THE IMPACT OF STRESSORS ON UNDERGRADUATE COLLEGE STUDENTS WITH ANXIETY DISORDERS: A PHENOMENOLOGICAL STUDY

by

Whitney Shea Dickerson

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

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APPROVED BY:

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ABSTRACT

The purpose of this qualitative transcendental phenomenological study was to understand the essence of the shared lived experiences of undergraduate college students with anxiety disorders at two universities in the Southeastern United States. One institution is a mid-sized, public, nonsectarian university; the other is a small, private, faith-based liberal arts college. The theory guiding this study is Ellis's cognitive theory, rational emotive behavior therapy (REBT), which posits that irrational core beliefs create intense negative emotions that cause suffering. The central research question is intended to elicit rich data regarding the shared lived experiences of the study participants. The four research sub-questions address participants' perceptions regarding the impact of their disorders on their lifestyles and academic performance. A purposeful criterion sample was used to select the participants. Data collection strategies included a questionnaire, open-ended individual interviews, a single focus group interview, and participant journals. The steps of data analysis were phenomenological reduction: horizonalizing to give equal status to every statement, clustering the horizons into themes, and organizing the horizons and themes into a coherent textual description of *what*, and a structural description of *how*, to create a composite integration of meaning and the essence of the lived experience of the participants. Data results identified five major themes: (a) academic performance barriers, (b) stressor issues, (c) institutional education and accommodations preferences, (d) social fears, and (e) generational issues, followed by the composite textual description, *what*, and the composite structural description, *how*, and a description of the essence of the lived experiences of the undergraduate college students with anxiety disorders.

Keywords: alexithymia, anxiety, disorder, qualitative, stressors

Copyright Page

Dedication

First and foremost, I dedicate this dissertation to my Lord and Savior, Jesus Christ. Secondly, I dedicate this dissertation to my family: To my parents, James Murray (Jim), Sr. and Mary Dickerson, retired educators, who have supported me throughout all my educational endeavors. Their prayers, faith, and wisdom have been a great guidance throughout my entire life. I am extremely grateful for all that they have provided for me.

I further dedicate this dissertation to my brother, James Murray (Jay) Dickerson, Jr. and his wife, Kelly, for their prayers, encouragement, and support, and I especially dedicate this dissertation to James Murray Dickerson, III, my amazingly intelligent and wise nephew, also known as "Tripp." One of my fondest moments is with three-year-old Tripp, when he insisted he would help me write my paper. He typed a complete sentence on the computer. He even carried the heaviest book from my doctoral program, my huge Advanced Educational Statistics book, across the room to me and asked ever so sweetly if I could read it to him.

I can't leave out my favorite sweet boy, Boston, my Goldendoodle. He has been so patient and understanding when I could not give him my undivided attention in order to work on my school assignments. He has showed his unconditional love by offering me his paw when he knew I was frustrated or deeply engaged in my computer.

I also want to dedicate this dissertation to my chairs, Dr. Tim Nelson and Dr. Kenneth Tierce, and Dr. Justin Necessary, methodologist on my committee. Dr. Nelson was a helpful and understanding professor for my Advanced Educational Statistics class, and he has been a supportive and encouraging committee member and chair since Dr. Kenneth Tierce's retirement.

Dr. Tierce had also been an excellent chair, and I am honored that he was my mentor for Chapters 1-3 of my dissertation.

I also dedicate this dissertation to Dr. Jerry Johnson, Dr. Jim Roberts, and to Dr. Richard Easley, who were three of my most supportive marketing professors from my undergraduate university, Baylor University. They were always there to lend a supportive ear and to give wonderful advice while I was a marketing student in college. They have continued to be great friends and resources in the years since graduation. Dr. Johnson, who has passed, not only served in the aforementioned capacities, but he also acted as a substitute father to me while I was so far from home. I will never forget my marketing research class with Dr. Roberts. My own personal struggle with text anxiety was evident in this course. Due to the concern and understanding from Dr. Roberts, the necessary research and academic testing accommodations were provided, and I was able to make it over the finish line. Dr. Easley and the Consumer Behavior course he taught inspired me to stick with marketing. His wit made the course fun and left a wonderful impression. I am beyond thankful for receiving my degrees from three incredibly distinguished Christian schools, Baylor University, Belmont University, and Liberty University.

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A huge thank you to the other members of my extended family, as well as my friends, for their patience and understanding when I was unable to visit or socialize in order to make my schoolwork a priority. I appreciate the encouragement, listening ears, and kindness of all of those who understood how important this project was to me. Most importantly, I thank my editor, the research schools, and the participants for helping this dissertation come to fruition. None of this would have been possible without each individual that was a part of my journey. Thank you for making my dream a reality.

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List of Abbreviations

Antecedent-Behavior-Consequence Model (ABC)

Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS)

Beck Anxiety Inventory (BAI)

Center for Epidemiologic Studies Depression (CES-D)

Cognitive-behavioral therapy (CBT)

Depression, Anxiety, and Stress Scale-21 items (DASS-21)

Diagnostic & Statistical Manual of Mental Disorders (DSM)

Epworth Sleepiness Scale (ESS)

Female identified as Trans Man (FTM)

generalized anxiety disorder (GAD)

grade point averages (GPAs)

Hamilton Anxiety Rating Scale (HAM-A)

Hamilton Depression Rating Scale (HAM-D)

Headache Impact Test-6 (HIT-6)

Healthy Minds Study (HMS)

healthy negative emotions (HNEs)

hierarchical linear model (HLM)

Higher Education Research Institute (HERI)

Insomnia Severity Index (ISI)

Institutional Review Boards (IRBs)

International Neuropsychiatric Interview-Plus Version 5.00 (MINI)

Internet addiction (IA)

intolerance of uncertainty (IU)

King Saud University (KSU)

Manitoba, Canada Center for Health Policy (MCHP)

Migraine Disability Assessment Scale (MIDAS)

Migraine-Specific Quality of Life (MSQoL)

Model to Illustrate Behavior Occurrence (ABC)

National Alliance on Mental Illness (NAMI)

National Health Institute Survey (NHIS)

Obsessive Compulsive Disorder (OCD)

Patient Health Questionnaire (PHQ-9)

Pittsburgh Sleep Quality Index (PSQI)

post-traumatic stress disorder (PTSD)

problematic use of mobile phones (PUMP)

rational emotive behavior therapy (REBT)

rational therapy (RT)

rational-emotive therapy (RET)

Rosenberg Self Esteem Scale (RSES)

science, technology, engineering, and math (STEM)

sleep disorders (SDs)

Smartphone Addiction Scale (SAS)

social anxiety disorder (SAD)

Social Distance Scale (SDS)

social networking sites (SNS)

State Trait Anxiety Inventory (STAI)

subjective cognitive decline (SCD)

The Substance Abuse and Mental Health Services Administration (SAMHSA)

U. S. Food and Drug Administration (USFDA)

unhealthy negative emotions (UNEs)

University of Malaysia Pahang (UMP)

CHAPTER ONE: INTRODUCTION

Overview

The purpose of this qualitative transcendental phenomenological study was to understand the essence of the shared lived experiences of undergraduate college students with anxiety disorders at two universities in the Southeastern United States. One institution is a mid-sized, public, nonsectarian university; the other is a small, private, faith-based liberal arts college. At this stage in the research, anxiety is defined as a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities (van Rooij & Stenson, 2018). The theory guiding this study is Ellis's (1958) cognitive theory, rational emotive behavior therapy (REBT), which posits that irrational core beliefs create intense negative emotions that cause suffering (Turner, 2016). Ellis's (1958) theory relates to the focus of this study to understand the stressors, including core beliefs that cause anxiety. Chapter One includes a background of the relevant literature, encompassing the historical, social, and theoretical contexts of the study. The chapter establishes my position within the study as the sole researcher. Also covered in the chapter are the problem statement, the purpose statement, and the significance of the study. The research questions, definitions, and summary are also presented in Chapter One.

Background

Ellis's (1958) seminal article, *Rational Psychotherapy and Individual Psychology*, established the foundations for the REBT, the guiding theory used as the framework for the present study. Ellis (1958) believed that irrational core beliefs create intense unhealthy negative emotions (UNEs) associated with maladaptive behaviors that cause suffering and prevent goal attainment. He contended that emotions and behaviors are not a result of events; instead,

emotional and behavioral reactions occur as a reaction to the beliefs regarding the events. REBT was intended to replace the UNEs with healthy negative emotions (HNEs), which are associated with adaptive behaviors that eliminate suffering and inspire goal accomplishment (Turner, 2016). Extant literature reviewed for this research describes the onset of anxiety disorder (Cerutti et al., 2016; Kingston et al., 2015; Pedrelli et al., 2015; Wyatt et al., 2017). The academic and mental health crisis is illustrated with existing literature that provides evidence that college students with disabilities encounter several barriers to their academic success, as well as dangers resulting from the correlation between anxiety and academic performance (Arana & Furlan, 2016; Baldwin et al., 2017; Beiter et al., 2015; Hong, 2015; Kalra et al., 2016; Mutalik et al., 2016). The existing literature also presents the risks associated with anxiety's comorbidity with other disorders, which include violence, psychopathology, and exposure to a lifetime of violence (Afolayan et al., 2013; Assari & Lankarani, 2018; Bigelow et al., 2016; Boumosleh & Jaalouk, 2017; Cerutti et al., 2016; Lee et al., 2017; Mutalik et al., 2016; Pedrelli et al., 2015; Seng et al., 2017; Seo & Park, 2015; Shahrouri, 2016; Vitasari et al., 2010).

Historical Context

Within Western science and philosophy, specific theories enhance understanding of mental health disorders, and these theories have influenced mental health treatment options. These theories have also impacted how individuals view and respond to such disorders. Some of these historical theories date back to the days of Socrates (c. 469–399 B.C.) and Aristotle (c. 384–322 B.C.; Crocq, 2015).

The *Hippocratic Corpus,* a collection of medical books attributed to Hippocrates (c 460 – 370 B. C.), presents an anecdote of a man named Nicanor who suffered from a medical disorder that medical personnel today would consider to be trauma (Crocq, 2015). Socrates and Aristotle

are considered early thinkers; they wrote about the brain and attempted to determine how the brain influences individuals' mental and physical behaviors. Aristotle wrote *Para Psyche (About the Mind)* and is viewed as the founder of the historical direction of psychology. His writing presented the original principles of reasoning, and his proposals continue to affect modern psychologists. Moreover, early Greek studies have been seen as the basis for modern thought regarding mental illness because much of their study was in written form, while other civilizations presented their ideas in different modalities (Crocq, 2015).

Greek and Latin physicians and philosophers identified anxiety as a medical disorder, separating it from other types of negative impact. Cicero wrote *Tusculanae Disputationes* (*Tusculan Disputations*) to plea for Stoicism, which is a pillar of today's cognitive therapy (Crocq, 2015). Ancient Epicurean and Stoic philosophers discovered methods to reach an anxiety-free state of mind, similar to modern cognitive psychology. In the 17th century, *The Anatomy of Melancholy* by Robert Burton described anxiety. Burton, an Anglican divine, was concerned with the soul, but he concentrated more on describing alarm and unhappiness (Makari, 2012). He observed that those sick with anxiety simmered for long periods, then suddenly, a man or woman would become astonished and amazed with fright (Makari, 2012). For Burton, these signs betrayed the presence of another disorder. The view that he expressed nearly four centuries ago may today prove prescient in that guilt-ridden thoughts and panic attacks can be seen as symptoms of an underlying depression (Makari, 2012). In the 18th century, or the Enlightenment Era, medical descriptions of panic attacks were published, but typical symptoms of those attacks were diagnosed as vapors or melancholia (Crocq, 2015).

Boissier de Sauvages (c. 1706–1767), an heir to classical antiquity and a precursor of modern science, published the first important French medical nosology (Crocq, 2017). This work

classified ten significant diseases which he then subclassified. Mental disorders were subclassified into four orders. *Panophobia,* the disorder most connected to anxiety, was defined as a panic terror, a fright that happens at night for no apparent reason (Crocq, 2017). De Sauvages' other panophobia subtypes were more on the order of modern anxiety disorders (Crocq, 2015). Between classical antiquity and the late 19th century, there was no classification of anxiety as a separate illness (Crocq, 2015). In 1866, Benjamin Bénédict-Augustin Morel, a Frenchman, claimed that a dysfunction in the autonomic nervous system caused anxiety; others agreed and set out to search for problems in the heart, lungs, and brain (Makari, 2012).

In the 19th and 20th centuries, anxiety was significant among diagnostic categories, and symptoms of anxiety climaxed in neurasthenia and became a significant part of new disease constructs, such as neuroses (Crocq, 2015). Although these psychological disorders set the path to define the symptoms as being from biological rather than supernatural causes, it took another century for physicians and psychologists to understand that mental health disorders do not originate from nervous system dysfunction (Baruah & Vasudevan, 2019). Emil Kraepelin, a German psychiatrist, spent a great deal of time focusing on severe anxiety in manic-depressive illness, anticipating that it would manifest itself in some aspects of bipolar disorders in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (*DSM-5*; Crocq, 2015).

A few decades later, Sigmund Freud proclaimed the theory of signal anxiety after having first considered anxiety purely physiological (Crocq, 2017). In 1952, the *DSM-1*, which defined anxiety as the main characteristic of psychoneurotic disorders, was discovered to have the same meaning as psychoneurotic disorders. A portion of the personality was believed to signal anxiety as dangerous. Freud coined many terms for anxiety disorders, such as generalized anxiety disorder (GAD) and post-traumatic stress disorder (PTSD) (Crocq, 2015). With the advent of the

21st century, considerable quantitative research has been conducted regarding college students with anxiety (Afolayan et al., 2013; Mutalik et al., 2016; Shahrouri, 2016), but little or no qualitative research existed that provided students with a voice in expressing their needs or in offering researchers a key to the stressors that create anxiety. This study helps to fill that gap in the literature.

Social Context

The social context of this proposed study addresses how effectively college students with anxiety fit into the social fabric surrounding them. Essential to young people's successful development is the social element of their lives, and evidence (Telzer et al., 2014) has shown that the environment contributes to shaping their emotional competence for them to function appropriately in society. This development occurs by learning to recognize and describe their feelings and respond appropriately to their emotions (Telzer et al., 2014). Despite years of research emphasizing the value of social context, especially the family, there continues to be little comprehension of how social contexts make a difference in young people's emotional development (Telzer et al., 2014).

Education, employment, family, romantic relationships, friendships, quality of life, and other realms of life are affected by anxiety, and social anxiety disorder (SAD) is one of the most common anxiety disorders (Hakami et al., 2017). Although the school, peers, and genetics add to the development of emotional competence, research shows that the parents are the most influential source for young people to comprehend how to label, identify, and interpret emotions (Telzer et al., 2014). When parents with emotional competence have children that model their parents' emotional profiles, the parents are contributing to their children's emotional competence (Telzer et al., 2014; Yürümez et al., 2014). During emerging adulthood, social support helps

alleviate some negative ills (Jones et al., 2018). Perceived social isolation, or loneliness, puts individuals at a heightened risk of somatic health situations (Stensland et al., 2014).

For some young people with anxiety, particularly college students with SAD, even the influence of supportive parents with emotional competence does not provide the confidence for students with anxiety to fraternize appropriately with others in a typical college setting or to function appropriately in any realm of society. Students with SAD fear being rejected, negatively evaluated, or judged (Brook & Willoughby, 2015). These students with SAD behave aberrantly toward others they perceive as directing biased and hostile behaviors toward them (Månsson et al., 2015).

Mental health theories suggest that just because well-being exists, it does not mean that mental illness is absent. A thorough mental health model focuses on the absence of psychopathology and not solely upon the favorable aspects of functioning, such as personal well-being (Seabrook et al., 2016). Both qualitative and structural social qualities that anxiety and depression affect are significant to college students' well-being (Seabrook et al., 2016). This anxiety disorder creates a loss of self-esteem, happiness, and educational confidence for the students with anxiety; it also presents a considerable loss for society at large. Manpower is lost in the workforce because of these students' inabilities to maintain relationships, parental dreams of a child with a meaningful life are diminished, and potential friends — and even some family members — walk away because the struggle for a relationship causes them to feel they are losing themselves in the process (Telzer et al., 2014).

