

THE ANALYSIS OF PECULIARITIES OF PERSONAL ANXIETY EXPERIENCED BY PROFESSIONALS OF SOCIOEDUCATIONAL ACTIVITIES OF LITHUANIA

Trauksmainības īpatnību analīze sociālpedagoģiskajā darbībā Lietuvā

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Abstract. *The article analyses the peculiarities of the anxiety state of professionals of socioeducational activities (social pedagogues and social workers). Employing Spielberg's and Chanin's personal anxiety scale, the level of personal anxiety was identified, and, using a semi-structured interview, situations provoking anxiety experienced by professionals of socioeducational activities were identified. Data of anxiety experienced by social pedagogues and social workers in 2011 were analysed employing the factor analysis method of multi-dimensional statistics, the data of the semi-structured interview were processed using the content analysis method. It was identified that about half of the respondents experienced a moderate level of personal anxiety, enabling to mobilise, look for innovative solutions in professional activities. Severe level of personal anxiety was identified for slightly less than half of respondents; it was perceived as dangerous and preventing professionals of socioeducational activities from successful development of professional activities and even warning about possible psychosomatic disorders.*

Keywords: *anxiety, state of anxiety, personal anxiety, professionals of socioeducational activities.*

Introduction

The man often experiences the states of stress and anxiety. According to Izard's (1999) differential emotions theory, anxiety is a combination of several emotions (fear, interest-excitement, guilt, sadness-pain, shame, anger, etc. (The Dictionary of Psychology, 1993). Beck (2005) states that slight restlessness mobilises the man's powers for activity. Continuous anxiety can turn into the feature of a personality – restlessness (Izard, 1999, Beck, 2005). Strongly experienced anxiety distorts the perception of reality: flexibility of thinking, will, conscious behaviour control are weakening. Therefore, strongly experienced anxiety can also carry out the destroying function of the person's interaction with the environment. Spielberg, Chanin (2004) differentiate three levels of restlessness. In their opinion, restlessness can be differentiated into mild, moderate and severe.

Mild restlessness requires to focus on the activity, its motives and develop the sense of responsibility. Sometimes mild restlessness shows displacement of severe anxiety, which aims "to show oneself from the better side" (Spielberger, Chanin qtd. in Райгородский, 2004, p.59-63).

Moderate restlessness is useful because it promotes the process of adaptation, ensuring the person's holistic functioning.

Significant deviation from moderate restlessness makes people give thought because severe restlessness shows that in situations, in which the person's competence is evaluated, he/she is inclined to experience anxiety. Seeking to avoid the destroying impact of severe restlessness, it should be necessary to reduce the subjective significance of the situation for a person, transfer attention to consideration of his/her the activity and form self-confidence.

Severe personal anxiety is treated as harmful for health, whilst WHO (WHO, 2006) points out that "the employee's health should be analysed on the basis of holistic (biopsychosocial) health model" (Gustainienė, Pranskevičienė, 2010, p. 137); it should include social, psychological and behavioural factors, which can influence health, become the reasons of suffering, disability and incapacity to work.

The analysis of the anxiety state is not a frequent research subject among Lithuanian researchers. School related anxiety of learners is slightly more often analysed (Aramavičiūtė, 2004; Martišauskienė, 2004; Tulickas, Zambacevičienė, 2004; Dagienė, 2006; Nasvytienė, Balnionytė, 2006; Starkuvienė, 2006; Milušauskienė, Zambacevičienė, Dapkevičienė, 2008; Kepalaitė, 2011 et al.) as well as its reasons than anxiety experienced by other social groups. There are also searches for links between anxiety and depression (Germanavičius, 2006; Stanionytė, 2008; Gelumbauskienė, 2009;) or researches on episodic anxiety related to quality of life (Balevičiūtė, 2007; Balsevičius, 2010). Researches on experiencing anxiety in professional activities are also quite rare and solitary (Alifanovienė, Vaitkevičienė, 2007; Alifanovienė, Vaitkevičienė, Lučinskaitė 2011, Kepalaitė, 2011; Loikienė, 2007; Žydžiūnaitė, Bubnys, Mažuolytė, Mikelskienė, 2009).

Research subject: peculiarities of anxiety experienced by professionals of socioeducational activities (social pedagogues and social workers) in professional activities.

Research aim: to analyse peculiarities of personal anxiety experienced professionals of socioeducational activities (social pedagogues and social workers).

Research objectives:

- To establish the internal consistency coefficient of Spielberger's, Chanin's personal anxiety scale.
- To identify levels of anxiety experienced by professionals of socioeducational activities.
- To identify evaluations of respondents' self-feeling, having experienced anxiety.

