

POSITIVE YOUTH DEVELOPMENT PERSPECTIVE: THE INTERPLAY BETWEEN THE 5Cs AND ANXIETY

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Abstract

Anxiety is one of the most frequent psychological difficulties in childhood and adolescence (Neil & Christensen, 2009), and is related to numerous short- and long-term negative outcomes (Kozina, 2013; Twenge, 2000). A large body of evidence consistently shows that the 5Cs of Positive Youth Development (PYD) are positively related to adolescents' contribution to self, family and society as well as negatively related to risky behaviors and emotional difficulties, such as anxiety and depression (Lerner, et al, 2013). The 5Cs represent competencies, such as competence (a sense of positive self-worth and self-efficacy), confidence (positive view of one's actions in specific domains), connection (positive reciprocal bonds an adolescent has with people and institutions), character (possession of standards for correct behavior with respect to societal and cultural norms) and caring (sense of sympathy and empathy for others) (Lerner, 2007). In the present paper, we investigate the relationship between the 5Cs and anxiety in a Slovenian youth sample ($N = 195$, $M_{age}=17.10$ years), by using PYD questionnaire (Geldof et al., 2013) and AN-UD anxiety scale (Kozina, 2012). The PYD perspective (Lerner 2007) is used for the first time as a framework for an in-depth understanding of the 5Cs and anxiety among adolescents in Slovenia. The findings show negative associations between anxiety and the PYD dimensions of competence, confidence, connection and character. The strongest correlations were observed with confidence and connection. However, a positive association was observed between anxiety (and its components) and caring. The findings are informative for intervention within an educational framework targeting the 5Cs with the aim of decreasing risky behaviors and emotional difficulties. Still, extra care would have to be taken in the promotion of caring in anxious students. In that matter, the paper raises the question of what could be considered as optimal levels of caring in anxiety intervention and prevention.

Keywords: *Positive youth development, anxiety, Slovenia.*

1. Introduction

Anxiety is by definition a combination of cognitive (e.g., worries), physiological (e.g., nausea), emotional (e.g. fear) and behavioral responses (e.g., avoidance) (Silverman and Treffers, 2001). Even though anxiety is common throughout the lifespan and a part of everyday life, it becomes problematic when it is persistent, frequent and severe enough to restrain an individual in their everyday functioning (Weems & Stickle, 2005). Difficulties related to anxiety are common in childhood and adolescence (Neil & Christensen, 2009) and are related to numerous short- and long-term negative outcomes. High levels of anxiety interfere significantly with children's and adolescents' adaptive functioning, social competence and social adjustment (Last, Hansen, & Franco, 1997; Schwartz, Hopmeyer, Gorman, Nakamoto, & McKay, 2006), and when present in childhood they may follow a chronic course (Ialongo, Edelsohn, Werthamer-Larsson, Crockett & Kellam, 1996; Woodworth & Fergusson, 2001). There is a documented increase in anxiety in Slovenia (Kozina, 2014) and abroad (Twenge, 2000) thus, indicating a need for prevention and intervention. A large body of evidence consistently shows that the 5Cs of PYD (competence, caring, confidence, connection and character) are positively related to adolescents' contribution to self, family and society as well as negatively related to risky behaviors and emotional difficulties, such as anxiety and depression and therefore show potential to be used as a prevention model (Lerner, et al, 2013). Positive youth development (PYD) is embedded in the relational development systems model (Overton, 2015) that emphasizes the potential of the individual to contribute to the development of self and the society (Lerner, 2007). Core elements of PYD are the 5Cs of competence (a sense of positive self-worth and self-efficacy), confidence (positive view of one's actions in specific

domains), connection (positive reciprocal bonds an adolescent has with people and institutions), character (possession of standards for correct behavior with respect to societal and cultural norms) and caring (sense of sympathy and empathy for others) (Lerner, 2007).

In the present study, we first examined associations between anxiety and PYD outcomes, such as character, confidence, connection, and caring in a convenience sample of adolescents in Slovenia and second, we analyzed the predictive power of the 5Cs for anxiety and its components. The focus on the anxiety components is especially important due to the multidimensional nature of anxiety. Since the different components of anxiety in childhood lead to different problems in adolescence and adulthood (Olatunji & Cole, 2009), a multidimensional evaluation of anxiety is crucial when planning an intervention.

2. Methods

In this study, we used a convenience sample of Slovene adolescents ($N = 449$, 312 females and 130 males) aged between 15 and 23 ($M_{\text{age}} = 17.10$ years) enrolled in upper secondary schools. Data collection took place in 2017. We measured anxiety and the 5Cs of PYD using: PYD questionnaire (Geldhof et al., 2013) and AN-UD anxiety scale (Kozina, 2012)

The PYD questionnaire (Geldhof et al., 2013) consists of 34 items answered on a 5-point Likert scale (with responses ranging from 1 = strongly disagree to 5 = strongly agree). The items measure the 5Cs: competence (e.g., “I do very well in my class work at school”), confidence (e.g., “All in all, I am glad I am me”), caring (e.g., “When I see another person who is hurt or upset, I feel sorry for them”), Character (e.g., “I hardly ever do things I know I shouldn't do”), and connection (e.g., “My friends care about me”). The questionnaire has proven to be psychometrically adequate in the sample used in this study with reliability coefficients as follows: .78 (competence); .82 (confidence); .74 (character); .91 (caring); .81 (connection). CFA (Confirmatory Factor Analyses) on the present data confirmed a good fit of the 5-factor structure: $\chi^2(517) = 8745.158$, $p < .001$, RMSEA = .063, 90 % CI [.062 - .065], CFI = .947; TLI = .942 (Gonzalez, Kozina, & Wium, 2017).