Theoretical Context

The theoretical approach adopted in this research is based upon Ellis's (1958) seminal article, *Rational Psychotherapy and Individual Psychology*, which establishes his REBT. The

approach is structured around this theory of rational and irrational beliefs and its rationalist and constructivist theoretical foundation. Some people believe that REBT approaches are not constructivist (Mahoney & Lyddon, 1988), while others feel that constructivist components have been attached to the theory (Ellis & Dryden, 1987). Constructivists, unlike rationalists, see the individual as actively bringing about and coercing new experiences to fit what they believe to be their reality rather than seeing the individual as the sieve through which happenings are filtered. Constructivists observe not only what a client knows but how he has that knowledge (Mahoney & Lyddon, 1988). REBT encompasses aspects of both theoretical orientations as well as methods from each of them. It utilizes rational therapeutic methods, such as skill training, problem-solving, desensitization, and changing unrealistic and irrational beliefs (Watson, 1999). A constructivist approach to working with patients is indicated by several of REBT's elements. These components involve doing one's best to alter attitudes and beliefs toward themselves, and they further involve the utilization of pronounced and effective methods to reshape patients' feelings, thoughts, and actions (Watson, 1999).

Rational psychotherapy begins with the hypothesis that the most important way human emotions are created and controlled is by thinking, which turns to self-talk. Emotional problems arise when individuals tell themselves statements that are illogical, negative, unrealistic, and self-defeating (Ellis, 1958). The goal of REBT is to supplant irrational beliefs with rational beliefs, whereby HNEs associated with adaptive behaviors will replace UNEs associated with maladaptive behaviors (Turner, 2016).

Theoretical context is vital to patients who need others' approval because of the patients' lack of self-esteem and lack of self-worth. If the patients feel that there is hope to rid themselves of their negative and illogical beliefs, theoretical context is worthwhile to them (Watson, 1999).

It is also important to researchers who continue to explore Ellis's many subsequent papers and findings, and it is important to students with disabilities who look for help in dealing with their disorders by seeking useful research (Watson, 1999).

Modern models of anxiety include intolerance of uncertainty (IU) as a significant factor in developing and maintaining these financial and societal issues (Lauriola et al., 2018). Therefore, IU is a factor to be considered in the theoretical context of anxiety. IU is a characteristic that represents a fear of the unknown and is mainly associated with GAD; however, increasing evidence suggests that IU may be a factor in all emotional disorders (Carleton, 2016; Einstein, 2014; Shihata et al., 2016). People with high levels of IU envision threats in future events and endorse negative beliefs as to whether they can deal with the situation; the probability exists that they will adopt maladaptive behaviors as a result (Bottesi et al., 2019). In the case of a panic attack, a high degree of anxiety is associated with uncertainty as to the consequences of internal feelings (Boswell et al., 2014). IU can be a significant psychological and physiological stressor (Lauriola et al., 2018). In a study measuring IU for the treatment of emotional disorders, patients with anxiety and depressive disorders were given 18 weeks of cognitive-behavioral therapy (CBT) intervention (Boswell et al., 2014).

Situation to Self

The research I conducted has been partially motivated by the fact that I am a doctoral student with anxiety, and this disorder has had deleterious effects on all aspects of my life. I was motivated by a prayer that I might be able to conduct a study from which I will learn more about this disorder. In addition, I wanted this study to elicit data that will advocate for students with anxiety disorders, resulting in better medications and treatments, improved academic accommodations, and stronger voices in their care. In my situation dealing with anxiety disorder,

there have been assignments that were more difficult, and I feared every test. However, through God's grace and the love of my family and friends, I have been able to weather the storms of this disorder. For that blessing, I am eternally grateful.

I approached this study from an ontological view of reality founded in a constructivist interpretative paradigm. This ontological assumption is that reality can be seen from different perspectives (Moustakas, 1994). Creswell and Poth (2018) define ontological assumption as a belief that reality is constructed through individuals' lived experiences with their surroundings and through person-to-person interaction. The ontological assumption considers the nature of reality and its attributes. The diversity of participants' lived experiences creates multiple realities in an attempt to find an understanding of the world in which they live and communicate (Creswell & Poth, 2018). Because reality is observed through a multitude of views, my obligation as the sole researcher in the present study will be to report the various participant perspectives of multiple forms of reality. These views are exhibited in the findings through varying themes that originate via participants' verbal selections and participants' vantage points.

In qualitative research, when participants build something in their minds, that something is real (Guba & Lincoln, 1988). In the present study, since reality can be viewed from different perspectives of the world wherein they live, participants' lived experiences of the same phenomenon of anxiety, and the shared stressors, may construct unique, individual realities. Some participants in this study may construct individual and potentially irrational responses. Should the participants' stressors arise from irrational realities, my understanding of these beliefs will be relevant. In the present research, I detailed how the undergraduate study participants witnessed their lived experiences in disparate ways. The questions I asked the participants were broad and general to permit them to construct the meaning of the situation being discussed. I

observed the participants as they developed personal meanings of their experiences. Since these meanings may be from varying perspectives and may be many in number, I looked for the complexities of the views that developed through discussion. These intricacies permitted me to interpret the participants' views of the world.

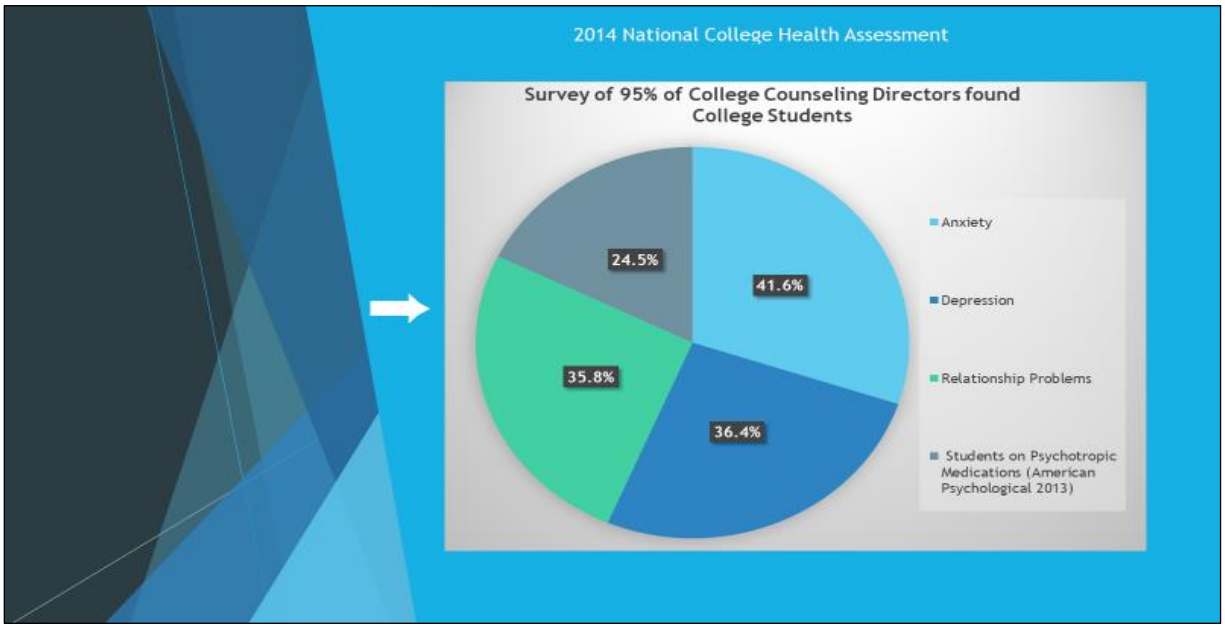
While this present study was approached from an ontological assumption, I was cognizant of axiological and epistemological philosophical assumptions. Axiologically, awareness of value-laden biases was addressed through bracketing, while epistemologically, spending time with the participants to diminish researcher-participant distancing was a research requisite.

Problem Statement

The problem of this qualitative transcendental phenomenological study is many college students suffer from a mental health anxiety disorder that is often under-recognized or undertreated (Bandelow et al., 2017). Undergraduate college students with anxiety disorders must be given a platform to voice their shared lived experiences of the phenomenon with anxiety in order that the stressors that cause the disorder may be understood. Undergraduate college students in increasing numbers have reported psychological distress, depression, and anxiety over the past 10 years (Baldwin et al., 2017). A survey of 95% of college counseling directors reported that anxiety was a major problem in 41.6% of students, depression in 36.4%, and relationship issues in 35.8% (Figure 1).

Figure 1

American Psychological Association (2013) College Counseling Directors' Survey.



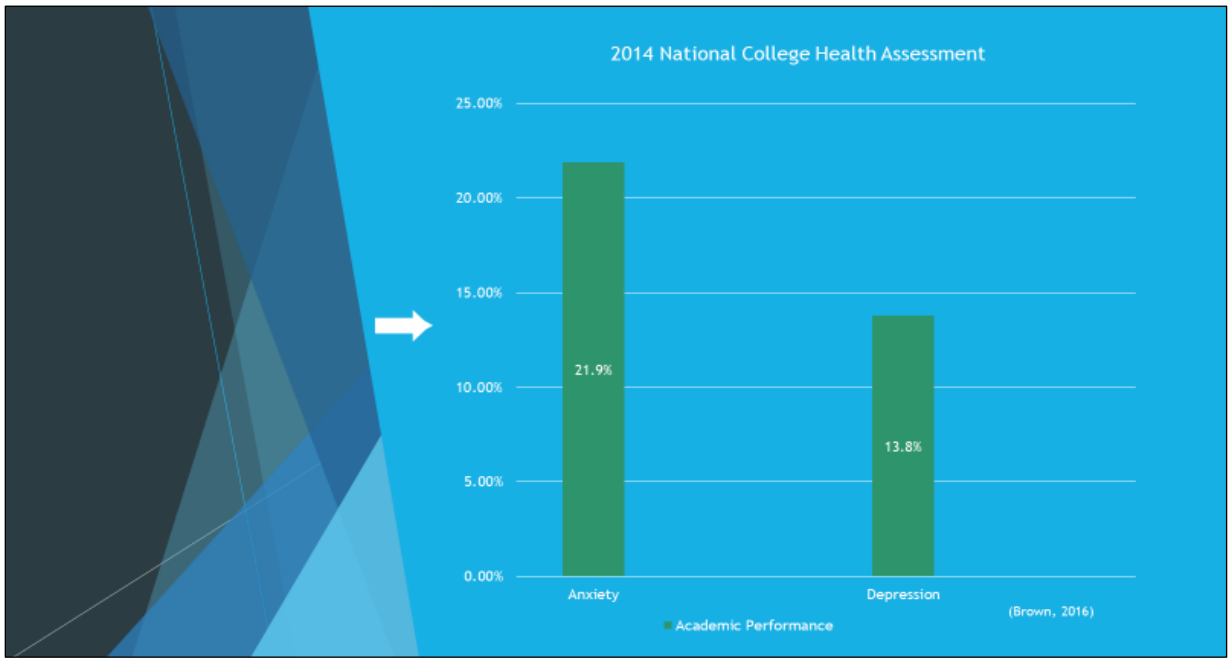
Psychotropic drugs have also been used by 24.5% of these students (American Psychological Association, 2013). Assari and Lankarani (2018) found that anxiety, which may present as GAD, social phobia, or PTSD, affects about 12% of all college students and is the most prevalent psychiatric disorder among them. Major disruptions that occur as a result of preparing to attend college may trigger the onset of psychopathology that may have manifested in childhood (Pedrelli et al., 2015). Whether the stressors stem from irrational core beliefs or other causes is essential to explore. The findings of this study provided the opportunity to understand the involved stressors. A gap in the literature has resulted in scant qualitative investigations of anxiety that provide college students a voice in narrating their emic descriptions of their lived experiences with anxiety (Kadam et al., 2001). Many of the studies conducted on college student anxiety have been quantitative, and their primary foci have been on the correlation between anxiety and academic performance or the comorbidity of the effects of anxiety with other

disorders (Assari & Lankarani, 2018; Bigelow et al., 2016; Cerutti et al., 2016; Lee et al., 2017; Shahrouri, 2016). These studies, though consequential, do not purpose to involve the participants' voices in their research, thereby leaving a relatively under-explored area of literature. Since most known quantitative research dealing with undergraduate students focuses on the statistical relationships between undergraduate students with anxiety in relation to their academic performance or to comorbidities, the lived experiences of these students are neglected and only qualitative research involving undergraduate college students with anxiety can alleviate such neglect.

The 2014 National College Health Assessment (see Figure 2) indicated that 21.9% of students' academic performance is affected by anxiety, while depression affects their academic performance by 13.8% (Brown, 2016).

Figure 2

The 2014 National College Health Assessment Students' Academic Performance.



Purpose Statement

The purpose of this qualitative transcendental phenomenological study was to understand the essence of the shared lived experiences of undergraduate college students with anxiety disorders at two universities in the Southeastern United States. One institution is a mid-sized, public, nonsectarian university, and the other is a small, private, faith-based liberal arts college. The structural models of these institutions may lead to emotional, social, and academic reactions that create stressors for these students with anxiety disorders. At this stage in the research, anxiety is generally defined as a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities (van Rooij & Stenson, 2018). The theory guiding this study is Ellis's (1958) cognitive theory, REBT, which posits that irrational core beliefs create intense negative emotions that cause suffering (Turner, 2016). The REBT theory relates to the focus of the present study to understand the stressors, or the core beliefs, which cause anxiety. A focus of the study is the significance of stressors revealed by the participants, students with anxiety disorders at the two institutions of different classifications. The study strives to determine if stressors occur from irrational core beliefs or if the stressors are a result of other psychological or physiological functions.

Significance of the Study

This study is significant because it is designed to gain an understanding of the shared lived experiences of undergraduate college students with anxiety disorders. The study's findings contributed to the existing body of literature regarding college students with anxiety disorders. The findings of this research benefit researchers, educators, the medical field, and university students with anxiety disorders.

This study is empirically significant because students with anxiety were provided an opportunity to voice their lived experiences regarding their disorders and the medical services that are available to them. Because of their lack of social skills, students with anxiety typically lack self-advocacy (Hong, 2015). Their evaluations of college or university accommodations will likely be inestimable to school officials when determining what can be done to improve students' academic persistence and to help these students achieve academic success for a rich and fulfilling life (Hong, 2015).

The elevation in student anxiety sufferers' expressions added to scholarly research. While comorbidity related to anxiety (Bigelow et al., 2016; Cerutti et al., 2016; Seng et al., 2017; Seo & Park, 2015) and the relationship between anxiety to academic performance (Assari & Lankarani, 2018; Beiter et al., 2015; Mutalik et al., 2016) have been studied extensively, there remains a gap in the literature focused on the shared lived experiences of college students with anxiety.

The present study is also theoretically significant because it may provide pharmaceutical companies, the U. S. Food and Drug Administration (USFDA), mental health officials, physicians, and policymakers with data to use as a baseline for further research (Assari & Lankarani, 2018). Policymakers may use the findings to justify legislation for more effective treatment methods for college student anxiety sufferers and to incentivize increased student voice in treatment options (Assari & Lankarani, 2018).

The practical significance the present study provides for students with anxiety is the data that can be used to advocate for improved medical care, leading to happier lifestyles, completed education, and successful student futures (Pedrelli et al., 2015). In addition, the findings of this study will have significance for the local community where the study was conducted. Higher

education administrators and employers will underscore the practical significance of this study when they utilize the data to help college students with anxiety disorders become educated citizens with fulfilled lives who can serve as valued and trusted employees in businesses, companies, and educational facilities (Hakami et al., 2017). Because this study was qualitative, it is different from other known studies that have been quantitative and have focused primarily on the correlation between anxiety disorder and academic performance, or comorbidity of anxiety with other disorders, for university students (Assari & Lankarani, 2018; Seng et al., 2017).

Research Questions

This qualitative transcendental phenomenological study of the shared lived experiences of undergraduate college students with anxiety disorders is guided by one central research question and four additional research subquestions.

Central Research Question

What are the shared lived experiences of undergraduate college students with anxiety disorders at a mid-sized, public, nonsectarian university and a small, private, faith-based liberal arts college in the Southeastern United States?

Mentally healthy college students can deal with the varied strenuous experiences and social situations characteristic of a university education (Mutalik et al., 2016). Many college students with mental health anxiety disorders conversely undergo stressors that frequently alter their desire or their potential to learn and consequently prevent them from achieving their future goals (Mutalik et al., 2016). Academic achievement is the primary focus when pursuing a college degree; when students are faced with the phenomenon of anxiety stressors, a previously healthy ambition toward goal attainment may be unrealized (Beiter et al., 2015). To determine the stressors that cause anxiety, it is essential to hear the voices of the participants to understand

their perceptions of the shared lived experiences with the phenomenon of being a college student with anxiety disorders (Creswell & Poth, 2018).

Sub-Question One

What are the perceptions of undergraduate college students with anxiety disorders regarding the impact of anxiety on academic performance?