Research methods: a questionnaire using a two-part instrument: the first part contains seven questions to find out demographic data and the second, Spielberger's, Chanin's self-assessment scales with questions representing personal anxiety. To analyse quantitative research data, statistical methods were used (descriptive mathematical statistics: frequencies (N), percentages (%), means (M),

multi-dimensional statistics (factor analysis). During the qualitative in-depth semi-structured interview (according to different diagnostic areas) the respondents' approach to the situations arousing anxiety, to impact of anxiety on professional activities and self-feeling was analysed.

Participants of the survey (respondents). The qualitative survey was attended by 6 respondents, the quantitative, by 113 respondents – social pedagogues and social workers working in different Lithuanian educational, treatment and child care institutions. There were 108 women and 5 men, the average age of the respondents was 37,7. The respondents were selected using targeted selection, this was determined by the research aim. The main selection criteria were social pedagogue's, social worker's professional qualifications.

Peculiarities of Anxiety Experienced by Professionals of Socioeducational Activities

The experienced state of personal anxiety reflects the person's self-feeling, which has formed and is characteristic to the person regardless of the existing impact of social environment. Personal anxiety is perceived as a person's constant inclination to perceive many life situations as dangerous, react to such situations by the state of anxiety. Very severe personal anxiety directly correlates with the existence of neurotic conflict, emotional "explosions" and psychosomatic illnesses (Raigorodskij, 1998). The structure of variables of personal anxiety consists of 15 statements. Factorisation of these statements was sufficiently meaningful; it enabled to discover the structure of the investigated phenomenon. These 15 statements were generalised by three factor models (other variables of personal anxiety were rejected due to too low weight of test items (L)) (see Table 1).

The results disclosed three factors: *strongly expressed excitement and emotional sensitivity, the feeling of satisfaction and happiness, passiveness and lack of self-confidence*, encompassing from 3 to 9 statements.

Fluctuation limits of correlation coefficient values ($0,26 \leq r \leq 0,70$) witness that obtained correlations of scores of empirical statements with distinguished factors were quite high. Descriptive power (dispersion) of factors fluctuates between 10,33 per cent and 17,3 per cent. Suitability of the matrix for factor analysis is proved by *Kaiser-Meyer-Olkin* (KMO) coefficient which is high (0,73). Internal consistency of solitary factors, evaluated using *Cronbach's alpha* coefficient, fluctuates from 0,49 to 0,81; therefore, all factors are sufficiently homogenous.

The first factor discloses that respondents are often characterised by strongly expressed excitement and emotional sensitivity ($M = 2,23$). Comparing these data with the model of reactive anxiety factors, a certain paradox is noticed: the model of reactive anxiety factors discloses that strong psychic tension is not characteristic to respondents, and the model of personal anxiety factors witnesses that respondents confess that they often experience excitement and despair. This can be explained only by the respondents' good perception of the task. Feeling safe and

calm at the present moment, they both gave corresponding answers to the statements of the reactive anxiety scale and adequately evaluated the dominating personal state, noting statements of the personal anxiety scale.

Table 1

Factor Analysis Data of Social Pedagogues' and Social Workers' Reactive Anxiety Scale

Name of the factor	Initial statements	Weight of the test item, L	Item to total correlation, r _{itt}	KMO	Cronbach's α	Descriptive dispersion of the factor, %
Strongly expressed excitement and emotional sensitivity (M = 2,23)	<i>I am too nervous about trivia</i>	0,636	0,65	0,73	0,79	17,13
	<i>I am usually very worried about expected difficulties</i>	0,541	0,48			
	<i>I take too much to heart</i>	0,530	0,52			
	<i>I am overwhelmed with strong excitement when I think about my matters and worries</i>	0,519	0,52			
	<i>I experience despair so long, I can't forget it for a long time</i>	0,501	0,58			
	<i>I start crying easily</i>	0,498	0,42			
	<i>I would like to be as happy as others</i>	0,484	0,31			
	<i>All kinds of trivia distract and affect me</i>	0,478	0,51			
	<i>I often lose because I make decisions insufficiently quickly</i>	0,305	0,34			
Feeling of satisfaction and happiness (M = 2,83)	<i>I am happy</i>	0,866	0,70	0,81	12,34	
	<i>I am satisfied</i>	0,792	0,69			
	<i>I feel satisfaction</i>	0,606	0,57			
Passiveness and lack of self-confidence (M = 1,86)	<i>Melancholy is characteristic to me</i>	0,670	0,37	0,49	10,33	
	<i>I lack self-confidence</i>	0,470	0,30			
	<i>I get tired very quickly</i>	0,324	0,26			

The second factor again as of contradicts the first because it indicates the existence of specialists' feeling of satisfaction and happiness (M = 2,83). Passiveness and lack of self-confidence is the weakest of the obtained factors but anyway it indicates that this feature is characteristic to specialists.

