am in high school. And I am in a self-paced school. I am probably not the best for being at a self-paced school, but it’s kind of too late to leave now because I am in gr.12. So like all the stress of school, plus the stress of family made me worse. The constant fighting at home and my mom getting mad at me for not doing well in school just added to it. Plus they always compared me to my sister which I didn’t like it. I felt like I wasn’t enough.”

Although it seemed like they wanted the best for Jessica, the constant reminders of her inabilities and failures created tension at home and made Jessica’s experience of embodied anxiety worse. The built-up expectations from all areas of life increased adolescents’ anxiety, often causing them to break down with frustration. Jessica stated:

“Everything in my life was just getting to me. I had pressure to perform at school, pressure from my friends, who were looking out for my best interest, but still added to my anxiety because I was comparing myself to them. And then pressure from my mom. She over-reacts about things. And I dunno I just don’t know what to do anymore. It is very frustrating.”

The lived relations of pressure from parents was also felt when trying to deal with embodied anxiety. Adolescents reported that their parents did not always understand how they were feeling or what they were experiencing with the anxiety, which added more pressure. Matt describes his struggles with gaining support from his parents:

“I was stressed out a lot. I was always going back and forth with my parents. So, it wasn’t the best situation. I mean, in high school, I didn’t have the best behaviour. Same thing when it came to like being diagnosed. They were always just like, you have to calm down, this and that. No one was really helping me figure it out; rather they were just telling me what I had to do.”

In conclusion, the participants’ lived experiences of anxiety during high school resulted in three common themes, ultimately affecting their embodied experience of anxiety in their life worlds. Although all participants struggled with their embodied

anxiety during their time in high school, they were all able to find a form of treatment or solution for their anxiety. In time, these adolescents felt better about their anxiety and were able to return to their normal life.

Proposed Changes to the Health Care System

Participants were asked to comment on the Canadian health care system and suggest any changes that they would like to see from the system, with regards to adolescents experiencing everyday anxiety.

Overall, adolescents felt that there is not a well-established and structured mental health program for adolescents (aged 18-24 years). They were all unaware of any current mental health program specific for their age. Many of them expressed feeling caught in between; too old to participate in child-based mental health programs and too young for adult centered programs. They stated that mental health promotion should be part of their regular check-ups with their family doctor. This action would eliminate the associated stigma with getting help for the adolescents and make it easier for them to discuss their anxiety with their physician.

Another suggestion proposed by the participants was to decrease the “push” from health care workers, for young people to go on medications, such as anti-depressants or anxiolytics. Participants felt they were frequently pressured into taking medication to deal with their anxiety, instead of trying non-medicinal methods, such as counseling or cognitive behavioural therapy. Jessica describes her concerns and the pressure she felt to start on a medication from her family physician and her concerns:

“One thing I haven’t agreed with was the whole, pressure to go on medication. I don’t totally agree with it. That’s just me. I wanted to deal with my anxiety in my own way, not just taking medication. And I felt like my doctor was putting pressure on me to start a med because it would make me feel so much better. I just

think it's an easy way for them to get me out of the office. Write a prescription and kick me out. I felt like he wouldn't give me other options to help me. Sometimes meds aren't always the right answer."

Proposed Changes to the School System

Participants were also asked to comment on their feelings about the school system and if they had any proposed changes that could benefit students dealing with anxiety.

These adolescents were not able to determine what would make their anxiety easier regarding the actual school system or routine school day. However, all participants commented on the idea of utilizing teachers to their fullest potential in educating students about anxiety and ways of coping.

With respect to the teacher's role, Jessica felt strongly about the influence, both positive and negative that a teacher can have on adolescent anxiety:

"Some teachers, they just don't understand you when you try to tell them what is going on. I feel they should educate teachers more on like, different things that could be going on with students....different disorders and issues. Some teachers just think you are making an excuse. But like for me, my mom was emailing, I had proof something was going on. Some of them were very helpful. They let me carry over work and continue it this semester because they knew what I was going through."

Discussion

It is important to discuss the findings from this study in regards to implications for nursing. Nurses are in a unique position to create therapeutic relationships with their patients (Lemmon, Elisabeth & Stafford, 2007). Nurses have the potential to address all three themes as determined by this study. The findings indicate adolescents need time to address and vocalize their issues about everyday anxiety. Knowing the stories of adolescents living with anxiety will allow nurses and other health care professionals to truly assess their patients' needs and provide appropriate care. Nurses can take the time to

evaluate adolescent's experiences with anxiety (physical and emotional aspects), school success and family life during routine visits to the physician's office, or if students are seeking help at school through a public health nurse.

Nurses can work together with adolescents to create realistic goals in addressing their anxiety. Adolescents need to be involved in their care and be able to make decisions regarding their choice of treatment. Although in some cases pharmacotherapy might be needed, youth should not be pressured into this method of treatment and should have a choice in their care. If common goals are created, success can be measured on an on-going basis, giving youth strength and encouragement when coping with their anxiety. Within the school environment, nurses can work with teachers to support adolescents with everyday anxiety by collaborating with other educators, parents, and the community.

Teachers are able to identify potential areas of struggle or anxiety-provoking activities within the classroom (Fisher, Masia-Warmer & Klein, 2004). Although large class sizes can pose a challenge, teachers can gear their lessons or activities by addressing the needs of each student and differentiating instruction to accommodate a student's anxiety. Open communication must be maintained among teachers, school nurses, parents, and students in order to effectively work together as a team to support students' success (Fisher, Masia-Warmer & Klein).

In conclusion, the study revealed three common themes among adolescents experiencing anxiety during high school. Themes included the embodied experience of anxiety, feeling uncomfortable in the lived space of school and life at home. Anxiety has an impact on adolescent's body and mind, both of which are interconnected. The physical symptoms associated with anxiety can cause further worrying and feelings of unease for

adolescents. The inability to stop their minds from continually worrying about things often out of their control added to their embodied anxiety. Worrying about their health, family members and the future often interfered with adolescents' abilities to be fully present in their body and mind, while experiencing time in the present. In addition, worrying led to distress in their relationships with others, affected their school work and their ability to socialize. The physical and mental aspects of anxiety affected adolescents' abilities to function at school. Feeling uncomfortable in their lived space of school was affected by peer bullying, feeling isolated, and the constant pressure to perform well, compounding their embodied experience of anxiety. Furthermore, experiences of bullying were a continual reminder of feeling singled out and unable to fit into a peer group. The lived space of isolation forced adolescents to feel invisible, carrying silent wounds created by anxiety.

However, once they were able to understand that they were experiencing anxiety and its impact on their everyday life; adolescents were able to find strategies to help them cope. This shed light on the fact that they felt hope for the future in that everyday anxiety would not evolve into an uncontrollable disease, but rather an aspect of their life they were now able to control. Everyday anxiety would not be their defining factor in life, rather a hurdle they have overcome.

References

- Altshuler, J.L., & Ruble, D.N. (1989). Developmental changes in children's coping with uncontrollable stress. *Child Development, 60*, 1337-1349.
- American Academy of Child and Adolescent Psychiatry. (1997) Practice parameters for the assessment and treatment of children and adolescents with anxiety disorders. *Journal of the American Academy of Child and Adolescent Psychiatry, 36*(10), 69-84.
- American Psychiatric Association (2000). Manual of Mental Disorders, 4th ed. Retrieved April 3rd, 2012 from <http://books.google.ca/books?hl=en&lr=&id=3SOrtpnHb9MC&oi=fnd&pg>
- Anonymous (2011). Poem: High Anxiety. Retrieved April 10th, 2012 from <http://www.helium.com/items/2125555-anxiety>
- Anxiety Disorders Association of Canada (2003). Treatment guidelines for Social Anxiety Disorder. Retrieved February 5th, 2012 from http://www.anxietycanada.ca/english/pdf/sad_guidelines.pdf
- Band, E.B. (1990). Children's coping with diabetes: Understanding the role of cognitive development. *Journal of Pediatric Psychology, 15*, 27-41.
- Band, E.B., & Weisz, J.R. (1988). How to feel better when it feels bad: Children's perspectives on coping with everyday stress. *Developmental Psychology, 24*, 247-253.
- Benner, P. (2000). The roles of embodiment, emotion and life world for rationality and agency in nursing practice. *Nursing Philosophy, 10* (1), 5-19.