There is scant qualitative research relative to college students with anxiety, providing them an opportunity to voice their experiences with their disorders. However, a study of students with mental health disorders in general indicated these students believed their college instructor treated them differently and gave them less attention than they gave their peers (Hong, 2015). Just as universities and colleges have a regular practice of collecting survey data on the use of illegal drugs and teacher effectiveness, there is a similar need to develop a systematic technique to monitor the students' mental health needs and to evaluate any observed psychological symptoms (Beiter et al., 2015). The impact of anxiety on academic performance prevents students from fulfilling their academic potential and promotes hopelessness and dropouts (Jones et al., 2018; Shahrouri, 2016).

Sub-Question Two

What are the perceptions of undergraduate college students with anxiety disorders regarding the ways stressors evoke anxiety attacks?

As college classrooms have gradually transitioned from the traditional lecture style to the active learning style, many classrooms, particularly science classes, have become anxiety-inducing for undergraduate college students with anxiety and mental health disorders. The competitive nature of these activities includes clicker questions wherein instructors pose multiple-choice questions, and students respond either verbally, through group work, or by

random call (Cooper et al., 2018). Anxiety frequently occurs as a result of the fear of negative evaluations (Cooper et al., 2018; England et al., 2017). When students with anxiety, especially students with SAD, are called upon to answer and are emotionally stifled by fear, they also experience embarrassment, humiliation, a feeling of panic, and a fear of negative criticism (Telzer et al., 2014). Furthermore, this reaction is common outside the classroom when undergraduates with anxiety feel inadequate while socially interacting with their peers (Telzer et al., 2014). This question should elicit descriptions that will indicate the origin of the stressors (Turner, 2016).

Sub-Question Three

What are the perceptions of undergraduate college students with anxiety disorders regarding the accommodations they receive from university personnel?

University personnel must understand which students with anxiety require academic attention. They also must be aware of the students that are most at risk of developing mental health problems in order to be prepared to intervene (Farrer et al., 2016). Some students with anxiety feel that they are treated differently by instructors than able students because anxiety sufferers require accommodations, and they also feel that advisors lack guiding knowledge (Hong, 2015). Although some pieces of legislation have made improvements toward accommodating students with mental health disorders, these students continue to battle barriers to fulfilling their educational goals (Hong, 2015).

Sub-Question Four

How do undergraduate college students with anxiety disorders perceive anxiety impacts their daily university social life?

Because students with anxiety often deal with SAD, their emotional competence has not been completely developed, and it is, therefore, difficult for them to relate to other individuals as quickly or effectively as those students free of such a disorder. They oftentimes view those with whom they are confronted in social situations as holding negative attitudes toward them (Telzer et al., 2014). Students with anxiety often undergo persistent and excessive fear of embarrassment and humiliation. Consequently, these students avoid social involvement, an avoidance that interferes with social, educational, and personal functioning (Hakami et al., 2017). As a result, loneliness and withdrawal, which create increased psychological distress, tend to occur with these students with anxiety (Stensland et al., 2014).

Definitions

The following terms and definitions are pertinent to the study, supported by the literature, and grounded in the theoretical framework of this study.

1. *Anxiety* – A mental health disorder characterized by feelings of worry, anxiety, or fear that is strong enough to interfere with one's daily activities (van Rooij & Stenson, 2018).
2. *Healthy negative emotions (HNEs)* – Healthy negative emotions that are connected to rational beliefs (Turner, 2016).
3. *Migraine* – A prevalent, painful, neurologic disorder associated with high levels of disability (Seng et al., 2017).
4. *Rational emotive behavior therapy (REBT)* – Ellis's (1958) Rational Emotive Behavior Therapy is a framework for the promotion of mental health (Turner, 2016).
5. *Unhealthy negative emotions (UNEs)* – Unhealthy negative emotions are connected to irrational beliefs (Turner, 2016).

6. *Vestibular vertigo* – Rotational vertigo, positional vertigo, or recurrent dizziness with nausea and either oscillopsia or imbalance (Bigelow et al., 2016).

Summary

Because many undergraduate college students worldwide combat a mental health anxiety disorder that does not receive deserved recognition or treatment, the stressors causing the attacks must be understood to provide these young adults with advocacy for more effective treatment, a voice in their care, academic accomplishment, and happier lifestyles (Bandelow et al., 2017). The purpose of this proposed transcendental phenomenological study was to understand the shared lived experiences of undergraduate college students with anxiety by analyzing data received from these students from two different institutions of different classifications in the Southeastern United States. Without research to find possible interventions, the likelihood for some students with anxiety is that they will fail to persist and will leave college unfulfilled (Jones et al., 2018; Shahrouri, 2016).

CHAPTER TWO: LITERATURE REVIEW

Overview

Chapter Two of this study explores the theoretical framework and related literature on anxiety, guided by Ellis's (1958) theory, which established the foundations for the REBT. The initial section of this chapter is a description of the guiding theoretical framework for this study. The second section includes a synthesis of the literature that explores the anatomy of anxiety and the disorder's impact on college students. This chapter explicitly addresses the structure of Ellis's (1958) cognitive behavior theory, REBT, and its association with Beck's (1976) cognitive model of psychopathology. In addition, the review covers literature regarding the onset of anxiety disorder and academic anxiety, the correlation between anxiety and academic performance, the comorbidity of anxiety with other disorders, the academic challenges for students with a disability, and finally, the validity and reliability of the GAD-7 and GAD-2 instruments. The chapter concludes with a summary outlining the gap to be filled by this study.

Theoretical Framework

The theoretical framework is the structure supporting the theory to explain the problem under examination. This framework strengthens the study by linking the researcher to knowledge already in existence, requiring the researcher to ask questions. Based on the ontological assumption, it relates to the characteristics of the nature of reality. The diversity of participants' lived experiences generates various realities to seek an understanding of the interaction in the world in which they live. The themes that emerge from the participants' perspectives and language usage determine the number of realities (Creswell & Poth, 2018).

Many researchers of mental illness pioneered the way for present-day research. Among the earliest theorists were analytical – developmental theorists, including Jung, Erickson, Freud,

and Kohlberg. Their theories addressed human growth, development, and learning (What Matters: Understanding Mental Health, 2015). Jung, a Swiss psychiatrist and the founder of analytical psychology, believed that the psyche — the mind and the body — was attempting to work through an issue at the time that a mental disorder onset (Betts, 2018).

Watson and Skinner were early theorists who developed the behavioral psychology theory. They contended that appropriately timed continuous reinforcement and reward of a specific behavior would produce conditioning, after which the reward could be successfully withdrawn (Cherry, 2018). Cognitive theorists included Tolman, Piaget, and Chomsky. Cognitive psychology is the branch of psychology that examines how individuals think, learn, remember, and perceive (What Matters, 2015).

Two of the earliest forms of Cognitive Behavior Theory (CBT) were Ellis's (1958) REBT and the cognitive model of psychopathology, developed by Beck (1976). REBT, the original and most influential among all CBTs, came into existence as a result of Ellis's (1958) seminal article, *Rational Psychotherapy and Individual Psychology*. The empirical support of Ellis's and Beck's clinical procedures promoted acceptance that mental attitudes and beliefs were significant to the behavioral modification of individuals with psychopathology. The marriage between the cognitive and behavioral models of human behavior and psychopathology quickly grew into a more extensive group of models. Beck's (1976) cognitive content-specificity hypothesis is a significant component of the cognitive theory of emotional disorders. This hypothesis agrees with Beck's (1976) seminal cognitive model of psychopathology, which established that each neurotic disorder could be characterized by a cognitive content specific to the disorder. However, the cognitive content-specificity hypothesis restricts this content specificity to the anxious and depressed groups (Beck et al., 1987). Depression patients' automatic thoughts, imagery, and

interpretations center on negative situations and attitudes, while the automatic thoughts of anxiety patients center around physical or psychosocial harm and danger. Beck's (1976) model attempts to change individuals' psychological outlooks to help them feel better about themselves and the future (Ellis, 1980). Because Beck (1976) considered depression extreme sadness, he believed that evocative-emotive exercises could mitigate these harmful situations. These exercises were intended to help patients recognize their feelings and change them from unacceptable to acceptable (Ellis, 1980). Adult success with CBT informed the past and continues to inform children's psychological treatment (Benjamin et al., 2012).

Ellis (1958), an American psychologist, initially developed his seminal REBT, the guiding theory of this study, as a powerful framework for treating athletes for mental health issues. Ellis devised the REBT theory when he lost faith in psychoanalysis upon realizing that regardless of whether he saw patients once a week or every day, there was no discernible difference in their progression. The patients, however, began to progress more rapidly when he began to offer them advice or interpretations. Ellis utilized the techniques he had learned from reading and practicing the philosophies of Epictetus, Marcus Aurelius, Spinoza, and Bertrand Russell, methods that had served him well in the resolution of personal issues (The Albert Ellis Institute, 2018). Ellis (1958) had learned and borrowed from each of his forerunners by the time he developed REBT.

Ellis (1958) contended that emotions and behaviors are not a result of events; instead, emotional and behavioral reactions occur as a response to the beliefs regarding the events. Ellis (1958) postulated that irrational core beliefs create unhealthy negative emotions (UNE) associated with maladaptive behaviors that cause suffering and prevent goal accomplishment. Ellis's (1958) goal with rational emotive behavior therapy (REBT) was to replace the UNE with

healthy negative emotions (HNE), which are associated with adaptive behaviors that eliminate suffering and inspire goal accomplishment (Turner, 2016). Ellis (1980) hypothesized that paying attention to these HNE beliefs, while changing the UNEs that create difficulty, could change the impact on one's life.

The Antecedent-Behavior-Consequence Model (ABC) was created by Ellis (1958) to illustrate how the behaviors occur. Ellis's (1958) REBT suggests that individuals' reactions to having their objectives blocked are decided by their negative, illogical beliefs. The ABC model illustrates how negative, illogical beliefs cause emotional and behavioral responses. The ABC model helps therapists to change patients' negative, illogical beliefs into a mature, logical way of thinking. The *A* represents an activating event, real or imagined. It is the belief about these events that cause individuals to have an emotional response. The *B* represents the beliefs that can be evaluated, and the *C* stands for the consequences of the beliefs (Watson, 1999).

Ellis (1980) compared the similarities and differences between rational-emotive therapy (RET), which began as rational therapy (RT) and eventually progressed to REBT or CBT. He argued that generalized CBT and the RET are synonymous, although specialized RET differs from CBT in several ways (Ellis, 1980). Cognitively, RET has a humanistic-existentialistic philosophical emphasis, whereas CBT does not. RBT adheres to deep-seated changes rather than symptom-related changes; it attempts to eliminate self-ratings, taking the position that all evaluations of oneself seem wrong. RET emphasizes problem-solving only if the process agrees with the patients' or clients' belief systems. It further emphasizes antimusturbatory rather than antiempirical debating techniques. Antimusturbatory debating techniques are empirical discussions that illustrate to individuals how to yield their absolutistic misconceptions regarding reality (Ellis, 1980). Antiempirical debating techniques employ rational coping statements that

do not require enlightened analysis to determine if traits are good or bad (Ellis, 1980). Concerning emotions, relationship methods that stress unconditional instead of conditional positive concerns are affected, appropriate versus inappropriate emotions are distinguished, emotions are dealt with directly, and healthy interventions are required. In the behavioral sense, punishment and rewards are essential, real-life exposure and conditioning are used, and changes in a person's irrational beliefs are attempted through philosophic skill training (Ellis, 1980).

Without attempting to prove or disprove that negative and irrational thoughts create UNEs which must be supplanted by HNEs, as Ellis (1958) claims, there is plausibility in Ellis's theory that negative, irrational emotions and behaviors create suffering, not as the result of an event, but as the reactions to the beliefs about an event. An example might be that a young boy in elementary school fails to pass a test, and the only people in the class who pass it are the ones who are generally perceived to be the brightest of the students. These supposedly bright students poke fun at the youngster for not passing. The student who did not pass the test may become emotionally crippled by convincing himself that tests are geared only toward bright students. He may become increasingly panicked each time he faces a test. Therefore, the student may be crippled by the reaction to his belief of the event and not the event itself. As a result, he may suffer from this irrational fear for the remainder of his academic career.

Because a mental health disorder is a frightening and new experience that many undergraduate college students will find themselves facing, it will be vital to delve into these participants' lives for every detail that could add substance to the research if the research is to be of merit. Ellis's (1958) REBT will inform and guide this study requiring a deep probe into the participants' consciousness for any signs of stressors related to irrational fears or for any other sign that might provide data as to the physical, emotional, or mental stressors that are causes of

anxiety attacks. This research will serve to enhance Ellis's (1958) REBT. The results of the data will offer potential possibilities to weigh alongside Ellis's (1958) assertion that UNEs are reactions to core beliefs and are associated with maladaptive behaviors that cause suffering and prevent goal attainment.

Related Literature

In order to provide a thorough body of literature on undergraduate college students with anxiety, this qualitative transcendental phenomenological study is essential to fill the literature gap relevant to the research topic. It was first essential to explore extant literature to understand where the gap in research had occurred and what type of research was missing. Through this literature exploration process, it has become clear that undergraduate college students with anxiety have experienced minimal opportunity to voice their lived experiences of the phenomenon and the fear that accompanies them (Shahrouri, 2016; Vitasari et al., 2010). Undergraduate college students with anxiety have rarely been given freedom through research to evaluate their challenges during normal daily activities. In addition, they have been deprived of input on their challenges involving anxiety and academic performance, comorbidity of anxiety with other health disorders, support services, and self-imposed challenges (Kadam et al., 2001). The issue is that there has been a failure to conduct significant qualitative research that would consider these concerns. Though exceptional for its purpose, the abundance of quantitative research does not lend itself to students with anxiety disorders' psychological, emotional, social, and healthcare needs. These undergraduate college students with anxiety disorders deserve the opportunity to voice their shared lived experiences with anxiety disorders to discover the essence of the phenomenon.

How students function daily and what their recent mental health evaluations have detailed are factors that are relevant to this research. In order to find solutions to problems that undergraduate college students with anxiety disorders undergo, the areas for research must be wisely selected. Millions of students spend each academic day in classrooms fighting their mental health anxiety disorders, threatening to deprive them of the educational successes they deserve and want. Some students fail to persist altogether (Brook & Willoughby, 2015). Although the underlying causes for the types of anxiety may vary, these disorders cause tremendous suffering to the afflicted, and often the devastation shatters the victims' families and destroys relationships (Hakami et al., 2017; Jones et al., 2018). Not only must these students deal with the confusion that frequently occurs within their minds and bodies relative to the educational tasks that are placed before them, but they also must deal with the social stigma so often attached to this disorder (Hakami et al., 2017; Pedrelli et al., 2015).

Wahl (1999) surveyed 1,301 mental health consumers, 100 of whom were interviewed regarding stigma and discrimination experience, to explore whether stigma, including discrimination, prejudice, and stereotyping, was a barrier to people with mental health disorders' achieving their life objectives. Using a consumer experience survey, Wahl (1999) asked participants to share stigma and discrimination experiences, and these experiences were included in the final survey, which had three sections. The stigma section addressed participants' specific treatment by others, participants' rejection, negative comments, or visual observations that participants witnessed about mental health, and participants' fears and behaviors of disclosing their mental health status. In order to deal with this stigma problem among college students with mental health disorders, Kosyluk et al. (2016) later conducted a study to examine contact-based and education-based antistigma intervention on 198 college students at a metropolitan Chicago

university by randomly placing the students in either a contact-based antistigma presentation, an education-based presentation, or a control condition.

Participants completed a survey related to affirming attitudes, stigma, desired social distance, label avoidance, attitudes toward treatment-seeking, and intentions to seek treatment measures before and after intervention participation. The findings of the earlier Wahl (1999) study indicated that the participants had experienced stigma from sources such as churches, families, coworkers, and caregivers. The participants worried that others would find that they had a mental health disorder, and they consequently tried to hide their disorders for fear of negative treatment.

Of ten participants, seven revealed that they were treated as less competent once their disorders were revealed. Once their disorders were disclosed, 27% of participants were advised to lower their self-expectations and settle for jobs incompatible with their educational status or intelligence levels. Lastly, 60% of participants revealed that they occasionally were avoided or shunned. In the later Kosyluk et al. (2016) study, interventions of four to 30 participants per session occurred in a campus classroom. A 15-minute presentation was followed by a five-minute question period. The control presentation was a Ted Talk beatboxing video unrelated to mental health issues.