AN-UD anxiety scale (Kozina, 2012) measures general anxiety and three anxiety components with 14 self-report items: emotions – eight items (e.g., I suddenly feel scared and I don't know why.), worries – three items (e.g., I am very worried about my marks.) and decisions – three items (e.g., I have difficulties making decisions.). On the scale, students indicate the frequency (1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Always). The component scores can be summed up into an overall anxiety score. The three-factor structure was confirmed with a confirmatory factor analysis (CFA) on samples of primary/lower-secondary students (RMSEA (Root Mean Square Error of Approximation) = 0.062; CFI (Comparative Fit Index) = 0.946; TLI (Tucker Lewis Index) = 0.933; SRMR (Standardized Root Mean Square Residual) = 0.033) and upper-secondary students (RMSEA = 0.066; CFI = 0.941; TLI = 0.928; SRMR = 0.036). The scale has proven to be psychometrically appropriate on the sample of lower-secondary students (reliable: $0.702 < \alpha > 0.839$; sensitive: $r_{\text{average}} = 0.600$; valid: $r_{\text{ANUD-STAI-X2}} = 0.420$) and upper-secondary students (reliable: $0.717 < \alpha > 0.878$; sensitive: $r_{\text{average}} = 0.600$).

3. Results

Table 1. Correlations between the 5Cs, general anxiety and anxiety components.

	competence	confidence	character	caring	connection	anxiety	emotions	worries	decision
competence	-								
confidence	.671**	-							
character	.347**	.461**	-						
caring	.077	.048	.501**	-					
connection	.501**	.579**	.446**	.191**	-				
anxiety	-.379**	-.476**	-.081	.245**	-.326**	-			
emotions	-.393**	-.493**	-.087	.239**	-.376**	.957**	-		
worries	-.191**	-.255**	-.001	.192**	-.072**	.733**	.578**	-	
decision	-.321**	-.386**	-.105**	.163**	-.268**	.805**	.690**	.438	-

Notes. ** $p < 0.05$

Table 1 shows a pattern of correlation coefficients between the 5Cs, general anxiety and its components. The highest coefficients can be found between general anxiety and *confidence*, followed by *connection*, while the coefficients are lower and mostly non-significant with *character*. Most of the coefficient between the 5Cs and anxiety are negative, with the exception of *caring*.

Table 2. Predictive power of the 5Cs for general anxiety and components of anxiety.

	<i>B</i> (<i>SE</i>)	β	<i>t</i>	R ²	R ^{2*}
Anxiety (F (5, 394) = 37.384, <i>p</i> = 0.000)					
constant	52.964 (3.669)		14.435***		
competence	-0.275 (0.157)	-0.101	-1.758		
confidence	-0.892 (0.170)	-0.342	-5.258***		
character	0.171 (0.141)	0.068	1.214		
caring	0.631 (0.118)	0.270	5.332***		
connection	-0.365 (0.114)	-0.173	-3.193**	0.322	0.313
Emotions (F (5,396) = 42.299; <i>p</i> = .000)					
constant	31.057 (2.286)		13.589***		
competence	-0.154 (0.098)	-0.089	-1.581		
confidence	-0.574 (0.105)	-0.346	-5.451***		
character	0.130 (0.088)	0.081	1.476		
caring	0.395 (0.074)	0.265	5.373***		
connection	-0.299 (0.071)	-0.222	-4.195***	0.348	0.340
Worries (F (5,397) = 10.009; <i>p</i> = .000)					
constant	9.638 (1.062)		9.074***		
competence	-0.052 (0.045)	-0.075	-1.155		
confidence	-0.151 (0.049)	-0.228	-3.072**		
character	0.020 (0.041)	0.032	0.498		
caring	0.120 (0.034)	0.202	3.504**		
connection	0.008 (0.033)	0.014	0.235	0.112	0.101
Decision (F (5,399) = 18.989; <i>p</i> = .000)					
constant	12.353 (1.016)		12.153***		
competence	-0.068 (0.044)	-0.097	-1.566		
confidence	-0.164 (0.047)	-0.247	-3.504**		
character	0.018 (0.039)	0.028	0.460		
caring	0.117 (0.033)	0.196	3.580***		
connection	-0.076 (0.032)	-0.140	-2.394**	0.192	0.182

Notes. ** *p* < 0.05; *** *p* < 0.001;

In Table 2, multiple linear regression for the components of anxiety is presented, with all 5Cs as predictors. *Confidence* is a negative predictor of general anxiety and all components of anxiety, while *connection* is a negative predictor of general anxiety and components *emotion* and *decision*. *Caring* is a significant positive predictor of general anxiety and all three components of anxiety. With included predictors, we can explain about 30% of the variance in general anxiety and its components, emotion. Variance explained was somewhat less for *decision*, about 18%, and *worries*, about 10%.

4. Conclusions

In the present paper, The PYD perspective (Lerner 2007) is used for the first time as a framework for an in-depth understanding of the 5Cs and anxiety among adolescents in Slovenia. *Confidence* and *connection* are significant predictors of anxiety and all its measured components in expected direction, indicating the important role that PYD can play in anxiety intervention and prevention within an educational framework. However, extra care would need to be taken when promoting *caring*. Our findings show positive associations between *caring* and anxiety and its components indicating that high levels of *caring* are related to high anxiety. Thus, future research can look into the question of what can be considered as optimal level of *caring*.

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