- Berry, K., & Hunt, C.J. (2009). Evaluation of an intervention program for anxious adolescent boys who are bullied at school. *Journal of Adolescent Health, 45*, 376-382. doi:10.1016/j.jadohealth.2009.04.023
- Berman, S.L., Weems, C.F., & Stickle, T.R. (2006). Existential anxiety in adolescents: Prevalence, structure, association with psychological symptoms and identity development. *Journal of Youth and Adolescents, 35*(3), 303-310. doi: 10964-006-9032-y
- Bettmann, J.E., & Jaspersen, R.A. (2009). Anxiety in Adolescence: The integration of attachment and neurobiological research into clinical practice. *Clinical Social Work, 38*, 98-106. doi: s10615-009-0235-z
- Birmaher, B., Ryan, N.D., Williamson, D.E., Brent, D.A., Kaufman, J., Dahl, R.E., et al. (1996). Child adolescent depression: a review of the past 10 years. Part 1. *Journal of the American Academy of Child and Adolescent Psychiatry, 36*, 610-621.
- Bollnow, P.F. (1961). Lived Space. *Philosophy today, 5*, 31-39
- Borkovec, T.D., Shadick, R.N., & Hopkins, M.R. (1991). *The nature of normal and pathological worry. Chronic anxiety: Generalized anxiety disorder and mixed anxiety-depression.* (pp 29-51). New York, NY, US: Guilford Press.
- Brandibas, G., Jeunier, B., Clanet, C., & Fouraste, R. (2004). Truancy, school refusal and anxiety. *School Psychology International, 25*(1), 117-126. doi: 01430343040362299
- Broadwin, I. (1932). A contribution to the study of truancy. *American Journal of Orthopsychiatry, 2*, 253-259.

- Brookman, R.R., & Sood, A.A. (2006). Disorders of mood and anxiety in adolescents. *Adolescent Medicine Clinics*, 17(1), 79-95. doi:10.1016/j.admecli.2005.10.001
- Brown, J.M., O'Keeffe, J., Sanders, S.H., & Baker, B. (1986). Developmental changes in children's cognition to stressful and painful situations. *Journal of Pediatric Psychology*, 11, 343-357.
- Byrne, B. (2000). Relationships between anxiety, fear, self-esteem and coping strategies in adolescence. *Adolescence*, 35, 201-215. Retrieved on October 4th, 2011 from <http://www.eric.ed.gov/ERICWebPortal/search/detailmini>
- Burns, C.E., Brady, M.A., Dunn, A.M., & Starr, N.B. (2000). *Pediatric Primary Care: A Handbook for Nurse Practitioners* (2nd ed.) United States: Elsevier, Moby & Saunders Publishing
- Cantwell, D.P., Lewinsohn, P.M., Rohde, P., & Seeley, J.R. (1997). Correspondence between adolescent report and parent report of psychiatric diagnostic criteria. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36, 610-621.
- Chesney, M.A., Neilands, T.B., Chambers, D.B., Taylor, J.M., & Folkman, S. (2006). A validity and reliability study of the coping self-efficacy scale. *British Journal of Health Psychology*, 11, 421-437. doi: 135910705x53155
- Coolidge, J.C., Willer, M.L., Tessman, E., & Waldfoegel, S. (1960). School phobia in adolescence, a manifestation of severe character disturbance. *American Journal of Orthopsychiatry*, 30, 599-607.

- Dia, D.A., & Bradshaw, W. (2008). Cognitive risk factors to the development of anxiety and depressive disorders in adolescents. *Child Adolescent Social Work Journal*, 25, 469-481. doi: 10560-008-0156-7.
- Erickson, E.H. (1959). *Identity and the life cycle in psychological issues*. New York: International University Press
- Erickson, E.H. (1968). *Identity: Youth and Crisis*. New York: Norton
- Esther, D.E. (2003). *Out of Incest and Abuse: A book of Hope*. Ontario: Mini Mocho Press.
- Finlay, L. (2006). The embodied existence of multiple sclerosis: An interpretative-phenomenological analysis. In L.Finlay & C.Ballinger (Eds), *Qualitative research for allied health professionals: Challenging choices* (p.185-199). West Sussex, England: John Wiley & Sons.
- Fisher, P.H., Masia-Warner, C., & Klein, R.G. (2004). Skills for social and academic success: A school-based intervention for social anxiety disorder in adolescents. *Clinical Child and Family Psychology Review*, 7(4), 241-249. doi: 4037/04/1200-0241/0.
- Frydenberg, E., & Lewis, R. (1994). Coping with different concerns: Consistency and variations in coping strategies used by adolescents. *Australian Psychologist*, 29(1), 45-48.
- Grunbaum, J., Kann, L., & Kinchen, S. (2004). Youth risk behaviour surveillance- Unites States, 2003. *Journal of School Health*, 74(8), 307-324.
- Gross, C., & Hen, R. (2004). The developmental origins of anxiety. *Nature Review: Neuroscience*, 5, 545-552.

- Guba E., & Lincoln, Y. (1994). Competing paradigms in qualitative research. In N.Denzin & Y.Lincoln (Eds). *Handbook of qualitative research* (pp.105-117). CA: Sage.
- Health Canada. (2002). *A Report on Mental Illnesses in Canada*. Ottawa, Canada.
Retrieved on October 10th, 2011 from http://www.phac-aspc.gc.ca/publicat/miic-mmacc/pdf/men_ill_e.pdf
- Institute of Health Economics. (2010). *The Cost of Mental Health and Substance Abuse Services in Canada: A report to the Mental Health Commission of Canada*.
Retrieved June 2nd from <http://www.ihe.ca/documents/Cost%20of%20Mental%20Health%20Services%20in%20Canada%20Report%20June%202010.pdf>
- Johnson, A.M., Falstein, E.I., Szurek, S.A., & Svendsen, M. (1941). School Phobia. *American Journal of Orthopsychiatry*, 11, 702-711.
- Jones, D. (2011). A goal versus a journey: With the crushing pressures on young people increasing, the role of formal education in their lives is being questioned. *The Vancouver Sun*, A.19. Retrieved on April 3rd, 2012 from <http://search.proquest.com.proxy1.lib.uwo.ca:2048/canadiannews/major/docview/242577462/13663B8181319F710BE/8?accountid=15115>
- Kail, R. V., & Barnfield, A.M.C. (2009). *Children and their development (Canadian ed)*. Toronto, ON: Pearson Canada.

- King, N.J., & Bernstein, G.A. (2001). School refusal in children and adolescents: a review of the past 10 years. *Journal of the American Academy of Child and Adolescent Psychiatry, 40*, 197-205.
- King, M., & Hoessler, C. (2011). The Health of Canada's Young People: a mental health focus. Retrieved on May 4th, 2012 from <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/hbsc-mental-mentale/family-famille-eng.php#Com1>
- Kinnunen, P., Laukkanen, E., Kiviniemi, V., & Kylma, J. (2010). Associations between the coping self in adolescence and mental health in early adulthood. *Journal of Child and Adolescent Psychiatric Nursing, 23*(2), 111-117. doi:10.1111/j1744-6171.2010.00230.x
- Kisch, J., Leino, V., & Silverman, M.M. (2005). Aspects of suicidal behaviour, depression and treatment in college students: results from the Spring 2000 National College Health Assessment Survey. *Suicide Life Threatening Behaviours, 35*(1), 3-13.
- Last, G.C., Francis, G., Hersen, M., Kazdin, A.E., & Strauss, C.C. (1987). Separation anxiety and school phobia. A comparison using DSM-III Criteria. *American Journal of Psychiatry, 144*, 653-657
- Lemmon, K.M., Elisabeth, M., & Stafford, E.M. (2007). Recognizing and Responding to Child and Adolescent Stress: The Critical Role of the Pediatrician. *Pediatric Annals, 36* (4), 225-231.

- Lopez, K.A., & Willis, D.D. (2004). Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qualitative health research, 14*(5), 726-735. doi: 1049732304263638.
- Mackey, S. (2004). Phenomenological nursing research: methodological insights derived from Heidegger's interpretive phenomenology. *International Journal of Nursing Science, 42*, 179-186. doi:10.1016/j.ijnurstu.2004.06.011.
- Merleau-Ponty, M. (1962). *Phenomenology of perception*. M.Smith (Trans), New York, NY: Routledge.
- MiSung, K.M., Puksar, K.R., & Sereika, S. (2006). Psychosocial factors and coping strategies of adolescents in a rural Pennsylvania high school. *Public Health Nursing, 23*(6), 523-530.
- Morse, J. (2000). Determining sample size. *Qualitative Health Research, 10*(1), 3-5.
- Online Etymology Dictionary. 2012. Retrieved on April 10, 2012 from <http://www.etymonline.com/index.php>
- Patton, M.Q. (2002). *Qualitative Research and Evaluation Methods* (3rd ed). California: Sage Publications Inc.
- Piaget, J. (1973). *The child and reality*. New York: Viking Press
- Pincus, D.B., & Friedman, A.G. (2004). Improving children's coping with everyday stress: Transporting treatment interventions to the school setting. *Clinical Child and Family Psychology Review, 7* (4), 223-240.
- Polit, D.F., & Beck, C.T. (2008). *Nursing Research: Generating and Assessing Evidence for Nursing Practice* (8th ed). Philadelphia: Wolters Kluwer/Lippincott, Williams & Wilkins.