For the contact-based intervention, students with diagnosed mental health disorders shared their mental health disorder stories of sufferings and victories with current college students taking mental health medications. The instructional presentation concluded with a delivery of what the audience could do to address stigma (Kosyluk et al., 2016). Contrary to the findings of Wahl (1999) study participants that mental illness was real and that it created debilitating effects, the education-based intervention aspect of Kosyluk et al. (2016), as

presented via PowerPoint by a graduate student, explained both stigma and mental illness and presented myths about mental illness, one of which indicated that mental illness was not prevalent in college students. The PowerPoint slide that followed conversely presented a set of statistics that disproved the myth, providing evidence that the Wahl (1999) study held validity.

The measurements used in the Kosyluk et al. (2016) study included the Perceived Devaluation-Discrimination Scale, the Social Distance Scale (SDS), the Empowerment Scale and the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS). Additional findings indicated that both the contact and education presentations increased seeking treatment attitudes and increased the belief that people with mental health issues should be empowered. A further finding indicated hope for addressing stigma barriers for college students with mental health disorders.

Anxiety disorders involve conditions that share qualities of intemperate fear and anxiety and result in demonstrations of behavioral and functional disturbances. These disorders may cause heavy anguish or a breakdown of social, academic, occupational, or other significant areas of functioning (van Rooij & Stenson, 2018). Anxiety disorders account for the most widespread class of mental health disorders, with a frequency and severity for a lifetime of over 15% (Macauley et al., 2018). In 2014, college counseling centers reported that students with anxiety had increased by 89% over the past five years. One out of every six United States undergraduate students was diagnosed or treated for anxiety in the 2014-2015 school year. This disorder also affects graduate students (Macauley et al., 2018). Identifying predictors of anxiety is essential, and the sooner such identification occurs, the better.

Onset of Anxiety Disorder and Academic Anxiety

Although recognizing childhood anxiety predictors is a significant step in early detection, prevention, and intervention, initial mental health crises are difficult to ascertain. Existing research has very few predictors, and those that exist are usually found before the perinatal period (Kingston et al., 2015). However, one practical method of predicting the potential for a serious disorder is through careful observation of the continuous progression of children's outwardly minor symptoms of an illness. Both Cerutti et al. (2016) and Pedrelli et al. (2015) found that something as seemingly innocuous as a headache one had as a small child sometimes evolves and manifests itself in the form of migraines as hormonal changes occur.

Biological, social, and cognitive changes may present as depression or anxiety when these individuals reach adulthood. In their quest to establish further empirical data on early detection and prediction, Kingston et al. (2015) conducted a quantitative population-based cohort study as to the prenatal, postnatal, and early life prognostications of childhood anxiety, utilizing data from the Population Health Research Data Repository at the Manitoba, Canada Center for Health Policy (MCHP). Included in the research were women who gave birth to sole, live infants from January 1, 2003, to December 31, 2004, who lived with their five-year-old child, and who underwent postnatal screening for the Families First Program. Results indicated that a mother's psychological distress for the child's first year and from a child's 13 months to five years, as well as the Apgar score of the child, were all considered risks of increasing the child's chance for anxiety. The decreased risk was associated with the mother being less than 20 years old, having multiple children, and birthing preterm. Conclusions were that identifying predictors would help to prevent the disorder.

In order to attempt to predict anxiety, it is vital to observe a child's susceptibility to stressful preoccupations as they advance toward the college years. According to Pedrelli et al. (2015), some individuals experience their first mental health problems when they become college students. High school graduates interested in higher education traditionally pursue college immediately after completing their secondary education. Entrance into higher education is naturally a period of stress because the students are living away from their families for the first time; they are entering the university with a plethora of unique emotions, and they are dealing with the bureaucracy of university life. In fact, Saleh et al. (2017) evaluated the vulnerability of stress in 483 college students at the University Paris Ouest Nanterre La Defense and other Parisian-area universities. A two-part questionnaire was used to collect sociodemographic data in the first part; the second part involved six questionnaires, a battery of six scales that evaluated student stress factors. Those factors included self-esteem, perceived self-efficacy, optimism, student well-being, perceived stress, and psychological distress. Statistical analyses included using Statistica-12, the Mann-Whitney U-test, and Spearman's correlation to examine links between variables. Findings indicated that college students were affected by psychological stress, 72.9%, anxiety, 86.3%, and depression, 79.3%. Low self-esteem, 57.6%, insufficient optimism, 56.7%, and low perceptions of self-efficacy were additionally discovered in more than 50% of the participants. Life satisfaction, psychological distress, optimism, self-esteem, and self-efficacy were found to be the most significant predictors of stress through regression analyses. It was concluded that intervention programs for these student stress-vulnerability factors must be given consideration. Wyatt et al. (2017) observed that some students who enter college immediately upon high school graduation may have yet to develop the cognitive maturity skills of an adult.

When this cognitive immaturity is combined with academics, test-taking, homesickness, facing adult responsibilities, and time management, stressful situations may become overwhelming.

Correlation Between Anxiety and Academic Performance

The research regarding college students with anxiety disorders is primarily quantitative and deals with a correlation between anxiety and academic performance and comorbidities of anxiety with other disorders. Afolayan et al. (2013), Mutalik et al. (2016), Shahrouri (2016), and Vitasari et al. (2010) performed studies to determine the impact of anxiety on the academic performances of university students. The Afolayan et al. (2013) study of 200 students at Niger Delta University, Nigeria, was needed to secure information to develop interventions to minimize anxiety levels in students. The hypothesis was that there would be no statistical difference between anxiety and the academic performance of male and female students.

Vitasari et al. (2010) also examined 205 male and female second-year engineering students at the University of Malaysia Pahang (UMP). The Afolayan et al. (2013) study was more resourceful than the Vitasari et al. (2010) study in that Afolayan et al. (2013) designed a questionnaire that allowed the students to express their views during exams by choosing an answer from a list of generic responses that stated the logical interpretation of the question. However, it fell short of providing significant information concerning their anxiety disorders. The Vitasari et al. (2010) study, however, seemed to lack thoroughness as the only instruments employed were the State Trait Anxiety Inventory (STAI) to measure students' anxiety levels and students' grade point averages (GPAs) to measure their academic performance. Both Afolayan et al. (2013) and Vitasari et al. (2010) found a high level of anxiety and a low level of performance, with women showing the highest degree of difference.

Additionally, Mutalik et al. (2016) and Shahrouri (2016) extended their research slightly beyond that of Afolayan et al. (2013) and Vitasari et al. (2010). Both studies addressed the correlation of anxiety with academic performance and stress and depression. Mutalik et al. (2016) examined 133 undergraduate students in a Bagalkot, India, government degree program, and Shahrouri (2016) focused on the primary sources of undergraduate anxiety in private and government institutions in Dubai. Mutalik et al.'s (2016) and Shahrouri's (2016) studies supported those of Afolayan et al. (2013) and Vitasari et al. (2010) that anxiety levels were high, suggesting an elevated degree of burden on undergraduate students. Likewise, the Mutalik et al. (2016) study indicated high levels of stress and depression. Finally, in a study of 374 undergraduate students at Franciscan University in Steubenville, Ohio, Beiter et al. (2015) found the same results as did Mutalik et al. (2016) when 15% of students reported severe or extremely severe anxiety levels, 11% reported severe or extremely severe stress levels, and 11% reported severe or extremely severe depression levels.

None of the aforementioned researchers attempted to highlight the critical effect of social ties on academic achievement. A study of 1,132 students who were part of a cohort enrolled in an Ontario, Canada, university indicated that social anxiety, which involved a fear of negative evaluation and avoidance of social situations, had a detrimental effect on academic achievement (Brook & Willoughby, 2015). Nevertheless, when these students with social anxiety managed to develop social ties with university or college peers, those social ties tended to ameliorate the adverse effects on academic achievement and social anxiety.

Brook and Willoughby's (2015) study added credence to both Tinto's (1993) theory of student integration and Astin's (1985) theory of student involvement. Tinto (1993) believed that if students become involved in college's social and academic systems, their retention, or

persistence, will be greater. Astin (1985) illustrated the importance of student involvement in college. The major concepts are inputs (demographics, background, and previous experiences) and outcomes (students' characteristics, values, beliefs, and post-graduate attitudes). Although both Tinto's (1993) and Astin's (1985) theories have gained acceptance as being valid with traditional students and students with social anxiety, as is witnessed in the Brook and Willoughby (2015) study, there seemed to be little or no research as to whether these theories would prove valid for students with other types of anxiety disorders. Of the studies reviewed, few researchers have provided college anxiety sufferers a voice in sharing their lived experiences of the phenomenon to advocate for improvements in the students' academic accommodations and lifestyles or to provide them a voice in their anxiety disorders.

The President's Council of Advisors on Science and Technology projected that one million students with science, technology, engineering, and math (STEM) degrees would be required over the next ten years. An online survey of 327 students by England et al. (2017) encompassed 12 interviewees across three large-enrollment biology classes as they investigated the impact on the anxiety of active learning practices in science education. England et al. found that five active learning practices — cold call, volunteering to answer questions, completing in-class worksheets, group work, and clicker use — caused students to experience anxiety, with some activities producing more anxiety than other practices.

In a similar study to that of England et al. (2017), Cooper et al. (2018) investigated the impact (an increase or a decrease) on anxiety produced by active learning practices, restricting the investigation to three of the five active learning practices of the England et al. (2017) study (i.e., clicker questions wherein instructors pose multiple-choice questions and students respond either verbally or technologically, group work, or random-call activities) of one large-enrollment

biology classroom. A purposeful sample of 52 participants was selected. Each participant had completed at least one large-enrollment active learning science class and was shown to have experienced various anxiety levels via the GAD-7 results (Cooper et al., 2018). Contrary to the findings of England et al. (2017), Cooper et al. (2018) found that clicker questions and group work both increased and decreased anxiety, while cold call – random call increased anxiety: Clickers were found to influence 26 (50%) of student anxiety, group work influenced 36 (69.2%) of student anxiety, cold call/random call increased 31 (59.6%) of student anxiety, and one (1.96%) student was not affected by anxiety.

Furthermore, the tentacles of anxiety disorder frequently extend to the professional fields of higher education. A disorder that may potentially onset for an undergraduate college student may escalate and debilitate those scholars whose aspirations are to receive their credentials as a medical or other professional. Psychological symptoms of medical student stress, including depression and anxiety, have been globally communicated (Wahed & Hassan, 2016).

Basudan et al. (2017) utilized a cross-sectional study to examine the prominence and depression, anxiety, and stress levels of 247 undergraduate dental students at the College of Dentistry of King Saud University (KSU) in Riyadh, Saudi Arabia. Focus was placed on measuring the levels of depression, anxiety, and stress to examine the connection between these levels and those stressors previously reported by other undergraduate dental student researchers, such as Alzahem et al. (2011), who focused on five groups of stressors: living accommodations, educational environment, personal factors, academic factors, and clinical factors. The self-report Depression, Anxiety, and Stress Scale-21 items (DASS-21) questionnaire was used by Basudan et al. (2017) for assessment. The SPSS-20 software program was used to perform statistical analysis, and a multiple linear regression analysis was performed to determine whether or not the

questionnaire variables could predict depression, anxiety, and stress. The level of depression (55.9%), anxiety level (66.8%), and stress level (54.7%) were all considered abnormal. Severe and extremely severe scores of 20.2% depression, 34.0% anxiety, and 20.2% stress were reported, confirming the hypothesis that anxiety has become college students' most common mental health problem. It was determined that participants with abnormal depression and anxiety scores required clinical diagnoses and immediate treatment. One of the strongest predictors of stress was faculty and peer relationships; if social support is high for students with anxiety, their symptoms of stress are lower. This Basudan et al. study's findings were consistent with prior findings of like studies. The Basudan et al. study's conclusions support Astin's (1985) theory of student involvement and Tinto's (1993) theory of student integration.

In their studies of medical students, both Wahed and Hassan (2016) and Liu et al. (2019) found anxiety, depression, and stress to be at exceedingly high levels for medical students as was found in dental students by Basudan et al. (2017); yet, the stressors that were discovered differed. Wahed and Hassan's (2016) cross-sectional questionnaire-based study of 442 medical students at Fayoum University, Egypt, assessed mood disorders using the DASS-21 and a sociodemographic questionnaire. Data were analyzed by using SPSS. A group comparison was conducted using chi-square and Fisher's exact tests for qualitative variables and Mann-Whitney and Kruskal-Wallis tests for scores. Wahed and Hassan examined the incidence of depression, anxiety, and stress among the university's first to fourth academic year medical students. Findings indicated that many medical students are affected by anxiety, depression, and stress, with their frequency among medical students being 64.3%, 60.8%, and 62.4%, respectively. Being female, older, and obese were stressors that accounted for higher levels of anxiety and depression.

In a Chinese cross-sectional study, Liu et al. (2019) similarly examined the anxiety and depression mental health status of 325 doctoral students in a medical university and found similar findings as did Wahed and Hassan (2016) in their study of undergraduate medical students. Liu et al. (2019) used the PHQ-9 and GAD-7 scales to assess depression and anxiety. Perception of the ability to execute research activities was measured using the Research Self-Efficacy Scale. One of their goals (Liu et al., 2019) was to ascertain whether mentoring can mediate the association between anxiety and depression and doctoral students' research self-efficacy. In China, students may enter medical school after completing high school; therefore, the stress these medical students endure parallels the stress that is entering first-year college students in the United States experience. These students' stressors can occur due to financial issues, family problems, conducting experiments, and writing theses. Liu et al. found that approximately 23.7% of participants signaled depression, while 20.0% illustrated anxiety signs. Because candidates deal with other responsibilities, the difficulty with doctoral-related requirements and neglect in connecting with mentors increased the levels of depression and anxiety. Mentoring relationships are essential to decreasing depression and anxiety.

Comorbidity of Anxiety with Other Disorders

Students with anxiety face enough barriers, but the possibility of adding comorbidity with other disorders elevates these barriers to a much higher level. Because many potential comorbidities create health situations that could drain college students' energy to persist, their educational futures could suffer. Only through university health and academic officials' diligent attention to students with disabilities can signs be observed that would inform a need for additional student physical or mental treatment. In their study of depression, anxiety, and stress in undergraduate dental students, Basudan et al. (2017) found that the strongest predictors were

the satisfactory relationships of students with their faculty and peers, followed by their college experience overall. Students who rely too heavily on relationship-building through smartphones or social media frequently become addicted to these forms of communication. For college students with anxiety, such an addiction may become a comorbidity.

Anxiety, Smartphones, and Social Media

Comorbidity is the simultaneous presence of more than one disease or disorder in a patient (Bigelow et al., 2016). Serious health situations may arise if students' anxiety becomes entangled with other disorders. Research studies provide evidence that comorbidity among migraine, depression, anxiety, and stress is frequent among college students and can be aggravated by certain behaviors such as smartphone addiction. Demirci et al. (2015) studied depression, anxiety, and daytime dysfunction in 319 Turkish students, 78% of whom were smartphone users. Boumosleh and Jaalouk (2017) likewise randomly sampled 688 undergraduate students to determine if anxiety and depression affect smartphone addiction in Lebanese university students. Demirci et al. found positive correlations between the Smartphone Addiction Scale (SAS) scores and levels of depression, anxiety, and sleep quality. There were significantly positive correlations between Pittsburgh Sleep Quality Index (PSQI) global scores, sleep disturbance, anxiety levels, subjective sleep quality, and SAS scores.

Boumosleh and Jaalouk (2017) found similar results as those of Demirci et al. (2015). The Boumosleh and Jaalouk (2017) results indicated that anxiety and depression scores are independent, positive indicators of smartphone addiction. Smartphone-related compulsive behavior, tolerance and withdrawal symptoms, and functional deterioration were high, and there was a marked negative effect on lifestyles. A cross-sectional study of 2,367 students conducted at KSU in Riyadh, Saudi Arabia et al. (2016) reached much the same conclusion as did

Boumosleh and Jaalouk (2017) and Demirci et al. (2015). Using the Arabic version of the problematic use of mobile phones (PUMP) and SPSS, Alosaimi et al. (2016) found that addiction severity levels increased in those with neurotic personality characteristics and anxiety.

On the other hand, Seabrook et al. (2016) examined depression and anxiety in relation to social networking sites (SNS). They found that because social networking sites have become a significant part of modern culture, social connectedness plays a major role in today's educational functioning (Seabrook et al., 2016). The most frequent and common methods of student relationship development during college are smartphones and social media. Not only are relationships developed between student-student for social and academic purposes, but successful and satisfactory student-faculty relationships may also stem from Blackboard assignments, cell phone conversations, and other social media such as Facebook. The fact that faculty members willingly provide students with their cell phone numbers offers comfort to many students who would otherwise hesitate to approach their professors. Positive social connectedness and positive interactions produced lower levels of depression and anxiety, while negative social connectedness and negative social interactions increased the levels of anxiety and depression. The evidence correlates with mental health, but the evidence was insufficient to determine if SNS was of detriment or benefit.