To sum up the model of personal anxiety, it can be stated that social pedagogues and social workers experience contradictory feelings in their professional activities. However, evaluating specialists' reactive and personal anxiety, more attention should be focused on the values of personal anxiety because they are the reflection of dominating self-feeling and not a onetime evaluation of the situation.

Peculiarities of respondents' experienced personal anxiety are represented by the diagram given below (Figure 1).

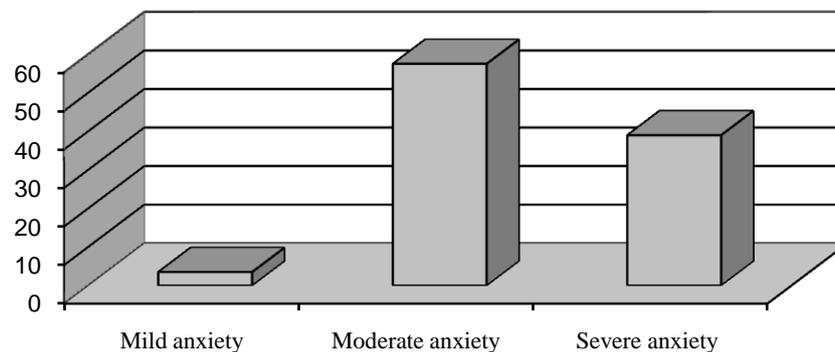


Figure 1. Peculiarities of Personal Anxiety Experienced by Professionals of Socioeducational Activities (N=113)

The research on the personal anxiety state demonstrates that the share of respondents who experience mild personal anxiety is not large. Mild level of anxiety requires to focus on the motives of activity and increase the feeling of responsibility (Raigorodskij, 1998). Therefore, it could be concluded that a very small share of social pedagogues and social workers lack motivation in their professional activities.

Optimal; i.e., moderate personal anxiety is experienced by about 50 % of respondents. The moderate level of anxiety helps to look for novelties, move on, encourages a personality to function and develop.

Severe level of personal anxiety is reached by about 40 per cent of respondents. Severe personal anxiety level is the most dangerous. It warns about the danger independent to the specialists eventually to experience neurosis and psychosomatic disorders.

Vaitkevičius (1995) has noticed that social pedagogues, social workers have to be able to cope with bigger nervous-psychic loads, be proactive, patient, persistent seeking their aim, ready for psychic discomfort; therefore, the severe level of personal anxiety is incompatible with professional characteristics of specialists of socioeducational activities. Meanwhile research data disclose that respondents quite intensively ($M = 37,513$, $Sdt.D = 7.422$) experienced personal anxiety.

Evaluation of Self-Feeling of Specialists of Socioeducational Activities, Having Experienced Anxiety

The research aimed to analyse evaluations of personal self-feelings of social educators and social workers (N=6) after manifestation of anxiety. To do this, qualitative in-depth survey was carried out employing the semi-structured interview. Research data were processed employing the content analysis method according to diagnostic areas: situations arousing the state of anxiety, impact of anxiety on work, self-feeling after experiencing anxiety and other. In this article we shall present only the latter diagnostic area. Analysing evaluations of specialists' self-feeling in the situation of anxiety, three qualitative categories showed up (see Table 2):

- 1) Physical reactions and feelings aroused by anxiety
- 2) Manifestation of negative, haunting thoughts
- 3) Psychological problems

Table 2

Self-Feeling of Specialists of Socioeducational Activities after Manifestation of Anxiety (N=6)