- Polit, D.F., & Hungler, B.P. (1997). *Essentials of Nursing Research*. Philadelphia, PA: Lippincott.
- Public Health Agency of Canada. (2010). Trends in the Health of Canadian Youth. Retrieved May 2nd from http://www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/trends-tendances/pdf/youthtrends_e.pdf
- Public Health Agency of Canada. (2004). Young people in Canada: Their health and well-being-Chapter 10: Emotional Health. Retrieved May 2nd from http://origin.phac-aspc.gc.ca/hp-ps/dca-dea/publications/hbsc-2004/chapter_10_eng.php
- Quindlen, A. (2005). *Being Perfect*. New York: Random House, Inc.
- Ray, S.L. (2009). Contemporary treatment approaches for trauma from the perspective of peacekeepers. *Canadian Journal of Nursing Research*, 41(2), 114-128.
- Sadala, M.L.A., & Ardono, R. (2002). Phenomenology as a method to investigate the experience lived: a perspective from Husserl and Merleau- Ponty's thought. *Journal of Advanced Nursing*, 37(3), 282-293.
- Sanders, C. (2003). The application of Colaizzi's method: Interpretation of an auditable decision trail by a novice researcher. *Contemporary Nurse*, 14(3), 292-302.
- Sargeant, J. (2010). The altruism of pre-adolescent children's perspectives on "worry" and "happiness" in Australia and England. *Childhood*, 17(3), 411-425.
doi: 0907568209341087.
- Simmons, C. (1996). Cross-Cultural concepts of Adolescents in Europe, the United States and Japan. *Asia Pacific Journal of Education*, 16 (23), 53-69

- Stark, L.J., Spirito, A., Williams, C.A., & Guevremont, D.C. (1989). Common problems and coping strategies I: Findings with normal adolescents. *Journal of Abnormal Child Psychology*, 17(2), 203-212.
- Stewart, N.R. (2007). Anxiety. In: Poetry: Anxiety. Retrieved April 10th, 2012 from <http://www.helium.com/items/391426-poetry-anxiety>
- Thomas, R.M. (1996). *Comparing theories of child development*. (4th ed.). Pacific Grove, CA: Brooks/Cole Publishing Company
- T.T. (2011).Panic. Retrieved April 10th, 2012 from <http://www.helium.com/items/212555-anxiety>
- United Nations Children's Fund (2006). Adolescent Development in East Asia and the Pacific: Realizing Their Potential. Retrieved on May 2nd, 2012 from http://www.unicef.org/adolescence/files/ADAP_series_2.pdf
- Van Manen, M. (1998). *Researching lived experience*. (3rded.). London, ON: The Althouse Press.
- Van Manen, M. (1997). *Researching lived experience*. (2nd ed). London, ON: The Althouse Press.
- Van Manen, M. (1990). *Researching the lived experience: Human science for an action sensitive pedagogy*, New York: State University of New York Press.
- Van Oort, F.V.A., Greaves-Lord, K., Verhulst, F.C., Ormel, J., & Huizink, A.A. (2009). The development of course of anxiety symptoms during adolescents: the TRIALS study. *Journal of Child Psychology and Psychiatry*, 50(10), 1209-1217.
doi:10.1111/j.1469-7610.2009.02092.x
- Wilde, M.H. (1999). Why embodiment now? *Advances in Nursing Science*, 22(2), 25-38

Wilson, C., Budd, B., Chernin, R., King, H., Leddy, A., MacLennan, F., et al. (2010).

The role of meta-cognition and parenting in adolescent worry. *Journal of Anxiety disorders*, 25, 71-79. doi:10.1016/j.janxdis.2010.08

World Health Organization. (2012). Maternal, newborn, child and adolescent health.

Retrieved on Nov 5th, 2011 from http://www.who.int/maternal_child_adolescent/topics/adolescence/en/

World Health Organization/Europe. (2012). Child and Adolescent Health. Retrieved

October 10th, 2011 from

<http://www.euro.who.int/en/what-we-do/health-topics/Life-stages/child-and-adolescent-health>

World Health Organization. (2005). Promoting mental health. Concepts, emerging evidence, practice. A report of the World Health Organization, Development of mental health and substance abuse in collaboration with the Victorian Health Promotion foundation and the University of Melbourne. Retrieved on Nov 5th, 2011 from

http://www.who.int/mental_health/evidence/en/promoting_mhh.pdfhtm

CHAPTER THREE: DISCUSSION, IMPLICATIONS AND CONCLUSION

The lived experience of anxiety among adolescents during high school revealed three main themes: 1. The embodied experience of anxiety with the subthemes of the body responds and the constant running mind of worry and fear; 2. Feeling uncomfortable in the lived space of school with the subthemes of the lived relations of bullying, the internal/external space of isolation, the constant pressure to perform well, and life will get better and; 3. Life at home with the subthemes of the lived space of home and the lived relations of pressure from parents. These will be summarized followed by implications for nursing education, practice, and research as well as implications for schools and the health care system. Strengths and limitations of the study and dissemination of the findings will also be discussed.

Summary of the three themes and subthemes

Overall, the three main themes encompassing everyday anxiety as revealed by the adolescents focuses our attention to how the embodied experience of anxiety affects an individual's physical reactions, personal space within their mind, and external lived spaces of home and school. The embodied experience of anxiety among adolescents is directly influenced by their lived relations in lived time and lived space. Although the individual experiencing everyday anxiety might remain silent about their issues, or others around them are often unaware of their anxiety symptoms, it always has some form of body/mind effects that are potentially harmful over time. All participants reported some form of body/mind effects from their anxiety. The bodily experiences of anxiety resulted in altered minds, including constant thinking and worrying about aspects of their lives, for the adolescents. Ultimately, embodied anxiety affects both the body and the mind.

Worrying, a common emotion experienced by all humans is considered a normal response to stress (Wilson, Budd, Chernin, King, Leddy, MacLennan et al, 2010). The constant running mind of worry and fear among the adolescents with anxiety resulted in disruption of various aspects of their life at school and at home. The embodied experience of anxiety among the adolescents affected their lived space of school, which, in turn, influenced their participation in activities and their lived relations with other students. Discomfort within the school environment can result in adolescents avoiding activities that make them uncomfortable (Brandibas, Jeunier, Clanet & Fouraste, 2004). School refusal can then lead to long-term consequences, such as a lack of socializing and decreased friendships, which are key developmental areas during adolescence (Fisher, Masia-Warner & Klein, 2004). For the adolescents in the study, feeling uncomfortable within the lived space of school was influenced by the lived relations of bullying, the internal/external space of isolation, and the constant pressure to perform well. Although most adolescents reported improvements in their embodied anxiety after leaving high school, their time spent during school was difficult.

Although the focus of the study was on adolescent anxiety during high school, all adolescents were affected by their life at home which included their lived space and the lived relations of pressure from parents. Relationships with parents and other family members often affect the mental health of adolescents (PHAC, 2004). King and Hoessler (2011) suggest socializing that takes place within the home environment is vital in the development of positive mental health in today's youth. Safe and emotionally stable home environments often result in better mental health of children. Home environments that are hostile and full of change and un-rest result in negative mental health effects

(King & Hoessler, 2011). Life at home for participants in the study, ranged from positive and supportive families to broken homes filled with hostility and fighting. The pressure often put on adolescents by their parents lead to feelings of stress and increased anxiety. Adolescents felt as if they had to meet a certain amount of demands to satisfy their parents. The-built up expectations were felt by the adolescents living in both positive and negative home environments. A hostile and unhealthy lived space of home life created unease for the adolescents, thus increasing their experience of embodied anxiety. Adolescents who were living in homes with supportive environments found their experiences with anxiety easier and more comfortable to deal with. For these adolescents, struggles with the lived space of home affected their abilities to cope with their anxiety.

A person's ability to deal with demands and stressors of everyday life is a vital and necessary skill for healthy living. Adolescents need to utilize both cognitive and behavioural strategies to cope with everyday life stressors (Chesney, Neilands, Chambers, Taylor & Folkan, 2006). Adolescents who were interviewed agreed with this notion and stated that they needed to learn how to cope with their everyday lives in order to control their anxiety. The psychological adjustment experienced during adolescence affects their ability to deal with common everyday stress. Findings from the adolescent narratives coincide with the literature review previously discussed on anxiety. During adolescence, youth learn how to cope with life's stressors (Bryne, 2000). Normally, they learn to use a hierarchy of methods to cope with aspects of their life causing them anxiety, but these can be altered based on gender, age and family circumstances (Frydenberg & Lewis, 1994). Adolescents in the study stated that they needed to determine what was causing their anxiety and figuring out ways of coping with it. For

many, this entailed both physical and mental aspects of coping. Therefore, since anxiety is an embodied experience, learning to cope with anxiety needs to begin early in life, through the use of behavioural and cognitive methods.

Implications for Nursing Education

Anxiety is the most common mental health concern for children and young adults. If left untreated or ignored, anxiety can lead to further mental health problems, such as depression and poor social and developmental outcomes later in life (Saavedra, Silverman, Morgan-Lopez, & Kurtines, 2010). Teaching nursing students about anxiety early in their education and stressing their role in helping adolescents cope on a daily basis is an important area for nursing education. Nursing students should be taught about everyday anxiety and early detection as part of their regular schooling. In this study, adolescents felt more comfortable talking to someone younger or more their age. Therefore, nursing students are in an ideal position to relate to the needs of anxious youth and to assist them to cope with their everyday anxiety. Furthermore, young people need to be educated about their sense of self and ability to reflect. Nursing students are continually asked to reflect on their practice and experiences. However, all adolescents need to be taught how to look inside and reflect on their personal experiences of anxiety. Learning how to reflect can be integrated throughout nursing education in order for it to be brought into future nursing practice. Ongoing education is needed to ensure nurses are skilled to screen for everyday anxiety, anxiety disorders, and other mental health disorders as part of their daily practice.