Contrary to the findings of Seabrook et al. (2016) that positive social connectedness reduces anxiety levels, Younes et al. (2016) found that consistent use of social media can be damaging to college students. A cross-sectional questionnaire-based survey of 600 students of the medical, dental, and pharmacy schools at Saint Joseph University, Beirut, Lebanon, discovered that a tremendous potential concern for them could be Internet addiction (IA), which could create stress, anxiety, depression, sleep problems, mood disorders, and a lack of self-

esteem that could limit students' pursuit of long-term academic and employment goals. IA additionally has the potential to produce harmful societal outcomes. The Young Internet Addiction Test, the Insomnia Severity Index, DASS 21, and the Rosenberg Self-Esteem Scale (RSES) were all validated instruments. Significantly greater relationships were found between IA and anxiety, depression, and insomnia; a lower correlation was found with self-esteem. Findings indicated that potential IA is often comorbid with other psychological problems.

Overuse of Facebook may be a prime example of IA. In a study that utilized an online survey of 736 college students from a large Midwestern university, Tandoc et al. (2015) implemented the social rank theory of competition to investigate whether Facebook use and envy were potentially linked to depression among college students. Because Facebook users are exposed to other people's attractiveness, opinions, and approval or disapproval, if these users fixate on competing with others they monitor, students' self-esteem may be lowered; they may feel outranked, and when that emotion exists, they become envious. Using the Center for Epidemiologic Studies Depression (CES-D) Scale, the results suggested that frequent users of Facebook would feel greater levels of envy than infrequent users; these envious Facebook users would, in turn, have higher levels of depression.

Comorbidity with Migraine

In addition to social media and smartphone comorbidity, migraine, which is generally connected to anxiety in college students, presents itself as the source of many disorders that are comorbid with anxiety. Several researchers have investigated the link (Bigelow et al., 2016), while many studies are in their early stages (Lee et al., 2017; Seng et al., 2017). The Seng et al. (2017) study is the first part of a study of 90 participants recruited from a Bronx, New York, tertiary-care headache clinic waiting room to evaluate the associations among modifiable

psychological factors and chronic migraine and severe migraine-related disability. Seng et al. (2017) evaluated changes in psychiatric symptoms and avoidance and the connection between migraine symptoms and disability in routine medical migraine visits. Logistic regression was used for examination among variables and severe migraine-related disability. The study illustrates that even a small rise in anxiety and depressive symptoms are associated with higher migraine frequency and migraine-related disability. Since this research was in the developmental stage, there was the potential for a change in the present findings.

While Seng et al. (2017) is in the early stages of development, Lee et al. (2017) examined an area that has received little attention: the comorbidity of migraine, anxiety, depression, and sleep quality with subjective cognitive decline (SCD). SCD involves memory loss, confusion, and difficulty in concentration. Participants included 188 migraineurs, and the methods used included searching past headache registry books at the Department of Neurology Headache Clinic in Bronx, New York (Seng et al., 2017). Multivariate logistic analysis showed an elevated risk of comorbidity of depression and SCD (Lee et al., 2017). Subjective pain is normal in depression patients, and chronic pain may activate a depressive state. SCD may account for high levels of depression and anxiety.

Comorbidity with Migraine and Vestibular Impairment

Assuming the results of the Lee et al. (2017) study are not discouraging to college students with anxiety, other studies have uncovered more troubling findings. Based on the 2008 National Health Institute Survey (NHIS), which incorporated a balance and dizziness supplement, and included questions about cognitive function, Bigelow et al. (2016) conducted a cross-sectional analysis of the association among the disorders. Just as was discovered by Lee et al. (2017), Bigelow et al.'s (2016) results showed that migraine is comorbid with vestibular

impairment (dizziness), as well as with cognitive and psychiatric impairment - anxiety, depression, and panic attacks (Bigelow et al., 2016; Boumosleh & Jaalouk, 2017; Kalra et al., 2016; Lee et al., 2017; Mutalik et al., 2016). Bigelow et al. (2016) found that individuals with vestibular vertigo reported that confusion and inability to remember affected their daily activities at a rate four times higher than that of their peers.

Comorbidity with Alexithymia and Psychopathology

Comorbidity between alexithymia and psychopathology may be among the more frightening possibilities arising from migraines that produce anxiety because psychiatric disorders present an increased risk of college student violent behavior (Assari & Lankarani, 2018). Cerutti et al. (2016) defined alexithymia as a personality disorder that causes its victims to be unable to recognize or describe their emotions; this disorder can create disturbances in social and interpersonal relationships and in emotional awareness. Parker et al. (1993) and Yürümez et al. (2014) conducted studies to determine the detrimental effects of alexithymia. Parker et al. (1993) found that 14 of 30 patients with panic disorder had alexithymia and that alexithymia is associated with high anxiety sensitivity and psychiatric disorders, such as eating disorders, panic disorders, and social phobia. Yürümez et al. (2014) performed the first study of 50 young children and their mothers to evaluate the mother-infant interaction regarding maternal alexithymia, depression and anxiety, and marital satisfaction. It was discovered that the mothers' alexithymia and depression levels relate to mother-child interaction, although when depression and anxiety are controlled, this effect is negated.

Cerutti et al. (2016) conducted a study similar to Yürümez et al.'s (2014) study, dividing 212 adolescent and mother migraineurs into control and experimental groups to determine if there was a connection between migraine and emotional regulation, as well as whether

alexithymia forecasts psychopathology in adolescents and mothers with migraine. The results indicated a co-occurrence of migraine and alexithymia. Cerutti et al. (2016) also found that alexithymia elevates the risk of psychopathology for mothers and adolescents. Pedrelli et al. (2015) found that psychopathology is often chronic because of the low rate of students with anxiety or other mental health disorders seeking treatment and the high rate of noncompliance with medical treatment recommendations.

Comorbidity with Mental Health Disorders and Violence

As disconcerting as the comorbidity of alexithymia and psychopathology may be for college students with anxiety, the comorbidity of these mental health disorders and violence may even be more alarming. Mental health disorders and violence have long been discussed. However, not a great deal had been investigated as to their association with college students until Assari and Lankarani (2018) conducted a quantitative cross-sectional study on violence victimization as a distinctive liability for poor mental health. Results revealed that a lifetime history of exposure to violence was connected to general anxiety, depression, and suicide. Stensland et al. (2014) linked recurring headaches to violence as well. College students exposed to violence should be tested for anxiety, depression, and suicide behaviors (Assari & Lankarani, 2018). In an extensive survey of 8,155 students, suicidal ideation was reported among 6.7%, a suicide plan was made by 1.6%, and a suicide attempt was made by 0.5% in the past year (Pedrelli et al., 2015).

Prior to this survey, Garlow et al. (2007) examined suicidal ideation and depression in undergraduate college students. The 729 students who had participated in the American Foundation for Suicide Prevention-sponsored College Screening Project at Emory University participated over a three-school-year interval. The Patient Health Questionnaire (PHQ-9)

measured depression symptoms. The findings were that a strong relationship exists between the depressive symptoms' severity and suicide ideation of college students. The study also indicated that suicidal ideation, as well as suicidal actions, are common among college students. According to Bandelow et al. (2017), anxiety and depressive disorders should be treated with psychological therapy and pharmacotherapy. Cognitive behavioral therapy provides the most substantial evidence for psychotherapy, and for pharmacotherapy, first-line drugs are the "selective serotonin reuptake inhibitors and serotonin-norepinephrine reuptake inhibitors" (Bandelow et al., 2017, p. 93).

Academic Challenges for Students with Disabilities

Moreover, because there is the potential that undergraduate college students with anxiety could find themselves faced with additional devastating disorders, these students require different types and levels of support to move skillfully through the college process. The increase in psychological problems over the past five years has created a demand for a larger number of counseling and specialized services; unfortunately, this increase in demand has not directly corresponded to a staff increase (Pedrelli et al., 2015).

Support Services Challenges

The positive and supportive attitude of faculty and staff who are familiar with disabilities is mandatory to encourage students with anxiety. Although some federal legislation, specifically the Rehabilitation Act of 1973 and the 2008 Higher Education Opportunity Act, has ensured specific provisions for students with disabilities, these students with disabilities continue to confront barriers and frustrations that prevent their academic success and college persistence (Hong, 2015). Hong conducted a qualitative study of 28 students from approximately 4,300 students at a small East Coast suburban college, a part of a more extensive state system. The four

themes that emerged from the data retrieved from students with disabilities were faculty perceptions, the fit of advisors, stressors, and the quality of support services. The most-cited barriers by students with disabilities in a study of 28 colleges in Florida were the feelings and behaviors shown by the faculty and staff unfamiliar with disability concerns. To determine academic and non-academic stressors, a cross-sectional study of 258 undergraduate Indian dental students was conducted by Bathla et al. (2015) to evaluate anxiety, depression, and suicide intent. Both academic and non-academic stressors were analyzed, such as long working hours, faculty and administration pressure, parental pressure, performance pressure, examination and grade pressure, lack of sleep, and poor health. The Hamilton Depression Rating Scale (HAM-D) and the Hamilton Anxiety Rating Scale (HAM-A) were used for measurement. Pearson's chi-square test, multiple ANOVA, and Kruskal-Wallis and Mann-Whitney tests were used for analysis. Findings indicated that long teaching hours, failure, fear, competition, professional lack of interest, homesickness, and test frequency were common stressors. Anxiety and depression levels were highest in the initial and last years of study, yet the suicidal intent was consistent throughout all the students' dental school years. By identifying stress areas, the findings suggested that faculty could make an effort to make curriculum adjustments, such as implementing a stress management class, without changing the dental school requirements (Bathla et al., 2015).

Beiter et al. (2015) examined the frequency of mental health challenges, with particular emphasis on first-year college students. The conclusion was that first-year students reported lower rates of anxiety, depression, and self-injury diagnoses than those in higher education levels, yet they reported higher rates of suicide ideation and attempts (Pedrelli et al., 2015). It was determined that first-year undergraduate students have an escalated chance of mental health

challenges and simply may not be seeking help. Beiter et al. (2015), Hong (2015), and Seng et al. (2017) agreed that feelings of inferiority might cause extensive harm to the educational functioning of students with anxiety. It is beneficial that universities comprehend what factors decrease stress, anxiety, and depression to support their students with disabilities.

Self-provoked Challenges

Challenges, other than support services, that face college students with anxiety and their ability to accomplish in the classroom are self-provoked yet triggered by their disorders (Beiter et al., 2015; Pedrelli et al., 2015). Baldwin et al. (2017) investigated wellness among 211 undergraduate students at a small, private liberal arts college in the southeast. Word-of-mouth solicitation was used, and most of the participants were psychology students. A total of 63% were female, 87% were Caucasian, 7.1% were African American, 1.4% were Hispanic/Latino, 1% were Asian American, and 3.3% were biracial (Baldwin et al., 2017). Studies (Baldwin et al., 2017) suggested that poor sleep habits created mental health complaints, caused a negative impact on academic achievement, and caused poorer sleep quality in women than in men. Doane et al. (2014) and Choueiry et al. (2016) added evidence that poor sleep habits produce adverse academic and health effects.

Doane et al. (2014) performed a cross-lagged study of 82 participants from a large Southwestern university to examine whether sleep quality, quantity, and variability changed during the transition to college. Recruitment of participants began in the spring of their senior year of high school, continued in the fall of their freshman year of college, and was completed in the spring of their freshman year of college. Some objective and subjective indicators showed sleep improvement over the transition, yet anxiety symptoms increased after the transition. The

length of sleep duration decreased after transition and was linked to poor academic performance (Doane et al., 2014).

Adding to the evidence in this area, Choueiry et al. (2016) conducted an observational cross-sectional study at Saint Joseph University in Lebanon; 462 participants were randomly selected from the schools of medicine, dentistry, and pharmacy to participate in a first-known study that investigated the sleep disorders (SDs) of three disparate areas of sleep health. The areas investigated were insomnia, sleep quality, and immoderate daytime sleepiness and their association with anxiety disorders. The Insomnia Severity Index (ISI), the PSQI, the Epworth Sleepiness Scale (ESS), and GAD-7 questionnaires were administered. Statistical analysis was conducted using SPSS software. Statistical comparison was performed using ANOVA or students' t-tests. Categorical variables were measured by chi-square or Fisher exact tests, while Spearman correlation coefficient measured correlations. A 50.8% correlation was found between anxiety and daytime sleepiness. Clinically significant insomnia was discovered in 10.6% of participants. The researchers also found that insomnia contributes to mood and anxiety disorder development and that if insomnia becomes comorbid with depression, it may increase the potential for graver problems. Sleep depression also correlates with harmful behaviors such as not eating properly, not exercising properly, smoking, and not following medical treatment advice (Pedrelli et al., 2015). Illicit drug and alcohol use peaks during college years, and binge drinking is a hazardous behavior that accounts for motor vehicular or other accidents, unsafe sex, and poor classroom performance (Beiter et al., 2015; Pedrelli et al., 2015). Negative behaviors place these students at risk for severe future health issues. Wellness must be promoted to these college students.

The challenges faced by students with anxiety extend into perfectionism and coping. In an Argentine study of 277 university students, Arana and Furlan (2016) showed the correlation between perfectionism, text anxiety, and pre-exam coping. To a certain degree, the worry was found to be essential when perfectionists undergo exams. The connection between the three depends on whether striving for perfectionism is an adaptive or maladaptive behavior.

In a reappraisal psychosituational intervention study, Jamieson et al. (2016) concurred with Arana's and Furlan's (2016) findings. Jamieson et al. (2016) randomly placed 93 Midwestern community college developmental mathematics students (across five semesters) into either a stress appraisal group class or a placebo control group class to determine the benefits of stress arousal on performance and to examine stress reappraisal techniques on math anxiety and math performance. The professors were not informed as to which group was in their class, the material covers for reappraisal and placebo instruction were identical, and the professors were unaware of the hypothesis that established that participants placed in the reappraisal group would show an increase in coping abilities from Exam 1 to Exam 2.

The reappraisal group was instructed about adapting to stress, and that increased stress during testing was beneficial in dealing with acute demands and performance improvement. On the other hand, the placebo group was asked to read literature suggesting that the best way to deal with stress is to ignore negative thoughts (Jamieson et al., 2016). The Abbreviated Math Anxiety Scale was used to measure math anxiety. A two-level hierarchical linear model (HLM) using HLM6 software was built to accommodate students in the classrooms. Findings indicated support for a priori hypothesis, and there was an increase in the ratio of resources to demand; reappraisal, however, had no significant effect on math learning anxiety. The coping and stress issues were examined in Kalra et al. (2016) quantitative, cross-sectional study examined the

coping and stress issues to evaluate undergraduate medical students' perceived stress and coping behaviors at S.N. Medical College, Bagalkot, India. Unlike the Arana and Furlan (2016) and Jamieson et al. (2016) studies, Kalra et al.'s (2016) results did not indicate that worry was a positive motivator. However, it showed that 42% of the participants had extremely high health concern levels, and 28% had high health concern levels.

Competitiveness is another condition that may relate to college students' well-being. Abouserie (1994) discovered that competition for grades was college students' major source of academic stress. Posselt and Lipson's (2016) study provided the first comprehensive examination of college students' perceived competition, depression, and anxiety. Competition has the potential to motivate students to high achievement, or, on the other hand, it can cause such high levels of stress that it discourages persistence. Abouserie (1994) suggests that college students with external beliefs are stressed more than those with internal beliefs. Posselt and Lipson cited data from the National Alliance on Mental Illness (NAMI) in their study. In 2015, the number of college students diagnosed or treated for the disorder reached 25%. Posselt and Lipson's data came from the 2007–2013 Healthy Minds Study (HMS), which involved 40,350 undergraduate students at 70 colleges and universities. The PHQ-9 was used to measure depression and anxiety symptoms. The independent variable was perceived competition, and the dependent variables were depression and anxiety (Posselt & Lipson, 2016). Hypotheses 1a and 1b were the probabilities that perceived competition is associated with anxiety and depression. Findings indicated high levels of perceived competition in classes and depression and anxiety, supporting Hypothesis 1.