Category	Subcategory	Examples of empirical statements	Number of statements
External physical reactions and feelings aroused by anxiety	Experienced unpleasant physical reactions	<i>"...face reddenes...", "...cheeks burst...", "...blood pressure goes up...", "...hands shake", "...I am getting hot flashes...", "hands start shaking...", "...hands tremble...", "...blood pressure starts going up ...", "...heart is beating very hard...", "...you can't stay in one place ...", "...I feel as if something enchains all body ...", "...hands are shaking...", "...physical strength is exhausting...", "...it is very difficult to do anything..."</i>	14
	Experienced feeling of helplessness	<i>"...feeling – helplessness...", "...you feel as a caught nestling ...", "...sometimes it seems that we have to put up with it, that we are not omnipotent ...", "...I don't know exactly or doubt in my powers or the very situation: maybe it is hopeless ..."</i>	4
Manifestation of negative, haunting thoughts	Social educator's inability to dissociate from negative thoughts	<i>"...haunting...", "...I do my best to get rid of them...", "...but I can't do anything with it...", "...sometimes that anxiety is so strong...", "...in the morning again having opened my eyes again these thoughts haunt me ...", "...when something worries me, I'm not able even to do these exercises calmly, the right way ...", "...because my thoughts are already at work, about this or other problems ...", "...thoughts are obsessive...", "...all kinds of thoughts and obsessive, even inadequate to the situation ...", "...thoughts are no good...", "...awful thoughts come into my mind ...", "...I was very worried and thought about leaving the job..."</i>	13

Psychological problems	Psychological tiredness	"...you also feel psychologically tired...", "...I feel sad...", "...I feel very deeply, I react to such things very sensitively ...", "...I plug...", "...I am distressed, "...I am overwhelmed with bad mood... ", "...stress..."	7
	Feeling of fear	"...there appears fear...", "...there appears fear at once...", "...although you still don't know what will be, there is fear already ...", "...but fear exists..."	4
	Lack of self-confidence	"...you start doubting your abilities if you will succeed, if everything will go well ...", "...you test 110 times if you took that presentation...", "...you check everything so that you shall not get reproaches ...", "...you check everything ..."	4
	Sleep disorders	"...I don't sleep at night, I am thinking how I could help ...", "...I feel sleep disorders very severely ...", "...I am trying to get good sleep..."	3
	Loss of balance	"...I feel being off balance ...", "...you are feeling not like yourself ..."	2

In terms of distribution of categories by frequency, physical reactions (*face reddens, hands shake, blood pressure goes up*) and helplessness (*the caught nestling, it is necessary to put up...*) clearly distinguish themselves. These statements of respondents confirm physical reactions caused by anxiety, which are described in literature, such as sweaty palms, reddened cheeks, faster heart beat and similar. Most often they accompany the person that is overwhelmed by anxiety and are as if a warning that it is necessary to look for a way out quickly, change the emerged situation (Greenberger, Padesky, 2000).

Negative, haunting thoughts are another category that is most often referred to by the respondents (*in the morning I open my eyes and again these thoughts haunt me...*). Social pedagogues and social workers disclose an insufficient ability to cope with anxiety, difficulties to get rid of haunting, obsessive thoughts related to the situation arousing anxiety.

Psychological problems aroused by anxiety most often manifest themselves by bad mood, apathy. According to the above mentioned authors (Greenberger, Padesky, 2000), the situation of anxiety is characterised by restless, variable, irritable, nervous mood. The feeling of fear, mentioned by the responder, experiencing the state of anxiety, can be related to the emotional model of anxiety described by Izard (1999), where fear is one of the key emotions constituting the state of anxiety. According to Mahoney, Chapman (2004), the feeling of fear is caused by interpersonal anxiety; it is a state when the personality feels fear to be negatively evaluated, feels discomfort interacting with the team, with the unpleasant or new superior person. The statements of the above mentioned scientists are confirmed by data of interviews with specialists of socioeducational activities because namely unpleasant communication with the person that has higher qualification, with the hostile team causes the feeling of fear. Respondents

state that experiencing the state of anxiety the person starts to lack self-confidence. In this case anxiety carries out a negative function and it is likely that it aggravates the process of professional activity, takes time constantly checking if everything is done well.

Conclusions

1. Factor analysis of data of social pedagogues' and social workers' experienced anxiety disclosed that internal consistency coefficient of Spielberger's, Chanin's personal and reactive anxiety scales was high; therefore, it can be stated that the employed instrument enabled to collect reliable data about social pedagogues' and social workers' emotional state.
2. Severe level of personal anxiety, which can be dangerous to health and eventually form neurosis and psychosomatic disorders, is experienced by more than one third of respondents. About half of investigated social pedagogues and social workers experienced moderate reactive anxiety. This manifestation of anxiety is to be treated as optimal, enabling the professional to improve, set new goals, have perspective future plans. Mild level of anxiety was experienced by a very small share of respondents.
3. Social pedagogues and social workers experience physical and psychological features of personal anxiety. Physical features include reddening of face, shaking of hands, increasing blood pressure. Psychological features are negative, haunting thoughts, bad mood, apathy, the feeling of fear, and lack of self-confidence.

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