Implications for Nursing Practice

It is vital that nurses and other healthcare professionals understand the unique needs of this population and gear their practice to meet these needs. Adolescence is a crucial time in human development; therefore, adolescents experiencing embodied anxiety in their everyday life must be treated with caution and care. Adolescence is a critical life transition because it is a period of growth and development, including autonomy, personal identity, and coping skills (Kinnunen, Laukkanen, Kiviniemi, & Kylma, 2010). Adolescent anxiety is directly related to the physical, social and psychological changes occurring during this transition period (Van Oort, Greaves-Lord, Verhulst, Ormel et al, 2009). The idea of health care practitioners, including nurses, physicians, mental health counsellors, and social workers, acting as stress and anxiety crisis managers is not something new (Tyrell & Bajus, 2011). They are in a position where they can identify and help adolescents cope with their anxiety.

Findings from the study revealed that adolescents felt their doctor did not take the time to listen to them or involve them in their care. They often felt pressured from their family physician to use pharmacotherapy to address their everyday anxiety. They were left stranded with ways to actually deal or cope with their everyday anxiety and felt as if the medication would simply cover up their anxiety and not address their actual issues. This relates to creating strong relationships with adolescents. Creating a therapeutic relationship between the health care professional and the adolescent is important in establishing a trusting environment for treatment (Lemmon, Elisabeth & Stafford, 2007). Adolescents felt more comfortable talking to a nurse or counsellor, specifically someone who was younger or more their age. Health care professionals, including nurses, must be

empathetic and take the time to listen attentively to the stories of anxious adolescents. As found in this study, adolescents need time to address and vocalize their issues about everyday anxiety. Knowing the stories of adolescents living with everyday anxiety will allow the health care professional to truly assess their patients' needs and provide appropriate care.

Nurses serve as key health care professionals that most adolescents will visit, if their primary care physician employs an office nurse. Nurse practitioners and nurses working in primary care are highly-skilled professionals, who are knowledgeable about adolescents and their developmental needs. In particular, nurse practitioners have the ability to assess each adolescent and his/her family members, determining areas of strength and weakness when dealing with everyday anxiety. Furthermore, nurses and nurse practitioners are familiar with the network of resources within the community that can be accessible for patients (Lemmon, Elisabeth & Stafford, 2007). This group of highly-trained individuals should utilize their scope of practice and intervene with adolescents exhibiting everyday anxiety in primary care settings (Moldenhaver, 2004).

Interventions planned for adolescents need to be developmentally appropriate, sensitive to their needs, acceptable, and take into account the specific tasks and challenges experienced during this developmental stage (Moldenhaver, 2004). Based on the findings of this study, nurses can address this need by taking the time to discuss everyday anxiety with adolescents and utilizing appropriate age-specific tools to assess anxiety. Then can then implement various coping strategies, such as cognitive behavioural therapies and mind/body therapies. Body/mind interventions, such as meditation, breathing and relaxation, and positive self-talk, is an area of care that can be

utilized within the school and health care systems, as well as at home with support from family members. Alternatively, family members can be supported through the school and healthcare systems by creating a dual relationship to support each other. Coping can be aided with pharmacotherapy if needed; however, first line coping strategies should involve body/mind methods to recognize, address, and combat their embodied anxiety.

Addressing adolescent anxiety can also be done through improved use of a school nurse. There has continually been a link between health and learning within the classroom (CPHA, 2007). The implementation of a Comprehensive School Health Program has aimed to address the issue of improving students' educational outcomes, while addressing school health, through an integrated strategic plan, using holistic methods. This internationally-recognized framework encompasses the school environment as a whole, addressing four inter-related pillars needed for a strong foundation, including social and physical environments, teaching and learning, healthy school policy, and partnerships with services. The framework is dependent on a common vision, shared responsibility, and harmonized actions among health and education sectors. This strategy will utilize community resources and help student learners realize their full potential as healthy, productive members of society (Public Health Agency of Canada, 2008). This strategy emphasizes the need for health care to be directly integrated into the everyday schooling of today's youth. Nurses and other health care professionals can work collaboratively to promote health in the lives of adolescents.

Furthermore, this strategy might also address the stigma and isolation associated with mental illness. If all students were exposed to understanding anxiety and mental health within the school environment, those experiencing anxiety might be less

stigmatized and feel less intimidated to seek help. The school nurse can work together with teachers to promote overall mental well-being and emphasize that anxiety is a normal reaction to life's stressors. Working together in the classroom will help students understand all avenues of health and its implication within the real-world. This could shed light on those experiencing everyday anxiety by showing them the resources available within their own school and help others around them understand what they are experiencing. The comprehensive school health program has helped combine the separate sectors of school and healthcare into one. Therefore, the role of the public health nurse can be further developed into more of a primary care/counselling position to help better facilitate health promotion within the schools and be available for students needing help for mental health issues, such as everyday anxiety.

Nurses, including nurse practitioners, public health nurses, and school nurses, can play a crucial role in educating parents about anxiety. Anxious teens can often be quiet and compliant, and therefore go un-noticed by their parents. As a result, they might not receive the help they desperately need (Anxiety BC, 2011). Nurses can teach parents how to recognize signs and symptoms of everyday anxiety before the anxiety becomes more debilitating over time. Parents can play a critical role in helping their adolescent manage everyday anxiety. When coping skills and positive reinforcement are role-modeled in the home, children and teens can learn to face their fears, take risks and increase their confidence (Anxiety BC). Parents are in a key position to recognize changes in behaviour and cognition in their children act as a support system by teaching younger children positive and effective coping skills. Educating parents about anxiety and their role in helping their child cope on a daily basis is an important role for nurses.

Implications for Future Nursing Research

This study has implications for future research concerning adolescent everyday anxiety. There is a need for further research into bullying and how it affects the embodied experience of adolescent everyday anxiety, their school performance, relationships with others, and future anxiety. Research on bullying needs to include both the perpetrator and victims and examine the effects on each. Furthermore, the study findings indicate bullying can have a lasting impact on adolescent everyday anxiety. Additional research is warranted to determine effective strategies to predict and manage bullying of youth within our schools.

Additional research is needed to explore adolescents' opinions and evaluations of the health care they received, evaluate resources available to help them to effectively cope with their anxiety, and determine areas for improvement. Future research also needs to explore alternative body/ mind therapies for adolescents, such as reiki, acupuncture and forms of meditation to determine their efficacy for the treatment of everyday anxiety among adolescents. Exploring alternative treatments that can help address the body/mind connection is a potentially important area of research for the treatment of adolescent mental health issues.

Future nursing research needs to look at interventions for the treatment of everyday anxiety that can be delivered in visits with a practitioner. Nursing research needs to explore alternative interventions, such as mind/body interventions; to ensure that they are evidence-based interventions for adolescent everyday anxiety will help translate knowledge into practice. Nurses working directly with the adolescent population when treating their everyday anxiety can continue to evaluate the interventions for their

effectiveness. This can assist in creating and implementing future strategies and areas for improvement.

The importance placed on peers and social networking by adolescents can be utilized to address adolescent everyday anxiety. The use of holistic, peer support groups can be used to give young adolescents a means of taking control over their health and emotional well-being, by improving their self-care resources. This approach takes a holistic view of looking at adolescents as more than just a behaviour that needs to be changed. Instead, it looks at healing in adolescents and as a self-defined process of moving towards wholeness. A holistic peer support group would take into consideration the physical, emotional, psychological, intellectual and spiritual aspects of each individual (Nash & Ann, 2003). Future nursing research could explore the effectiveness of holistic peer support groups as an innovative way to address adolescent everyday anxiety, decrease isolation, and reduce stigma.

From the narratives of the eight participants in this study, many diverse issues arose concerning the adolescents' embodied experience of everyday anxiety during high school including bullying, lack of teacher involvement and understanding of anxiety and the general un-ease associated with the high school environment. Therefore, a secondary analysis of the data could be done in order to deepen our understanding of their embodied experience of everyday anxiety.

Implications for School Environments

The findings of this study suggest the need for improvements within high school environments. Within Ontario, over 700,000 students attend more than 850 publically-funded high schools, ranging from grades nine to 12 (Ontario Ministry of Education,

2012). The actual school environment itself poses a great stressor for many youth today simply because of the increased demands of the curriculum and importance of socialization and creating relationships with other students (Fisher, Masia-Warner & Klein, 2004). Although adolescents have always attended school as part of their daily routines, the environment in today's schools is much different than that of the previous generation of students. The increased use of technology, fast access to information, importance placed on social media, and the emphasis on the increase in bullying has changed the face of schools today (O'Keeffe & Clarke-Pearson, 2011). Technology can often be a distraction affecting youth, who are not as focused solely on academic performance, but who are also focusing their attention on their newest toy or the latest media story. However, if used appropriately, technology can be utilized in a supporting way to best address adolescent needs. Utilizing social media or on-line help websites to act as a resource for youth experiencing anxiety could incorporate the use of technology in a more positive and useful way. If Ontario high schools can continue to create health school strategies and utilize their resources, specifically teachers and school nurses, to try and address the issue of adolescent everyday anxiety, student success may increase and the stigma associated with anxiety and mental health may decrease as well.