Validity and Reliability of Instruments

When debilitating disorders such as alexithymia, vestibular impairment, violence, psychopathology, or even sleep deprivation can become comorbid with migraine and anxiety in college students, the reliability and validity of instruments used to test for GAD (i.e., GAD-7) and migraine (i.e., GAD-2) are of monumental importance. According to Sapra et al. (2020), the GAD-7 is a satisfactory instrument for distant health surveys because of its administrative ease and strong psychometric properties. Seo and Park (2015) investigated the reliability and validity of the instruments by obtaining study participants from headache clinics. The subjects' GAD was evaluated using the International Neuropsychiatric Interview-Plus Version 5.00 (MINI). The GAD-7, the Beck Anxiety Inventory (BAI), the Migraine Disability Assessment Scale (MIDAS), the Headache Impact Test-6 (HIT-6), and the Migraine-Specific Quality of Life (MSQoL) were completed by the participants (Seo & Park, 2015). The results showed that the MINI results indicated that 32 of the 146 participants suffered from GAD, and the results further showed that the GAD-7 and the GAD-2 were both reliable and valid instruments to be used for GAD in patients with migraine (Seo & Park, 2015). Because the GAD7 instrument is long, there were requests for a shorter version. These requests led to the implementation of the GAD-2 instrument, which contains the first two GAD-7 questions that represent the significant anxiety symptoms (Sapra et al., 2020). The presented existing literature regarding the onset of anxiety disorder and academic anxiety, the correlation between anxiety and academic performance, the comorbidity of anxiety with other disorders, and the academic challenges for students with disabilities, confirms the need for students with anxiety to relate their lived experience convictions regarding their educational pursuits and the barriers that they encounter in seeking help (Afolayan et al., 2013; Arana & Furlan, 2016; Assari & Lankarani, 2018; Astin, 1985;

Baldwin et al., 2017; Bandelow et al., 2017; Beiter et al., 2015; Bigelow et al., 2016; Boumosleh & Jaalouk, 2017; Brook & Willoughby, 2015; Cerutti et al., 2016; Demirci et al., 2015; Hakami et al., 2017; Hong, 2015; Jones et al., 2018; Kalra et al., 2016; Kingston et al., 2015; Lee et al., 2017; Macauley et al., 2018; Mutalik et al., 2016; Parker et al., 1993; Pedrelli et al., 2015; Seabrook et al., 2016; Seng et al., 2017; Seo & Park, 2015; Shahrouri et al., 2016; Stensland et al., 2014; Tinto, 1993; Vitasari et al., 2010; Wyatt et al., 2017; Yürümez et al., 2014). The above-cited research also confirms the need for these anxiety sufferers to express their emotions regarding the potential for increased health danger because of the comorbidity factor.

Summary

Chapter Two of this study explored the theoretical framework and related anxiety-related literature. This review established the existing literature related to college students with anxiety disorders and the qualitative gap that exists in the research on this subject. This chapter addressed the melding of Ellis's (1958) REBT with Beck's (1976) cognitive model of psychopathology and its successful use to the present day. This chapter discussed the onset of anxiety disorder and academic anxiety and set out the challenges students with anxiety undergo. Chapter Two also discussed the effect that anxiety has on college students with anxiety if and when their anxiety disorder becomes comorbid with other disorders such as migraine, depression, alexithymia, vestibular vertigo, or psychiatric disorders. Although much credible and valuable quantitative research has been conducted regarding college students' mental health disorders and the effect that these disorders have on academic achievement and persistence, students with anxiety primarily have been excluded from voicing their narratives that researchers need to hear and from eliciting data in order to advocate for the improvement of their situations. Qualitative research is, therefore, needed to fill the gap in the literature, and the proposed study

will begin accomplishing this goal. Finally, Chapter Two addressed the validity and reliability of the GAD-7 and GAD-2 instruments used for testing for these disorders.

CHAPTER THREE: METHODS

Overview

The purpose of this qualitative transcendental phenomenological study was to understand the essence of the shared lived experiences of undergraduate college students with anxiety disorders at two universities in the Southeastern United States. One institution is a mid-sized, public, nonsectarian university; the other is a small, private, faith-based liberal arts college. Chapter Three comprehensively describes the research design, the participant selection process, and the research setting. The research questions are restated, and the data collection and analysis processes are described. The steps to ensure trustworthiness are addressed before the chapter concludes with a summary.

Research Design

The transcendental phenomenological research design is appropriate for this qualitative study because there is a need to understand the stressors that create anxiety. There is a need to hear participants' voices regarding their anxiety disorders and their influence on their academic and social lives. Qualitative is an approach to studying research problems that examines the connotations people assign to a social or human dilemma (Creswell & Poth, 2018). The goal of qualitative research is to hear the shared lived experiences of research participants and to understand the experiences beneath the consciousness of human behaviors (Schwandt et al., 2007). As the researcher for the present study, I hope to provide undergraduate college students with anxiety disorders the opportunity to voice their shared lived experiences to discover the essence of the phenomenon.

The phenomenological design includes the lived experiences of individuals pertaining to a specific concept (Creswell & Poth, 2018). The transcendental phenomenological approach was

selected for the present study because qualitative data that focus on the participants' perceptions of their anxiety experiences expressed in their own words will be required (Polkinghorne, 1989).

The proposed research will attempt to understand the common meaning of college students' shared lived experiences with the phenomenon of an anxiety disorder (Creswell & Poth, 2018). Participants will be selected based on their shared experiences with the studied phenomenon. Data will be collected via a questionnaire, individual interviews, a single focus group interview, and participant journaling from several college students with anxiety who have experienced the same phenomenon. Each student's experience will be valued equally (Moustakas, 1994).

By individually interviewing these college students with anxiety disorders and by listening attentively to the college students' perceptions of the phenomenon, I will focus on the students' words to understand whether the stressors that elicit the anxiety attacks are produced as a result of irrational core beliefs that create suffering as Ellis (1958) asserted, or from other causes. I will also listen attentively to ascertain if a common thread is being revealed regarding the stressors. Since I will be focusing on the perceptions of undergraduate college students with anxiety disorders regarding their shared lived experiences with the collective phenomenon of anxiety in an academic climate, the data will hopefully provide me with a level of understanding of the participants' experiences individually and collectively. I will then analyze the data by going beyond the participants' perceptions of the experiences to the structure beneath the consciousness to comprehend their meanings and essences (Moustakas, 1994). The essence of the experiences of these undergraduate college students with anxiety will be elicited from the structural and textural descriptions of the data.

The stressors that elicit anxiety attacks that create turmoil for undergraduate college students with anxiety are the focus of this study. Through the transcendental phenomenological research method, it is my hope that hearing the students' voices and understanding the stressors will provide insight as to how these students may receive improved physical and mental care and how their academic and social lifestyles may be improved.

One of the transcendental phenomenological approach concepts is Epoché, or bracketing, which occurs when investigators set aside their personal views and experiences to observe the phenomenon anew (Moustakas, 1994). Patton (2002) remarked that a competent analyst steps away from the data to allow the data to relate to their own story. I will be a competent analyst in that I will bracket out all personal experiences and maintain a self-reflective journal throughout the study to cite personal reflections on the phenomenon and research techniques (Moustakas, 1994).

Historically, phenomenology, which has a strong element of philosophy, was influenced by German mathematician Husserl and others such as Heidegger, Sartre, and Merleau-Ponty (Spiegelberg, 1982). Phenomenology is favored in the social and health sciences, especially in sociology, psychology, nursing and health sciences, and education (Creswell & Poth, 2018). Moustakas (1994), Stewart and Mickunas (1990), and Van Manen (1990) offer contrasting philosophical arguments for phenomenological use today. Yet, the philosophical assumptions across these viewpoints retain some commonalities, such as individuals' lived experiences and the consciousness of the experiences (Creswell & Poth, 2018).

Research Questions

The transcendental phenomenological study of the shared lived experiences of undergraduate college students with anxiety disorders will be guided by one central research question and four additional research subquestions.

Central Research Question

What are the shared lived experiences of undergraduate college students with anxiety disorders at a mid-sized, public, nonsectarian university and a small, private, faith-based liberal arts college in the Southeastern United States?

Sub-Question One

What are the perceptions of undergraduate college students with anxiety disorders regarding the impact of anxiety on academic performance?

Sub-Question Two

What are the perceptions of undergraduate college students with anxiety disorders regarding the ways stressors evoke anxiety attacks?

Sub-Question Three

What are the perceptions of undergraduate college students with anxiety disorders regarding the accommodations they receive from university personnel?

Sub-Question Four

How do undergraduate college students with anxiety disorders perceive anxiety impacts their daily university social life?

Setting and Participants

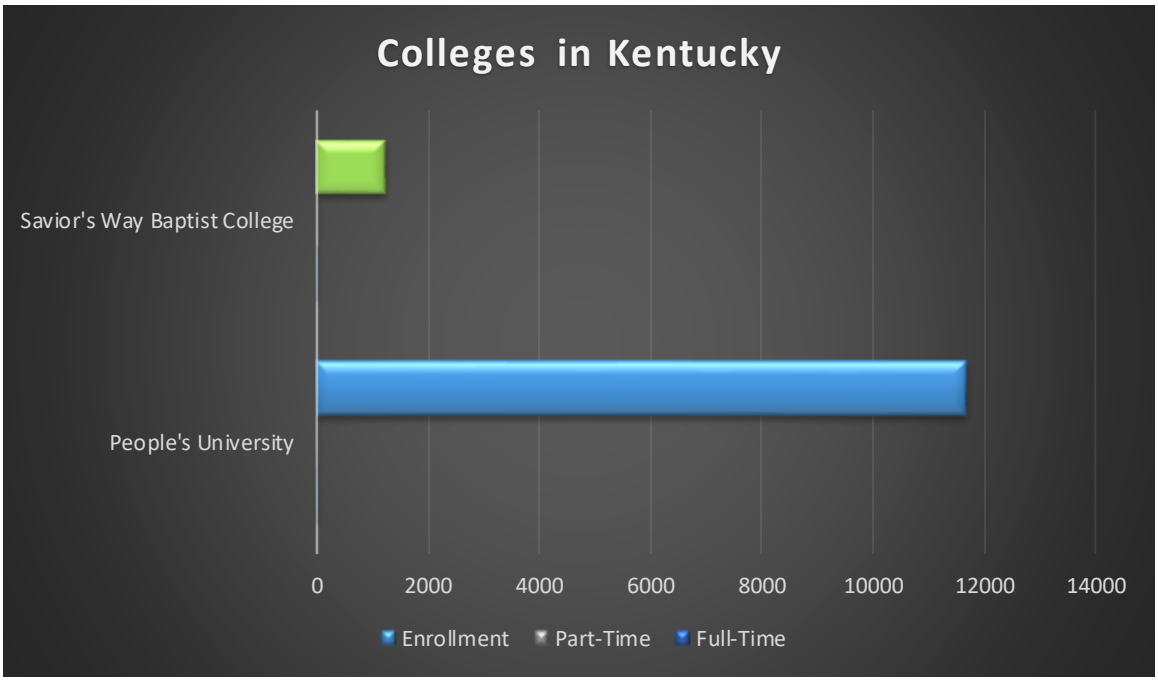
There will be a neutral site for the research participants from Savior's Way Baptist College and People's University. Savior's Way Baptist College is the pseudonym that will be

used for the small, private, faith-based college, and the pseudonym for the mid-sized, public, nonsectarian university will be People's University.

The 2020-21 Savior's Way total population was 1,625 students from all 50 states and internationally. The undergraduate enrollment was 1259 students. People's University's total enrollment for 2020-21 was 13,984 students from all 50 states and worldwide. The undergraduate enrollment was 11,684 (see Figure 3).

Figure 3

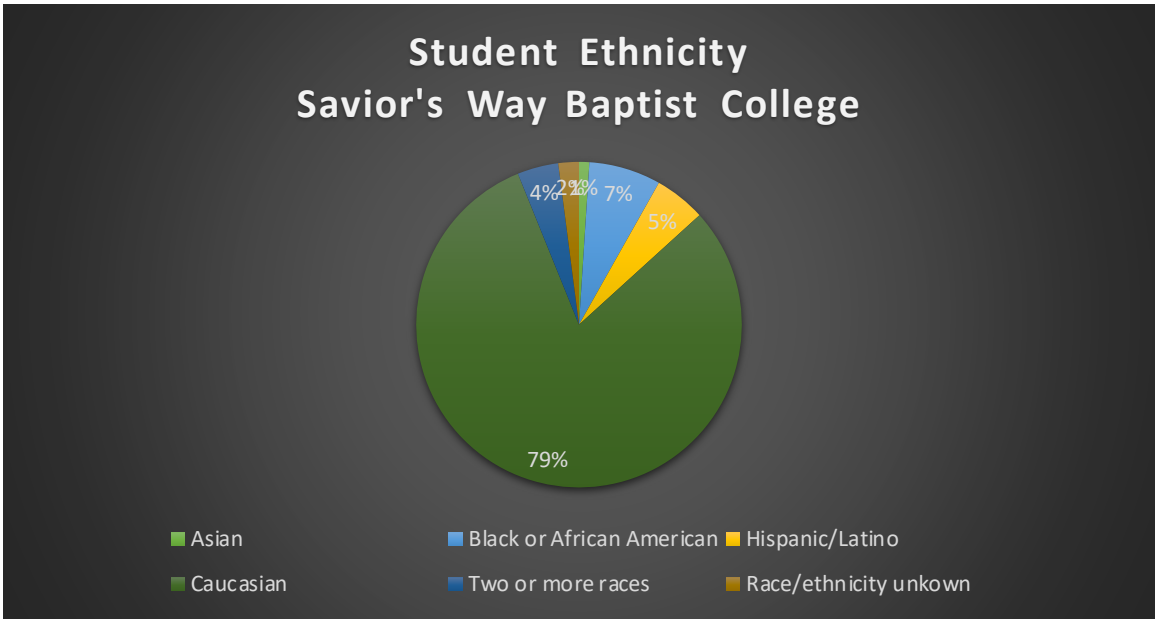
2020–21 College Population for Savior's Way Baptist College and People's University



Savior's Way undergraduate student race and ethnicity is Asian (1%), African American (7%), Hispanic or Latino 5%), Caucasian (79%), two or more races (4%), and race or ethnicity unknown 2%; (see Figure 4).

Figure 4

2020-21 Savior's Way Baptist College Ethnicity

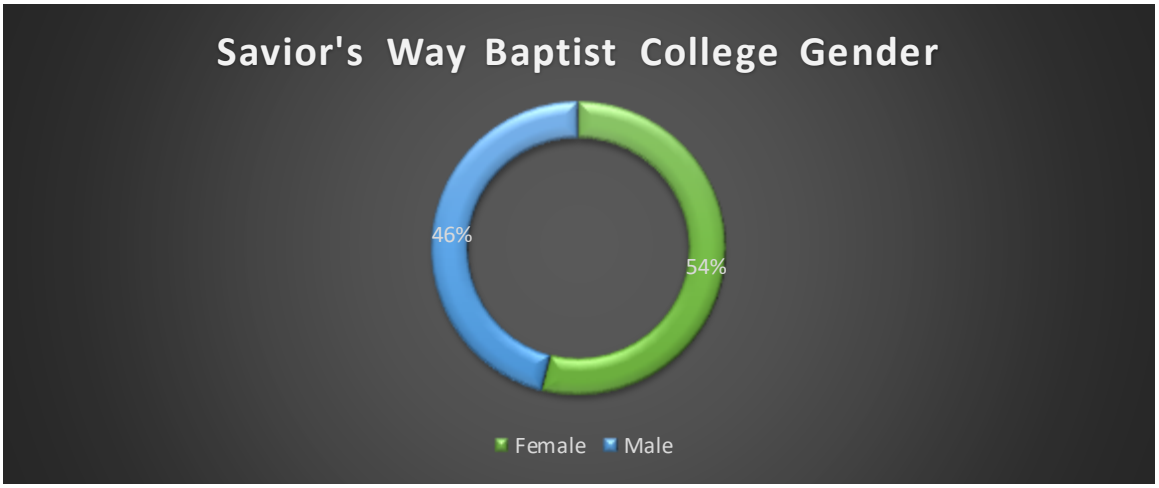


Of undergraduates, 54% are female and 46% are male (U.S. Department of Education, 2022).

See Figure 5.

Figure 5

2020-21 Savior's Way Baptist College Gender



The People's University undergraduate student race and ethnicity is Asian (1.0%), African American (6.0%), Hispanic or Latino (4.0%), Two or more races (4.0%), Caucasian (81.0%), unknown (1.0%), and nonresident alien (1.0%). International students comprise 2.5% of total enrollment (U.S. Department of Education, 2022). See Figure 6. The undergraduate student gender for People's University is 59.0% female, 41.0% male (see Figure 7).

Figure 6

2020-21 People's University Ethnicity

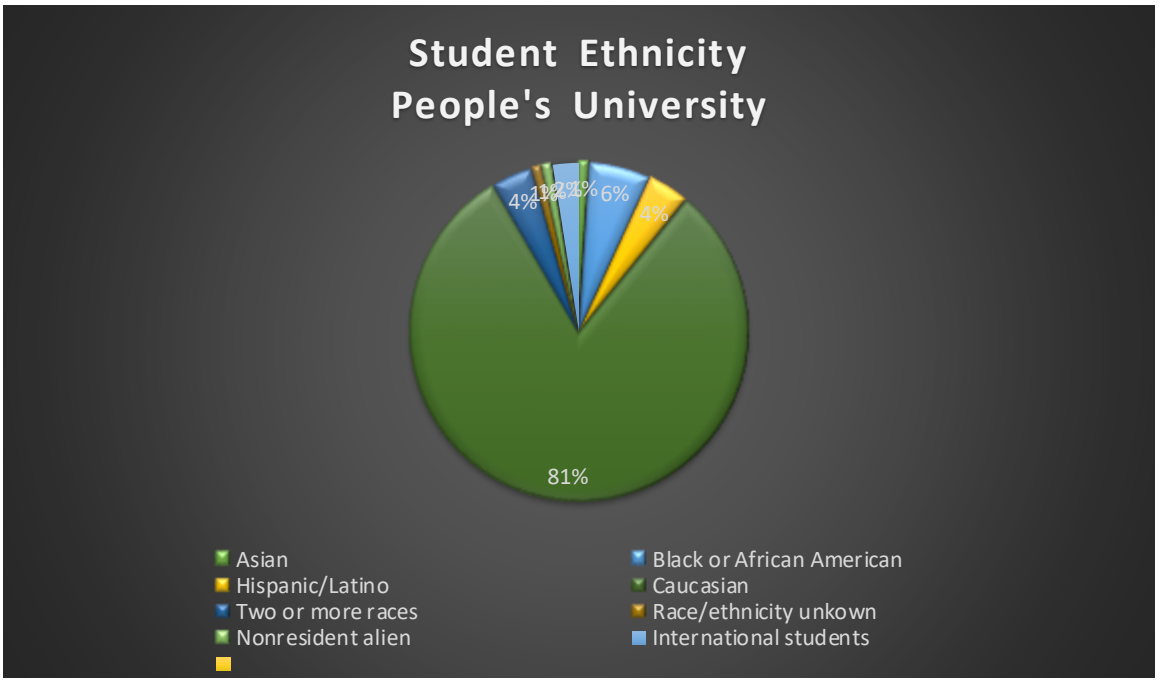
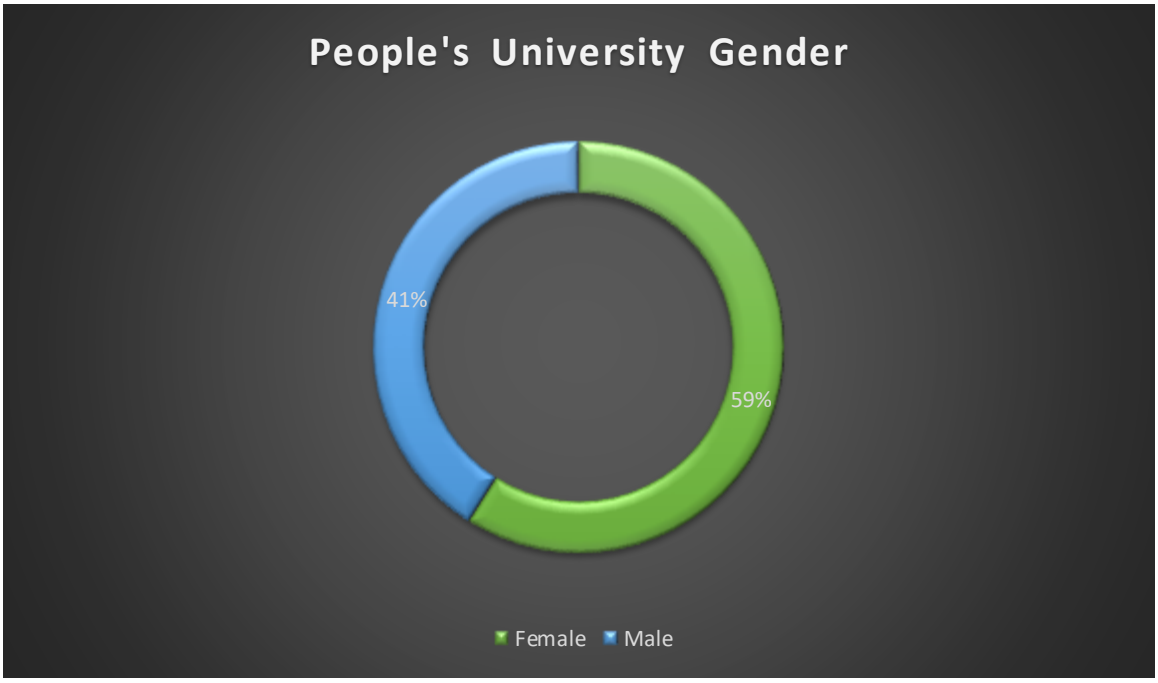


Figure 7

2020-2021 People's University Gender



Savior's Way is located in the central part of Kentucky in close proximity to three large cities. Built on a Baptist foundation, Savior's Way cultivates a knowledge and commitment to the Christian faith in its students. Savior's Way offers academic programs in the liberal arts, sciences, and professions and has been recognized for its 36 Fulbright Scholars over the past 30 years. Academic programs include accounting, American studies, art, art education, Asian studies, athletic training, behavioral neuroscience, biochemistry, biology, biology education, biomedical sciences, and business administration. Savior's Way is governed by a board of directors, which is in control of the education program. The board of directors appoints the president, provost, secretary, and treasurer of the college; it grants degrees and controls the university budget.

People's University is located in a small city in the Southeastern United States. It is

surrounded by companies, residential areas, and a park. The public university offers over 100 degree programs that are nationally recognized — from associate to doctoral degrees. Quality education is offered in general education, the arts, the sciences, business, education, pre-professional and professional areas, and applied and technical disciplines. People's is governed by an 11-member Board of Regents, which operates under the authority of a revised state statute. People's desire, in part, is to develop scholars with mental curiosity through intellectual and cultural offerings and to provide students with an understanding of American democracy and their roles as responsible citizens. The Southern Association of Colleges and Schools Commission on Colleges accredits both People's University and Savior's Way.

Savior's Way is presided over by a female president who has received recognition for serving as a faculty advisor for the Fulbright Scholar Program and other honors while she served as a member of the faculty of Savior's Way. She governs an institution that reflects programs in politics, law, international law, and various other programs. People's University is led by a newly-chosen president, who is a native of a southeastern state, a first-generation student, and a People's University graduate. Prior to having been chosen university president, he served as university interim president. In that role, he governed the university during the Covid-19 pandemic. He managed the budget and overcame unexpected challenges by developing and executing a successful process for bringing the students back for on-campus learning. People's University Interim President developed a plan to deal with students' university access and affordability. As president, he makes innovation, creativity, and excellence his priority.

I selected the two study sites because they are significant educational institutions that serve vast numbers of state, national, and international students. I chose a mid-sized, public, nonsectarian university and a small, private, faith-based liberal arts college, not for comparison,

but to understand the significance of stressor data from a combination of participants from two higher educational institutions of different classifications.

The mid-sized, public, nonsectarian university has a reputation for being a quality educational institution. As the researcher for the present study, I will provide undergraduate college students with anxiety disorders the chance to voice their shared lived experiences with anxiety disorders to discover the essence of the phenomenon. In order to understand the origin of participants' stressors, it is essential that I secure sufficient data to distinguish between core beliefs and other motivations. I hope to receive data as to why undergraduate college students with anxiety disorders have chosen to attend a mid-sized university, considering that statistical consensus is that size has a marked impact on students' college experiences. Large universities have a higher ratio of students per teacher (Visual Academy, 2019). Under these circumstances, undergraduate college students with mental health problems may be unable to develop close personal relationships with faculty or receive the degree of individual attention they would have received had they chosen a small college, thereby leading to unexpected stress. I hope to collect enough data from the mid-sized institution undergraduate students with anxiety disorders to understand if the stressors originate, for example, from university bureaucratic insecurities, from mid-sized university anonymity, from a push to attend a parental alma mater, or perhaps from participants' irrational core beliefs that a larger university is superior to a smaller one.

Furthermore, the selected small, private, faith-based liberal arts college has a reputation for providing exceptional education and valuable service to its students and the community. As the researcher for this present study, I want to provide undergraduate college students with anxiety disorders the opportunity to voice their shared lived experiences with anxiety disorders to discover the essence of the phenomenon. So that I may understand the origin of the stressors

that attack these students with anxiety disorders, it is essential that I listen attentively to their voices and take copious notes to determine if the evidence is revealed as to why these students have chosen to attend an institution of this classification. For instance, I need to understand whether it is because they have been reared in faith-based homes and have succumbed to parents' will to continue their faith-based development, whether they believe they are less likely to face stigma in a small college with small classes and Christian support, whether they hold the core belief that God will not permit them to fail provided they are faithful in their decision making, or whether the participants hold other irrational core beliefs that create stressors.

Moreover, there have been few studies on this topic that involve undergraduate college students with anxiety disorders in institutions of these classifications. I am hopeful that the participation of undergraduate students with anxiety disorders from these two research sites will provide beneficial results to others and themselves, and that their involvement in this study will act as esteem builders for them as participants.

Participants

Upon the approval of the Institutional Review Boards (IRBs) of Liberty University and the study sites, I will request approval from each of the colleges' administrators, counseling centers, and health service centers to post flyers within the schools and their departments and to use email to invite interested students with anxiety to participate in the study. I asked the counseling center, the psychology department, and the institutional research department of the research colleges to send a blind email copy to all students, copying me on the email, to inform students of the research and to invite any person interested to contact me at my provided email address. The flyers will include the purpose of the research, the study purpose, the required age

of 18, a required signed physician or therapist confirmation of students' anxiety diagnosis to participate, and my contact information, such as email and phone numbers.

As the sole researcher for the present study, I will allow undergraduate college students with anxiety disorders to voice their shared experiences with anxiety disorders to discover the phenomenon's essence. Participants will be solicited through questionnaires to procure a purposeful sample, and a determination will then be exacted as to those who adhere to the research stipulations for inclusion. The questionnaires are used for screening only, and data will not be analyzed qualitatively. I will meet with all students who have indicated an interest in the research to explain the research, the procedures, the protection of their identities, the participant requirements, the data collection, the analysis procedures in which they will participate, the benefits, the risks (if any), and study feedback. I will make clear that students who have experienced or are currently experiencing the phenomenon of anxiety will be selected, and who can present a signed document from a physician or therapist confirming that the student has been diagnosed with a mental health anxiety disorder (Moustakas, 1994). Students with anxiety will be informed that should they be selected for the study, they may voluntarily withdraw from the study at any time.

I will clarify that there will be a $25 gift card in appreciation for participants' time taken from their studies to devote to research, as well as the intrinsic reward that they will receive from knowing that they are performing a worthwhile act that could serve to benefit themselves and all who suffer from anxiety. Upon receipt of physicians' or therapists' statements of diagnosis, I will distribute consent forms to undergraduate students with anxiety who are suitable and willing to participate. I will explain that the student must sign the forms to be accepted into the study.

At this meeting, a screening questionnaire will be disseminated for potential participants to complete to determine student suitability for the research project. Questionnaires designed to locate and select research participants will be guided by the nature and purpose of the investigation (Moustakas, 1994). Moustakas (1994) advised that a signed permission form by participants will be necessary once appropriate participants are found. The participants will be expected to be led by the ethical principles of the research. The participants must be willing to commit the time and the work required to the research; they must be willing to be recorded, and they must be willing for the data elicited to be used in a dissertation (Moustakas, 1994). Participants must be provided information as to which data collection techniques will be used, the significance of the confidentiality of data, and how it will be stored.

Since I will have access to the email address of each participant, once the 15 undergraduate students with anxiety have been selected for the study, the time, place, and appointments will be established and executed for individual interviewing. Times and dates, however, may be adjusted for participants' previous commitments. The COVID-19 pandemic may necessitate interviews be conducted using apps such as FaceTime, Zoom, or Microsoft Teams. I will interview each prospective participant using open-ended response questions. The type of sample will be a purposeful criterion sample. Some students will be purposefully sampled by myself and a selected committee member for the identification of broad insights and rich information related to the phenomenon of anxiety (Patton, 2002). Snowball sampling will be performed so that participants can recruit acquaintances interested in the study. A diverse combination of participants is preferred (Creswell & Poth, 2018).

Procedures

Upon receiving IRB approval from Liberty University and the study sites, I will initiate the steps to conduct the research. See Appendix A. As the researcher for the present study, I will give undergraduate college students with anxiety disorders a chance to voice their shared lived experiences with anxiety disorders to discover the essence of the phenomenon. I will solicit the participants through the use of a screening questionnaire. Data derived from the screening questionnaire will only be used to select participants and will not be analyzed qualitatively. Additional anxiety-related information will be distributed to potential participants after identification.

Data collection will be performed to gain an in-depth comprehension of the participants' viewpoints, happenings, or realizations of the phenomenon (Creswell & Poth, 2018; Moustakas, 1994). The data collection approaches used in this study will include individual interviews, two focus group interviews and one makeup focus group interview, and participant journaling. Data will be collected in person unless prevented by Covid-19, other illnesses, or participants scheduling conflicts, in which case online applications like FaceTime, Zoom, or Microsoft Teams may be used. All sessions will be recorded. The sequence of the data collection techniques will follow a logical, progressive order to gather as much initial data as possible from the individual interviewing and journaling processes. Individual interview questions will be anchored in the empirical or theoretical literature, and an item-by-item discussion of the literature will support each question. The depth of meaning in the wording and what the words represent will determine the credibility of the questions. Additional data will be secured during a focus group interview whose members will have discussed personal discoveries regarding university student anxiety that they will have made from participating in the first two methods.

Focus group interviews offer a method to member-check interview data for trustworthiness (Lincoln & Guba, 1985).

With interviewing being the first strategy, I will have become acquainted with and will have learned something from the experiences of the individual participants. I will transcribe the data from the audio and videos of the semi-structured, open-ended individual interviews. I will simultaneously establish the focus groups' time, place, and appointments. I will introduce and instruct participants as to the procedures for journaling. Journaling will allow me to reach into the inner recesses of the participants' thoughts. From this step, themes will begin to emerge. Once these tasks are accomplished, I will begin data analysis of the individual interview data, following the Moustakas (1994) model.

The process of Epoché will be the first step-the tabling of everything I know about anxiety disorder to perceive freshly. Throughout this process, as the human instrument in the research, I will bracket my assumptions, beliefs, and personal experiences to view the data without bias and maintain trustworthiness. Data analysis will involve steps of phenomenological reduction: horizonalizing to give equal status to every statement, clustering the horizons into themes, and organizing the horizons and themes into a coherent textual description of what, and a structural description of how to create a composite integration of meaning and the essence of the lived experience of the participants.

Upon completion of the analysis of the individual interview data, the focus groups will have ended, and the data from the audio and videos may be transcribed. Journaling should also have reached the required number of days, and the data should be ready for analysis. The same analyzing techniques will be applied to the data procured from the focus groups and the journaling as was applied to the individual interview data. Analysis frequently happens during

data collection through the processes of memo writing, reflection for modification, informal assessment of saturation, and identifying bias/assumptions (Moustakas, 1994). Restricting in-the-field discernment will remove the chance to strengthen data collection that would authenticate that discernment while still in the field (Patton, 2002).

Methods for establishing trustworthiness are tied to the competence of the person who collects and analyzes the data, as is demonstrated through verification and validation procedures (Patton, 2002). These include credibility, dependability, confirmability, and transferability (Lincoln & Guba, 1986; Schwandt et al., 2007). Using multiple data sources to increase the credibility of findings will allow for cross-verification and provide a profound insight into a phenomenon. These approaches will form triangulation to ensure the trustworthiness of the research (Patton, 2002). Recording procedures will require that comprehensive notes will be taken during each step of the research and will be read and recorded for clarity. The notes will capture the complete description of the context and activities. Reporting procedures will include, in written form, a description of the phenomenon's essence. From the structural and textural descriptions, the report will detail the common experiences among participants. A general report will familiarize the reader with the phenomenon and, in some situations, the researcher's experiences (Moustakas, 1994). The report will be provided to all internal and external stakeholders (Creswell & Poth, 2018).