Educating teachers to assist with anxiety

The adolescents in this study noted the role of their teachers in helping them deal with their everyday anxiety. Some had positive experiences with their classroom teachers and others felt that the teachers made their anxiety worse because they were not understanding of their situations. Teachers can play a very influential role in student life and success within high school. They have the ability to create positive relationships with

their students and act as a catalyst for promoting change in students (Fisher, Masia-Warmer & Klein, 2004; Pinicus & Friedman, 2004). Teachers can work together with students to form a trusting relationship, which can assist students to feel comfortable seeking help and confiding in teachers. They can then identify possible areas of concern within the classroom that is contributing to the anxiety. Teachers must work together with students to increase the success of each student (Fisher, Masia-Warmer & Klein). The adolescents spend most of their day at school; therefore, the school system needs to continue to support their needs first hand and continue to combine school and health for adolescents.

Teachers need ongoing education on mental health and adolescents to help them identify possible areas of struggle for their students and to assist in finding solutions. This could be achieved through improved use of the school nurse who is in a pivotal role to educate teachers about everyday anxiety and how they can better assist their students. Adolescents in this study stated that they would have appreciated help from their teachers in addressing what was causing their anxiety and working together to make it easier while at school. Utilizing the school nurse to educate teachers about some of issues faced during adolescence would provide a better support system for students.

As mentioned previously, the Comprehensive School Health Program also plays a vital role in implications for the school environment. The focus of comprehensive school health is to address the health risks associated with Canadian youth and provides a common understanding of the major benefits of school health, including student learning and self-esteem (Veugelers & Schwartz, 2010). The use of health care professionals to help create healthy school environments is an important aspect of this plan and directly

relates to the study findings. Participants did not talk about their school nurses as playing a role in their experience of everyday anxiety, which is an important finding to note. The role of the school nurse should be emphasized as a resource for adolescents to help them cope with their everyday struggles. Utilizing a school nurse to help engage students and provide equitable opportunities for all students will increase the sense of engagement in learning and in-turn increase health (Veugelers & Schwartz).

Implications for the Health Care System

The study findings suggest various implications for improvements within the health care system for adolescents experiencing everyday anxiety. In this study, the adolescents felt unaware of what resources were available to them. They mainly sought help from the family physician, often struggling with the physician's goals and their own personal goals for treatment options. Furthermore, given their age, they often felt that they were either too old for some programs or too young for others. This made it difficult for them to find the appropriate care and treatment for their everyday anxiety. Health care professionals, especially nurses, are at the forefront of the healthcare system and can help navigate the system to provide the most appropriate care for adolescents. However, many anxiety and mental health programs for youth stop at age 17, forcing adolescents to join an adult treatment program. Furthermore, most treatment programs require a referral from the family physician. The rise of adolescent anxiety and other mental health issues has created a strain on resources within the health care system. There are several inequalities in the health care system that has affected Canadian youth. Inequalities include access to health care, limited resources, availability of resources, and income of the family (which can often be a determining factor in accessing care). For example,

Hamilton has one hospital specifically operating to serve the child and youth population. Current anxiety treatment programs often have a long waiting list, forcing youth to wait for treatment, which can further add to their anxiety, and result in more drastic mental health issues and longer treatment periods. The limited access to adolescent mental health care could be addressed through increased number of specialized mental health services for adolescents within the existing health care facilities. This will increase the supply of services and make access to the programs faster and easier for adolescents.

Furthermore, creating a better structured and easier way to navigate the system will allow adolescents to feel more comfortable around navigating the system, increasing their personal advocacy. Timely and age-appropriate access to care is critical for the treatment of everyday anxiety in order to prevent it from turning into a more debilitating disorder (Wilson et al, 2010). Therefore, improved access to care is crucial for the prevention of long-term mental health problems among adolescents.

Health outcomes are strongly dependent on good policy and political decision making, and must be guided by solid research, evidence, and analysis. These policies and decisions will enhance the health and quality of life for Canada's youth and children (Health Council of Canada, 2006). For instance, policies that recommend the full utilization of primary care nurses or nurse practitioners in the provision of counseling and various treatment approaches for adolescents with everyday anxiety will help reduce wait times and improve outcomes.

Strengths of the Study

The major strength of the study is that it is the first interpretative phenomenological study on the embodied experience of everyday anxiety among

adolescents. This study was done from the perspective of adolescents themselves and allows readers to fully understand adolescent everyday anxiety through their narratives and perspectives. Although it is a phenomenological study that cannot be generalized, such knowledge about everyday anxiety, directly from the perspective of adolescents, has the potential to enhance service delivery among nurses, health care professionals, teachers, and parents. It can facilitate the development of more adolescent-specific programs and body/mind therapies regarding everyday anxiety. It can also assist in promoting adolescent mental health to remove the stigma often associated with this age group and mental health.

Allowing adolescents to use their voice and share their stories is one of the strengths of an interpretative phenomenological study. Literature shows that participants feel it is therapeutic to participate in studies when there is an opportunity for their voices to be heard (Balan, 2005).

Limitations of the Study

There are a few limitations that must be taken into consideration with this study. Although it enhances understanding of the embodied experience of everyday anxiety among adolescents, the small purposive sample, taken from only one area in Ontario does not allow the findings to be generalized to other adolescent populations who are experiencing everyday anxiety. Similarly, experiences within the Canadian health care system and school systems may also vary depending on each province, especially in regards to the availability of established health care and school-based interventions specific for adolescents and anxiety.

Experiences during adolescence vary depending on the many life factors, family relationships, high school environments, and support systems available to adolescents. The lack of diversity within the sample was limited to all white, Caucasian adolescents. Therefore, the embodied experience of everyday anxiety from the perspective of a diverse group of adolescents located across the country may vary and add a different understanding of adolescent anxiety that may not have been captured in this study.

The study was a retrospective account of adolescence experiencing everyday anxiety. The population of adolescents used in this study were between the ages of 18 and 24. The age range of adolescence is typically 10-21. The participants were considered young adults, looking back retrospectively, and reviewing their experiences of anxiety during their adolescent period in high school. Therefore, there may be some alterations in the participants' memories of their experiences of everyday anxiety during high school.

The findings from this study did not account for the views of adolescents who do not know that they are experiencing or who are in denial of their embodied experience of everyday anxiety. It also excluded those adolescents who have not sought medical treatment through their family doctor or mental health counselor. Lastly, selection bias might have also been a factor in this study as a result of the recruitment strategy. Essentially, this study recruited adolescents who were already seeking help for their everyday anxiety through their family doctor or mental health counselor, in order to prevent possible re-traumatization or further anxiety by participating in the study.

Dissemination of the findings

The findings of this research study will be disseminated in a number of ways. Firstly, the adolescents were made aware of the findings (themes) through telephone

contact or a summary of a typed copy of the results. Secondly, the physician offices within Hamilton and the mental health counselors employed by the Hamilton Family Health Team will be made aware of the findings of the study through a copy of study findings and potentially through an onsite in-service or lunch-and-learn presentation. I will also provide a presentation of the study findings for the employees and managers within the child and youth program, to help improve access and age-specific care, based on the findings. Thirdly, peer-reviewed scientific journals such as *Perspectives in Psychiatric Care* will be consulted for submission of the manuscript of the study for publication. Finally, I will arrange to present my findings to local school boards in Hamilton (at board meetings or professional development sessions) to increase awareness around adolescent anxiety and its impact on student's experiences during high school.

Conclusion

As the researcher in this interpretative phenomenological study, I have been able to achieve a personal life-goal of creating, conducting, and analyzing a research study, within my major interest of adolescent mental health. The findings from this unique study are a preliminary discovery into adolescent everyday anxiety. Everyday anxiety will have an impact on most adolescents, especially as they transition into adulthood. The participants have given me an in-depth, rich understanding of the embodied experience of everyday anxiety in lived time, lived space, and lived relations. The study has shed light on the role of nursing within primary care and school settings. It has revealed a gap in the full potential of nurses as a community resource and strengthened the need to employ more nurses to help address adolescent everyday anxiety. Furthermore, it has revealed the contributing influences within our school system and weaknesses within the health care

system. It is my hope that the findings from this research will be applied to a variety of settings to fully promote the health of our youth who are being affected by everyday anxiety. By putting the recommendations from the adolescents into practice in our schools and health care facilities, I feel it will enable adolescents to address their everyday anxiety and learn the necessary skills to feel better. This study is one of the first completed with a small group of adolescents experiencing everyday anxiety. I hope it will encourage more interest into this area for future researchers, within all areas of healthcare. Young people are one of our most valuable resources and as a society, we have an obligation to support them and ensure they have the opportunities to reach their full potential to become productive adult members of our society.

References

- Anxiety BC. (2011). *Helping your anxious child or teen*. Retrieved May 1st, 2012 from <http://www.anxietybc.com/parent/index.php>
- Balan, N. B. (2005). Multiple voices and methods: Listening to women who are in workplace transition. *International Journal of Qualitative Methods*, 4(4), Article 5. Retrieved May 1st, 2012 from http://www.ualberta.ca/~iiqm/backissues/4_4/pdf/balan.pdf
- Brandibas, G., Jeunier, B., Clanet, C., & Fouraste, R. (2004). Truancy, school refusal and anxiety. *School Psychology International*, 25(1), 117-126. doi: 01430343040362299
- Byrne, B. (2000). Relationships between anxiety, fear, self-esteem and coping strategies in adolescence. *Adolescence*, 35, 201-215. Retrieved November 10th from <http://www.eric.ed.gov/ERICWebPortal/search/detailmini>.
- Canadian Public Health Association (2007). *Health and Learning*. Retrieved May 2nd, 2012 from www.cpha.ca/en/schoolhealth.aspx
- Chesney, M.A., Neilands, T.B., Chambers, D.B., Taylor, J.M., & Folkman, S. (2006). A validity and reliability study of the coping self-efficacy scale. *British Journal of Health Psychology*, 11, 421-437. doi: 135910705x53155
- Fisher, P.H., Masia-Warner, C., & Klein, R.G. (2004). Skills for social and academic success: A school-based intervention for social anxiety disorder in adolescents. *Clinical Child and Family Psychology Review*, 7(4), 241-249. doi: 4037/04/1200-0241/0.

- Frydenberg, E., & Lewis, R. (1994). Coping with different concerns: Consistency and variations in coping strategies used by adolescents. *Australian Psychologist*, 29(1), 45-48.
- Health Council of Canada. (2006). *Their future is now: Healthy choices for Canada's children and youth*. Toronto: Health Council of Canada
- King, M., & Hoessler, C. (2011). *The Health of Canada's Young People: a mental health focus*. Retrieved on May 4th, 2012 from <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/hpsc-mental-mentale/family-famille-eng.php#Com1>
- Kinnunen, P., Laukkanen, E., Kiviniemi, V., & Kylma, J. (2010). Associations between the coping self in adolescence and mental health in early adulthood. *Journal of Child and Adolescent Psychiatric Nursing*, 23(2), 111-117. doi:10.1111/j1744-6171.2010.00230.x
- Lemmon, K.M., Elisabeth, M., & Stafford, E.M. (2007). Recognizing and Responding to Child and Adolescent Stress: The Critical Role of the Pediatrician. *Pediatric Annals*, 36 (4), 225-231.
- Moldenhaver, Z. (2004). Adolescent Depression: A Primary Care Pilot Intervention Study. University of Rochester School of Nursing. Ph.D. *Proquest Dissertations and Theses*, 1-294
- Nash, G., & Ann, K. Evaluation of a holistic peer support and education program aimed at facilitating self-care resources. *ProQuest Dissertations and Theses*, 1-205
- O'Keeffe, G., & Clarke-Pearson, K. (2011). The impact of social media on children, adolescents and families. *American Academy of Pediatrics*, 127(4), 800-804.

- Ontario Ministry of Education. (2012). Secondary Education. Retrieved May 2nd, 2012 from <http://www.edu.gov.on.ca/eng/secondary.html>
- Pincus, D.B., & Friedman, A.G. (2004). Improving children's coping with everyday stress: Transporting treatment interventions to the school setting. *Clinical Child and Family Psychology Review*, 7 (4), 223-240.
- Public Health Agency of Canada. (2004). *Young people in Canada: Their health and well-being-Chapter 10: Emotional Health*. Retrieved October 10th, 2011 from http://origin.phac-aspc.gc.ca/hp-ps/dca-dea/publications/hbsc-2004/chapter_10-eng.php
- Public Health Agency of Canada. (2008). Comprehensive School Health. Retrieved May 23rd, 2012 from <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/school-scolaire/csh-agss-eng.php>
- Saavedra, L.M., Silverman, W.K., Morgan-Lopez, A.A., & Kurtines, W.M. (2010). Cognitive behavioural treatment for childhood anxiety disorders: long-term effects on anxiety and secondary disorders in young adulthood. *Journal of Child Psychology and Psychiatry*, 51(8), 924-934. doi:10.1111/j.1469-7610.2010.02242.x
- Tyrell, A., & Bajus, J. (2011). *Public Health Services in Schools: Partnering with one local school board: Hamilton Wentworth Catholic District School Board*. Retrieved May 2nd from http://www.ctfce.ca/publications/health_learning/Issue9/Article7_EN.pdf

Van Oort, F.V.A., Greaves-Lord, K., Verhulst, F.C., Ormel, J., & Huizink, A.A. (2009).

The development of course of anxiety symptoms during adolescents: the TRIALS study. *Journal of Child Psychology and Psychiatry*, *50*(10), 1209-1217.

doi:10.1111/j.1469-7610.2009.02092.x

Veugelers, P.J., & Schwartz, M.E. (2010). Comprehensive School Health in Canada.

Canadian Journal of Public Health, *101* (2), 5-8

Wilson, C., Budd, B., Chernin, R., King, H., Leddy, A., MacLennan, F., et al. (2010).

The role of meta-cognition and parenting in adolescent worry. *Journal of Anxiety disorders*, *25*, 71-79. doi:10.1016/j.janxdis.2010.08

Appendix A

Existentials

Lived Body (Corporeality)

The existential of lived body (corporeality) refers to the idea that we are always bodily in the world. In our daily contacts with others, we first meet each other with our bodies, or bodily encounters in which various aspects of ourselves are revealed and others concealed. These aspects are then objectified by another person. Each person will interpret the other person in his or her own way. Therefore, lived body may be interpreted and understood by exploring the various qualities and aspects of each person. This “objectification of the body by another person will either lose its naturalness or enhance it” (van Manen, 1990, p.103). The lived body by which humans experience the world is both transcendent and imminent. We know transcendent things exist because we are able to see and hear them but we only experience these things through our own perspectives of the body (Merleau-Ponty, 1962). Merleau-Ponty reveals that a research tradition capable of eliciting knowledge for the body is a tradition available for research that is capable of re- conceptualizing the body outside Cartesian dualism. For Merleau-Ponty, the body becomes the vehicle by which human beings engage in the world.

The “intentional arc” is a central concept in Merleau-Ponty’s philosophy of embodiment which connects the existentials that help us to make sense of life in time and space- past, present, and future (Wilde, 1999). These four life world existentials probably pervade the life worlds of all human beings, regardless of their social, historical, or cultural situatedness (van Manen, 1998).

Thus, interpretive phenomenology is committed to an inter-subjective understanding of the body: historically situated, and relational, and defined by Merleau-Ponty (1962) as a “being-to-the-world”. Such a term suggests human knowledge is relational, temporal, and present in the world, as opposed to being objective, static, and independent of the questioner. By viewing the human subject as embodied and the body as a body-subject, each participant is viewed as embodied and the meaning of anxiety is in relation to attending high school and is understood as a composite and complex whole as experienced in the world. .

Lived Space (Spatiality)

Lived space (spatiality) is largely non-verbal, and therefore difficult to put into words. The space in which we find ourselves often affects how we feel. For example, if we are standing in a large, wide-open landscape, we may feel exposed but also free. Alternatively, if we were standing in a small, crowded room, we may feel the opposite of free, such as feeling confined. People will experience space in different ways. Children, for example, will experience space in a different modality than adults because adults have prior knowledge of the social characteristics of space (van Manen, 1990). Typically, “individuals feel a sense of “being” at home, where they can feel protected and be who they are” (van Manen, 1990, p.102). Merleau-Ponty suggests that within one’s lived space, there is both inner and outer space. Existence is spatial, through inner necessity; it opens into an “outside”. The duality of inner and outer space is fundamental to the erection of the total lived space, indeed for human life in general. The lived space outside the protective boundaries of home includes breadth, strangeness and distance (Bollnow, 1961). One can speak of mental space through a world of meanings and objects of

thought, which ultimately are constituted in terms of those meanings (Merleau-Ponty, 1962.). Overall, lived space is a category for inquiring into the ways we experience our day-to-day existence and helps to uncover more fundamental meanings of the dimensions of lived life within a given space (van Manen, 1990).

Lived Time (Temporality)

Lived time (temporality) refers to subjective time as opposed to objective time, such as that on a clock. Lived time for example is the time that seems to speed up during times of enjoyment or slows down during times of boredom or anxiousness. Lived time refers to the temporal way of being in the world. A person's past, present, and future experiences create the dimensions of the temporal landscape. For example, past experiences may influence present experiences. A person may interpret themselves as who they once were and who they are now; therefore, people create expectations and hopes of how they see the future, as they are influenced by previous experiences (van Manen, 1990).

Lived Human Relation (Relationality)

The existential of lived relation (relationality) refers to what humans maintain with others within the interpersonal space that is shared amongst them. Encounters with others occur in a corporeal way, through a bodily gesture such as a handshake or wave or by first impressions based on physical characteristics. If we indirectly hear of another person, we typically ascribe an appearance to them based on our perception. As interactions develop, we then move to conversational exchanges with others, which allow us to transcend ourselves and become members of a social or communal group. In the

bigger picture, communal interactions with others allows humans to fulfill a need in their life worlds by “allowing for a sense of purpose in life, meaningfulness, grounds for living, as in the religious experience of the absolute Other, God” (van Manen, 1990, p.105).

Appendix B1

Wednesday January 11th, 2012

Letter of Information (for Health Care Workers)

What is the Lived Experience of Anxiety Among Adolescents During High School?

Participants are being invited to participate in a study that explores the lived experience of anxiety among high school adolescents as well as the triggers, stressors, impact on school environments and possible solutions or ways in which adolescents can manage/ reduce their anxiety. Many adolescents experience periods of anxiousness, which is considered normal.

The study is being conducted by a Masters of Science in Nursing student, at the University of Western Ontario. The main purpose of this letter of information is to provide you, the health care worker, with an outline of the study details in order to help you distribute the letter and study details to patients that you feel meet the study criteria. The letter contains information to help you decide who could potentially participate in the study. It is then up to the adolescents to contact the Master's student to confirm their interest in the study. Please take the time to read this letter carefully. Please feel free to ask me any questions or to clarify any areas of uncertainty, such as words or phrases that you do not understand. This letter of information is for you to keep for your personal records.

Description of the Study

The study is about exploring the lived experience, or personal stories of adolescents living with anxiety during high school. The study will also explore some of the triggers and stressors that contribute to their anxiety and how it has impacted their school life. Finally, the study will seek to explore some of the possible solutions or ways in which adolescents can manage their anxiety. This will be done by engaging in one-on-one interviews with participants (adolescents experiencing some form of anxiety, diagnosed or not), in order to develop an in-depth understanding of their lived experience of anxiety. Through the interview, I wish to accomplish the following:

- Identify their experiences of attending high school while dealing with anxiety and how this has shaped their overall experiences of school.
- Identify what current treatments adolescents are utilizing to help cope with their anxiety.
- Identify their suggestions for improvements from the healthcare system to help cope and heal from everyday anxiety.
- Increase knowledge about adolescent anxiety in order to better support adolescent behaviours while attending high school and ways in which the school system can better support their needs.

Inclusion Criteria

In order to be eligible to participate in this study, the following is required of the participants:

- Male and female adolescents ages 18 to 24 years of age.
- They must presently be attending high school (public or Catholic school board in Hamilton) or have attended high school in the past but currently not attending (attended within the last five years).
- Adolescents must have sought help for their anxiety within the last year (eg.pharmacotherapy and/or counselling) from a health care member employed by a primary care team or
- They must be attending a youth support group provided by Hamilton Public Health and the Hamilton Family Health teams
- Adolescents may have a formal diagnosis of an anxiety disorder or may be experiencing anxiety but not formally diagnosed as having an anxiety disorder by a health care provider.
- Participants have to be able to communicate in English

Examples of potential interview questions may include:

Main Question: What is your lived experience of anxiety during high school?

Sub Questions:

1. What is your personal experience of attending high school?
2. What is your experience of anxiety while attending school?
3. Are current treatments for your anxiety helping you to cope?
4. What would you like from the health care system to further your healing and coping with anxiety?
5. What would you like to see from the school system to assist you with your anxiety while attending school?

The one-time interview will take approximately 0.5-1 hour to complete. A sample of 8-12 total participants, adolescent males and females (in a close relation) will be sought for this study from the Hamilton area

Procedure

Recruitment for this study will primarily be done by you, the health care workers (physicians and mental health counselors) from Primary Care Teams. You will approach and distribute the letter of information to those adolescents you feel fit the inclusion criteria for the study. If recruitment for the study is low, the next area of participant recruitment will be from local youth groups provided through Hamilton Public Health and the Hamilton Family Health Teams. Adolescents attending these groups also have the option of seeking care through primary health teams and therefore are an appropriate group to utilize for the study if recruitment is low. The final strategy that will be utilized if recruitment of participants is still low will be through the public and Catholic school boards in Hamilton.

The interviews will take place as soon as possible after the individuals have contacted the primary investigator (Master's student). Participants will be given a letter of information

and study details will be explained. If participants wish to continue with the study, a consent form will be obtained prior to beginning the interview by the Master's student. Interviews may be one-on-one or in small groups. The Master's student will be conducting each individually. I have been employed at a primary care office in Hamilton for three years. I am experienced and comfortable in working with this age group (18-24 years) and with individuals experiencing anxiety. The individual interviews will take place at the offices of the primary care physicians. The study will not involve any additional costs to the participants. If they are participating in another study at the time, they must inform the primary investigator right away to determine if it is appropriate for them to continue to participate in this research

Risks

There are no major risks associated with participating in this study. There may be the possibility of re-living or re-experiencing some experiences or episodes of anxiety from their past. Therefore, if required, follow up counseling service will be arranged with yourself (the health care provider or mental health counselor) to ensure that their needs are taken care of.

Adverse Reactions

If participants experience any adverse reactions during the interview, I will stop the interview and arrange to have them meet with the physician or mental health counselor (same day and same location as the interview). You, the health care worker will be able to provide support for any issues or distress the participants may be experiencing by re-telling their stories about anxiety. As the health care workers, you are being asked to provide counseling, support and other treatments as required for the participants.

Benefits

By participating in this study, adolescents will be assisting the researcher in gaining a better understanding of living with anxiety which can assist in enhancing both health care and school services for adolescents. It is crucial to understand the experiences of living with anxiety and worry in adolescents for the promotion of their mental health and prevention of further health problems later in life. Furthermore, the information they provide may help both the health care and high school services evaluate their current support systems and services and find ways for improvement.

Confidentiality

By participating in this study, confidentiality will be fully protected. Interviews will be electronically recorded and transcribed. The data that is collected will be immediately transferred to the home office of the Masters student, located in Hamilton. The information will be locked in a secured area, accessible only to the research team (which includes that Masters student, project supervisor and research committee members). Participants' personal identity will not be released or published. Participants' names will not be included in the study in reference to their narratives from the interviews. Participants will be asked to choose an alias. The list of identifiers will be destroyed after the data collection is complete. Data that does not include identifying information will be kept for future analysis. Data collected from the interviews will only be seen by the

research team and will be stored on a password-protected computer. If you would like to receive a copy of the overall results from this study, please advise the Masters student. Representatives of the University of Western Ontario Health Sciences Research Ethics Board may contact you or require access to your study-related records to monitor the conduct of the research.

Every effort will be made to ensure that your confidentiality will be fully protected.

Voluntary Participation

Participation in this study is strictly voluntary. Participants may refuse to participate, refuse to answer any questions they do not feel comfortable with or withdraw from the study at any time with no effect on their future. They do not waive any legal rights by signing the consent form.

If you have any questions, please direct them to the principal investigator or project supervisor:

Diana Leone

Masters of Science in Nursing Candidate

The University Of Western Ontario

School of Nursing

1151 Richmond Street, HSA 32

London, Ontario, Canada, N6A 3K7

OR

Dr. Susan L Ray

RN,PhD,CNS/APN

Assistant Professor/Associate Scientist

MN-NP Liaison

School of Nursing, University of Western Ontario/Lawson Health Research Institute

1151 Richmond Street, HSA 32

London, Ontario, Canada, N6A 3K7

If you have any questions about the rights of the research participants or the conduct of the study you may contact the Office of Research Ethics.

Appendix B2

Wednesday January 11th, 2012

Letter of Information (for Potential Participants)

What is the Lived Experience of Anxiety Among Adolescents During High School?

You are being invited to participate in a study that explores the lived experience of anxiety among high school adolescents. Many adolescents experience periods of anxiousness, which is considered normal. This study will aim to explore the triggers, stressors, impact on school environments and possible solutions or ways in which you manage or reduce your anxiety.

The study is being conducted by a Masters of Science in Nursing student, at the University of Western Ontario. The main purpose of this letter of information is to provide you with an outline of the study details in order to help you make an informed decision on participating in this research. Please take the time to read this letter carefully.

Please feel free to ask me any questions or to clarify any areas of uncertainty, such as words or phrases that you do not understand. This letter of information is for you to keep for your personal records.

Description of the Study

The study is about exploring you lived experiences or your personal stories of living with anxiety as an adolescent during high school. The study will also explore some of the triggers and stressors that contribute to your anxiety and how it has impacted your school life. Finally, I will explore some of your solutions or ways in which you manage your anxiety. This will be done by engaging in a one-on-one interview with you (the adolescent experiencing some form of anxiety, diagnosed or not), in order to develop an in-depth understanding of your lived experience of anxiety. Through the interview, I wish to accomplish the following:

- Identify your experiences of attending high school while dealing with anxiety and how this has shaped your overall experiences of school.
- Identify what current treatments you are utilizing to help cope with your anxiety.
- Identify suggestions for improvements from the healthcare system to help you cope and heal from everyday anxiety.
- Increase knowledge about adolescent anxiety in order to better support your behaviours while attending high school and ways in which the school system can better support your needs

Inclusion Criteria

In order to be eligible to participate in this study, the following is required of you:

- You must be a male or female ages 18 to 24 years of age.

Participant Initial_____

- You must presently be attending high school (public or Catholic school board in Hamilton) or have attended high school in the past but currently not attending (you attended within the last five years).
- You must have sought help for your anxiety within the last year (eg.pharmacotherapy and/or counselling) from a health care member employed by a primary care team or
- You must be attending a youth support group provided by Hamilton Public Health and the Hamilton Family Health teams.
- You may have a formal diagnosis of an anxiety disorder or you may be experiencing anxiety but not formally diagnosed as having an anxiety disorder by a health care provider.
- You have to be able to communicate in English

Examples of potential interview questions may include:

Main Question: What is your lived experience of anxiety during high school?

Sub Questions:

6. What is your personal experience of attending high school?
7. What is your experience of anxiety while attending school?
8. Are current treatments for your anxiety helping you to cope?
9. What would you like from the health care system to further your healing and coping with anxiety?
10. What would you like to see from the school system to assist you with your anxiety while attending school?

The one-time interview will take approximately 0.5-1 hour to complete. A sample of 8-12 total participants, adolescent males and females (in a close relation) will be sought for this study from the Hamilton area.

Procedure

You will be participating in the interview because you have been selected from your family physician or mental health counselor because you fit the criteria for the study. The interview will take place as soon as possible after you have consented to participate in the study and have contacted the primary investigator. Interviews may be one-on-one or in small groups. I (Master's student) will be conducting each individually. I have been employed at a primary care office in Hamilton for three years. I am experienced and comfortable in working with your age group and with individuals experiencing anxiety. The individual interviews will take place at the offices of the primary care physicians. The study will not involve any additional costs to you. If you are participating in another study at this time, please inform us right away to determine if it is appropriate for you to participate in this research.

Participant Initial_____

Risks

There are no major risks associated with participating in this study. There may be the possibility of re-living or re-experiencing some experiences or episodes of anxiety from your past. If this situation occurs, I will stop the interview immediately and arrange to have you meet with the physician or mental health counselor (same day and same location as your interview). If required, follow up counseling service will be arranged with your health care provider or mental health counselor to ensure that your needs are taken care of.

Adverse Reactions

They will be able to provide support for any issues or distress you may be experiencing by re-telling your stories about anxiety. Both health care providers will be able to provide counseling, support and other treatments as required.

Benefits

By participating in this study, you will be assisting the researcher in gaining a better understanding of living with everyday anxiety. This can assist in enhancing both health care and school services for adolescents. It is crucial to understand the experiences of living with anxiety and worry in adolescents for the promotion of mental health and prevention of further health problems later in life. Furthermore, the information you provide may help both the health care and high school services evaluate their current support systems and services and find ways for improvement.

Confidentiality

By participating in this study, your confidentiality will be fully protected. Interviews will be electronically recorded and transcribed. The data that is collected will be immediately transferred to the home office of the Master's student located in Hamilton. The information will be locked in a secured area, accessible only to the research team (which includes that Masters student, project supervisor and research committee members). Your personal identity will not be released or published. Your name will not be included in the study in reference to your stories/narratives from the interviews. You will be asked to choose an alias. The list of identifiers will be destroyed after the data collection is complete. Data that does not include identifying information will be kept for future analysis. Data collected from the interviews will only be seen by the research team and will be stored on a password-protected computer. If you would like to receive a copy of the overall results from this study, please advise the interviewer.

Representatives of the University of Western Ontario Health Sciences Research Ethics Board may contact you or require access to your study-related records to monitor the conduct of the research. Every effort will be made to ensure that your confidentiality will be fully protected.

Participant Initial_____

Voluntary Participation

Participation in this study is strictly voluntary. You may refuse to participate, refuse to answer any questions you do not feel comfortable with or withdraw from the study at any time with no effect on your future. You do not waive any legal rights by signing the consent form.

If you have any questions, please direct them to the principal investigator or project supervisor:

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London, Ontario, Canada, N6A 3K7

If you have any questions about your rights as a research participant or the conduct of the study you may contact the Office of Research Ethics

Participant Initial_____

Appendix C

Flyer

The Lived Experience of Anxiety Among Adolescents During High School

Adolescents (18-24years of age) are being invited to participate in a study to:

- Share your voice and stories about your anxiety and your high school experiences.
- Talk about the steps you took to deal with your anxiety and what you would like to see change within the health care and school systems to better assist your needs.
- Participate in a research study through a one-time interview, done at your convenience, by a University of Western Ontario Masters student in Nursing.

For more information, please contact the principal investigator- Diana Leone by telephone or by email.



Appendix D

Semi-structured Interview Guide

Primary research question: What is the lived experience of anxiety among adolescents during high school?

Sub-research question: What has been helpful in reducing your anxiety?

Additional sub-questions are:

- 11. What is your personal experience of attending high school?**
- 12. What is your experience of anxiety while attending school?**
- 13. Are current treatments for your anxiety helping you to cope/reduce your anxiety?**
- 14. What would you like from the health care system to further your healing and coping with anxiety?**
- 15. What would you like to see from the school system to assist you with your anxiety while attending school?**

Possible Semi-Structured Interview Questions:

- 1. What is your personal experience of attending high school?**
 - A. How did these experiences at school lead to your anxiety?
 - B. What other factors or experiences play a part in your anxiety?
- 2. What is your experience of anxiety while attending school?**
 - A. School is difficult for some people in general so how does your anxiety interfere with attending school?
 - B. What about school contributes to your anxiety?
 - C. What are the things that you currently cannot do because of your anxiety that you wish you could?
 - D. Sometimes teenagers and adolescents find it difficult to fit in at school and feel less than others, what are your experiences of being alienated or left out?
- 3. Are current treatments for anxiety helping you to cope?**
 - A. What current treatments are you participating in? For how long have you been undergoing treatments?
 - B. What changes have you seen in yourself since starting your treatments?
 - C. What do you hope to get out of your treatments?
- 4. What would you like from the health care system to further your healing and coping with anxiety?**
 - A. Are there certain programs you would be interested in attending? What do you think should these entail?
- 5. What would you like to see from the school to assist you with your anxiety?**

- A. As you think about attending school on a daily basis, what would help you better cope with your anxiety?
- B. What are the things that you do not like about the school system/environment?
- C. What role can your teachers play in helping with your anxiety?



Appendix E

Participant Consent Form

The Lived Experience of Anxiety Among Adolescents During High School

I have read the Letter of Information, have had the nature of the study explained to me, and I agree to participate in this study. All questions have been fully answered to my satisfaction.

Name (Print): _____

Signature: _____

Date: _____

Name of Person Responsible for Obtaining Informed Consent (Print):

Signature of Person Responsible for Obtaining Informed Consent:

Date : _____

The University of Western Ontario
Faculty of Health Science • School of Nursing
Health Science Addition • London, Ontario • Canada • N6A 5C1
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Appendix F

Demographic Questionnaire

1. Gender:

Male Female Transgendered Transsexual Other (please specify): _____

2. Age:

18years 19years 20years 21years 22years 23years 24years

3. What is your highest grade completed in school?

Grade School 9 10 11 12 Other (Please Specify): _____

4. Have you ever been diagnosed with an anxiety disorder? YES NO

If yes, please specify: _____

5. Have you ever received treatment for your anxiety? YES NO

6. If YES, how long have you been seeking treatment for your anxiety?

(Please Specify number of months): _____

7. What type of treatment have you received? (Check all that apply)

Counselling from Family Physician

Counselling from Mental Health Counsellor

Group Therapy

Friend Support Groups

Pharmacotherapy (Medications)

Other (Please Specify) _____



Use of Human Participants - Ethics Approval Notice

Principal Investigator: Dr. Susan Ray
File Number:101771
Review Level:Delegated
Approved Local Adult Participants:12
Approved Local Minor Participants:0
Protocol Title:The lived experience of anxiety among adolescents during high school. 18541E
Department & Institution:Health Sciences\Nursing,Western University
Sponsor:
Ethics Approval Date:May 08, 2012 **Expiry Date:**July 31, 2012
Documents Reviewed & Approved & Documents Received for Information:

Document Name	Comments	Version Date
Revised Study End Date	The study end date has been extended to July 31, 2012 to allow for thesis preparation and defence.	

This is to notify you that The University of Western Ontario Research Ethics Board for Health Sciences Research Involving Human Subjects (HSREB) which is organized and operates according to the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans and the Health Canada/ICH Good Clinical Practice Practices: Consolidated Guidelines; and the applicable laws and regulations of Ontario has reviewed and granted approval to the above referenced revision(s) or amendment(s) on the approval date noted above. The membership of this REB also complies with the membership requirements for REB's as defined in Division 5 of the Food and Drug Regulations.




The ethics approval for this study shall remain valid until the expiry date noted above assuming timely and acceptable responses to the HSREB's periodic requests for surveillance and monitoring information. If you require an updated approval notice prior to that time you must request it using the University of Western Ontario Updated Approval Request Form.

Members of the HSREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussion related to, nor vote on, such studies when they are presented to the HSREB.

The Chair of the HSREB is Dr. Joseph Gilbert. The HSREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000940.

Signature

Ethics Officer to Contact for Further Information

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This is an official document. Please retain the original in your files.

VITA

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