The Researcher's Role

As a doctoral student with an anxiety disorder, I have lived a similar life as other college students with anxiety, and I have experienced and continue to experience the struggles akin to those that undergraduate college students with anxiety undergo on a daily basis. God has provided me the hope that I needed in times of desperation, and I feel called to this study in an

effort to find data that can improve life for those who feel a corresponding desperation and need of hope. As the human instrument in this research (Lincoln & Guba, 1985), I will assume an etic role and bracket my assumptions, beliefs, and personal experiences to look at the data with new eyes to avoid any bias or any appearance of bias so that the descriptions of lived experiences of the students with anxiety can be presented (Creswell & Poth, 2018; Moustakas, 1994). I will retain a reflective journal to record my assumptions, personal experiences, and beliefs related to this research.

In phenomenological design, the researcher's role is to access participants' descriptions of their shared lived experiences of a common phenomenon (Creswell & Poth, 2018). For the present study, I will observe and listen, developing an empathetic relationship with the participants. An empathetic relationship consists of questioning the participants in a way that encourages them to freely express themselves about personal matters without feeling that I am probing. As a thorough researcher, however, I must ask probing questions to secure a thick, rich description of the essence of the lived phenomenon (Moustakas, 1994). As the researcher of the present study, I want to provide undergraduate college students with anxiety disorders the opportunity to voice their shared lived experiences with anxiety disorders to discover the essence of the phenomenon. In addition, I will safeguard the participants, as well as the data. The well-being of the participants must be at the forefront of my thoughts, and the protection of the data's trustworthiness and credibility is essential.

No relationship exists between the research site, the potential participants, and me. I am familiar with the study site because it has a competitive athletic program, and I took a summer school class there during my undergraduate years. Otherwise, there will be no personal or familial connection. My familiarity with the site logistics should prove an advantage to my

purpose, however, since it will enable me to select appropriate, serene locations for interviewing and for hosting focus group sessions. I am unacquainted with the students, the professors, or the staff of either school involved in the study. I earned both my bachelor's and master's degrees from out-of-state private Christian universities.

Data Collection

Before collecting data, IRB approval will be received from research institutions for study sites. In data collection, highly-structured, objective measures do not fit with qualitative research. Questionnaires designed to locate and select research participants will be guided by the nature and purpose of the investigation (Moustakas, 1994). Moustakas (1994) advised that a signed permission form by participants will be necessary once appropriate participants are found. The participants will be expected to be led by the ethical principles of the research. The participants must be willing to commit the time and the work required to the research, be willing to be recorded, and be willing for the data elicited to be used in a dissertation (Moustakas, 1994). Participants must be provided information as to which data collection techniques will be used, the significance of the confidentiality of data, and how it will be stored. Patton (2002) and Seidman (2006) opined that interviewing allows researchers to understand people's behaviors by offering them ingress into the context of those behaviors. The aim is to gain an extensive understanding of how the participants view situations, their experiences, or their interpretations of the phenomenon of anxiety (Creswell & Poth, 2018).

As the sole researcher for the present study, I will allow undergraduate college students with anxiety disorders to voice their shared experiences with anxiety disorders to discover the phenomenon's essence. With the proposed transcendental phenomenological study, the goal will be to use instruments that will allow the participants to describe their experiences of a common

phenomenon while I will be focusing on understanding the words used to describe the experiences (Moustakas, 1994). Therefore, the instruments to achieve this goal have been given a great deal of consideration. Data will be collected for this study using individual interviews, a single focus group interview, and participant journaling. The typical instrument used to collect data will be a long, informal, interactive interview with open-ended questions (Moustakas, 1994). In order to generate findings that are triangulated, it will be important to collect data from a variety of participants.

Questionnaires

Questionnaires (see Appendix B), which will be used to select participants, have the capacity to extend to a large number of respondents, and they will be useful for me in choosing a purposeful sample. I will develop a questionnaire to procure qualitative data and ascertain demographic information from the potential research participants, including their ages, gender, race, ethnicity, year of secondary graduation, year of anxiety disorder onset, and year of anxiety diagnosis. Additional questions will address anxiety's impact on the participants' classroom performance and their views of institutional support. The responses to these questions will provide significant insight into the overall mental health of these participants. The credibility of the questionnaire devised for this study will be assured by carefully selecting items built into it. These data will be used to screen for participants and to report descriptives, but they will not be qualitatively analyzed. The credibility additionally may be secured through the process of member-checking.

Individual Interviews

An individual interview (see Appendix C) is the same as a social affair based on a conversation (Rubin & Rubin, 2012; Warren & Karner, 2015). Interactive processes and open-ended questions and answers comprise the phenomenological interview (Moustakas, 1994). The individual interview is the process of asking probing questions to secure answers needed for a particular purpose. The reason for interviewing is to gain access to another's viewpoint (Patton, 2002; Seidman, 2006). In order to ascertain the information relevant to determine if applicants are suited as participants for the present research study, I must design the interview questions to elicit sufficient material regarding their mental health anxiety disorders. The type of individual interview for the present study will be semi-structured, containing primarily open-ended questions that can be modified for each interview if needed (Creswell & Poth, 2018). If no modification is required, the same open-ended questions will be asked during each interview to glean rich responses from participants about their experiences dealing with anxiety. The individual interview questions will be grounded in the literature, with an item-by-item discussion of the literature supporting each item.

As the researcher for the present study, I will provide undergraduate college students with anxiety disorders the opportunity to voice their shared lived experiences with anxiety disorders to discover the essence of the phenomenon. Open-ended questions will provide participants the opportunity to describe detailed information and will allow me an opportunity to ask for concrete details (Creswell & Poth, 2018). This structure also provides the time for participants to speak at their own pace and to divulge needed information; such information will provide me with better insight into the participants' experiences. The questions will also allow me to begin recognizing emerging themes or inconsistent statements (Creswell & Poth, 2018).

The individual interviews will be conducted in person, or via FaceTime or Zoom, with each individual, for approximately 30-minute sessions. The individual interviews will take place in a secure, serene conference room at the study site, and they will be videotaped or audiotaped for future transcription. Due to Covid-19, other illnesses, or participants with scheduling conflicts, interviews may have to take place using apps such as FaceTime, Zoom, or Microsoft Teams. Following are the open-ended interview questions, which will be reviewed by an additional educational professional, with the corresponding central research question (CRQ) and the research subquestion (SQ) noted in parentheses for each.

1. Please tell me something about yourself: where you grew up, your family background, your educational background. (SQ2)
2. How much sleep do you get on average per night? (SQ2)
3. During the week, how much exercise do you get? (SQ2)
4. How do you believe your worldview aligns with that of your family? (CRQ)
5. How do you believe that your worldview relates to your decision to become involved in this study? (CRQ)
6. What was your perception of the initial signs of your anxiety disorder? (SQ2)
7. What traumatic event, situation, act, or stimuli do you believe occurred prior to your first anxiety attack? (SQ2)
8. How do you feel that an anxiety disorder has impacted your academic performance and social life? (SQ4)
9. How do you perceive that the reactions of university personnel to your disorder have impacted your disorder? (SQ1; SQ3)

10. What medications or information has your physician prescribed or supplied that you believe produced a calming effect during an anxiety episode? (SQ1)
11. How do you perceive that legislation has impacted conditions for students with disabilities? (SQ1)

Questions 1-3 are intended to set the interview tone by asking questions that would relax the participants and, at the same time, bring forth valuable information about the participants' general health practices. Beiter et al. (2015) and Pedrelli et al. (2015) discovered that poor sleep habits and eating improperly create mental health issues and have a negative impact on academic progress. When listening to students with anxiety narrate their shared lived experiences of the phenomenon, it will be incumbent upon me to concentrate on whether the stressors indicate that poor health habits are a factor in anxiety.

Questions 4-5 are focused on the participants' worldview and gives the participants the opportunity to consider the world in relation to their disorders. It is important to understand the participants' spiritual practices and how these practices develop their commitments and their thought processes. Some of the participants' practices have the potential to prevent commitment to others, and these practices conversely have the potential of self-elevation through their sin nature (Setran, 2018). It is important that I pay close attention to the participants' descriptions of stressors with an eye toward possible sinful core beliefs that create anxiety.

Questions 6-7 will serve to determine if the participants were aware of their initial onset of mental health disorders. Cerutti et al. (2016) and Pedrelli et al. (2015) indicated that biological, social, and cognitive changes may present as depression or anxiety when individuals reach adulthood. Pedrelli et al. (2015) established that some individuals experience their first mental health problems when they become college students. It is important that I consider

whether or not these onsets possibly could have occurred as the result of core beliefs that created an intense UNE, as suggested by Ellis (1958), or if they could have been caused solely by physical or mental imbalances, or whether or not they actually could have been caused by stressors that heretofore have not been contemplated.

Question 8 will determine the effects of participants' disorders, either negative or positive, on their performance in their classrooms, social lives, and academic accommodations. According to Hong (2015), the four themes that emerged from students with disabilities were faculty perceptions, the fit of advisors, stressors, and the quality of support services. In a study of 28 Florida colleges, the greatest barriers to an education mentioned for students with disabilities were the feelings and behaviors showed them by faculty and staff unfamiliar with disability concerns (Hong, 2015). Beiter et al. (2015), Hong (2015), and Seng et al. (2017) contended that feelings of inferiority may cause major harm to the educational functioning of students with anxiety.

Questions 9-11 deal with the treatment participants receive for their disorders, both medically and therapeutically, and the techniques used to provide relief from anxiety attacks. These questions will give these participants an opportunity to voice the constructive and destructive criticisms of their treatment, as well as of the legislative enactments for improved conditions for students with mental health disabilities. According to Kadam et al. (2001), in controversies related to neurotic disorders, such as anxiety and depression, few researchers seek the input of these sufferers. Yet, there have been studies of health problems, drug therapy, and severe mental illness that have asked for patients' input. Hong (2015) pointed out that the Rehabilitation Act of 1973 and the 2008 Higher Education Opportunity Act have garnered

specific provisions for students with disabilities, but these students continue to face barriers and frustrations that inhibit their academic growth and college persistence.

Focus Group Interview

There will be two focus group interviews (see Appendix D) which will be conducted with about one-half of the total number of participants in the individual interviews. One make-up focus group will be held if needed for participants that will be unable to attend the original focus group. The focus group interview participants may yield new valuable information if they were hesitant in a one-on-one situation. The important feature of focus group research is that group-level data can be gathered. One of sociology's major premises is that in groups, the behaviors of individuals change (Little, 2016); ideas and behaviors emerge when people interact. The opinions that are expressed in groups are often different from the ones that are expressed as an individual (Creswell & Poth, 2018).

For the present study, a single focus group interview of 90 minutes will be conducted in person. If in-person interviews are not possible, then FaceTime, Zoom, or Microsoft Teams will be used. Each session will be 45-minute sessions. As the sole researcher for the present study, I will provide undergraduate college students with anxiety disorders the chance to voice their shared lived experiences with anxiety disorders to discover the essence of the phenomenon. This focus group interview will occur after transcripts of individual interviews are member-checked. Participants will convene as a group at a conference room on the college study site to share with their fellow participants their thoughts on anxiety. However, due to Covid-19, these group sessions may have to take place via FaceTime, Zoom, or Microsoft Teams. I will assume the role as moderator to ask only a few general questions to facilitate a conversation among the participants, keep the discussion targeted, and encourage respect for all opinions (Creswell &

Poth, 2018). The conference room will be free of interference, and the group will be videotaped or audiotaped for future transcription. I will have the opportunity to observe whether the participants describe common triggers and to demonstrate practicing techniques to better handle anxiety disorders. The advantages of focus group interviews include synergism, snowballing, stimulation, security, spontaneity, speed, and economy (Creswell & Poth, 2018). With the focus group interviews, another layer of data will be added, and I will be able to determine if themes have continued to emerge or if inconsistencies now exist. Following are the open-ended focus group questions with the central research question (CRQ) and the research subquestion (SQ) noted in parentheses for each. Please note that the focus group questions could be modified due to the responses received in the interviews.

1. What aspects of suffering from anxiety do you believe to be the most difficult? (CRQ)
2. As a student with anxiety, how do you perceive that your academic life is comparable to that of your peers? (SQ1)
3. What do you feel are some core beliefs that you cannot let go? (SQ2)
4. How do you perceive the academic accommodations provided by faculty, staff, or others? (SQ3)
5. What do you feel is the most exciting social event that you have attended since you entered college? (SQ4)
6. What is your perception of your and your friends' reactions when you experience an anxiety attack in their presence? (SQ4)
7. What do you believe causes the stressors that cause this disorder? (SQ2)

Question 1 is designed to have the participants dig deeply into their consciousness to determine if the pain resulting from the anxiety disorder is physical, mental, or a combination of the two. Research studies have shown that headaches that begin at a young age can lead to devastating and painful anxieties (Cerutti et al., 2016; Pedrelli et al., 2015), which cause tremendous suffering to the afflicted (Hakami et al., 2017; Jones et al., 2018). Students are forced to deal with the confusion that frequently occurs psychologically as well as physiologically, and they are also forced to deal with the social stigma (Hakami et al., 2017; Pedrelli et al., 2015).

Question 2 strives to have the participant consider the differences and similarities in academic lifestyle with peers and to determine whether the anxiety disorder contributes to those likenesses or differences, or whether it may simply be a personality factor. England et al. (2017) showed that active learning practices in science education — cold call, volunteering to answer questions, completing class handouts, group work, and clicker work — created or increased anxiety. The England et al. (2017) study did not distinguish between students with anxiety disorders and those absent from those disorders. Cooper et al. (2018) conducted a study similar to England et al.'s (2017), restricting the impact investigation to three active learning practices — clicker questions, cold call/random call activities, and group work. Anxiety was increased in 36 of 52 participants with the cold call/random call activity. In contrast, the two remaining activities saw both increased and decreased anxiety, with one student showing no signs of anxiety. The differences illustrated in these two studies of anxiety increase would naturally suggest an impact on the lifestyles of the students with anxiety, but without knowing the ratio of students with diagnosed anxiety disorder versus those without an anxiety disorder, it would be difficult to know the degree of effect. However, Wahl (1999) and Kosyluk et al. (2016)

discussion under questions 5 and 6 shows the lifestyle differences attributed to the stigma of college students with anxiety disorders versus their peers.

Questions 3 and 7 attempt to force participants to analyze their lived experiences and consider if a core belief produces the anxiety, or if there are stressors that must be attributed to physiological, psychological, or unknown causes. Ellis' (1958) REBT contended that core beliefs produce UNEs associated with maladaptive behaviors that cause pain and suffering, but that behaviors instead result from the reaction to the event. Conversely, Wyatt et al. (2017) suggest that undergraduate college students may not have developed adult cognitive maturity. Consequently, the stresses of facing unaccustomed responsibilities, such as managing time, more stressful academics, and homesickness, could bring on anxiety. There has been little or no research, however, examining the impact the Wyatt et al. (2017) study has had on students with anxiety's lived experiences of the phenomenon. Therefore there has been no known data elicited from the stressors that could explain the causes.

Question 4 encourages participants to delve deeply inside themselves to evaluate the assistance provisions by the university and to analyze whether participants' criticisms of the faculty and staff are overly negative. Hong's (2015) qualitative study of 28 students with mental health disorders in an East Coast small suburban college retrieved four themes from the data: faculty perceptions, the fit of advisors, stressors, and quality of support services. In a similar study of students from 28 Florida colleges, data retrieved from students with mental health disorders showed negative reactions to the feelings and behaviors toward these students by the institutions' faculty and staff unfamiliar with disability concerns (Hong, 2015).

Questions 5 and 6 deal with the participants' evaluation of their academic social lifestyles, and whether they feel a stigma is attached to their disorder to the degree that they feel

embarrassed and reclusive. When college students with anxiety worry that others will find that they have a disorder, they try to hide their disorders for fear of negative treatment (Wahl, 1999). Research shows that college students with anxiety are stigmatized, and once their disorders are out in the open, they are treated as less competent (Kosyluk et al., 2016).

Participant Journaling

Participant journaling (see Appendix E) is a valuable way for participants to describe in either handwritten or electronic form what is occurring in their daily lives (Creswell & Poth, 2018). Because some undergraduate college students with anxiety disorders feel stigmatized when speaking, the choice to journal could produce data that would otherwise be unsecured. Often, individuals will divulge information in written form that they would never divulge openly to an individual (Creswell & Poth, 2018). As the sole researcher for the present study, I will provide a platform for undergraduate college students with anxiety disorders to voice their shared lived experiences with anxiety disorders to discover the essence of the phenomenon. I will request that participants keep a journal for two weeks to record their lived experiences and reactions regarding stressors, anxiety attacks, and how these problems were handled. They will also be asked to record their sleep patterns, meals, snacks, and exercise routines, as these behaviors can affect mental health. There will be no specified journal entry length; it can be as short as one sentence or as long as a paragraph or two. A stream-of-consciousness-style entry will be suggested, which could render a flow of visual, auditory, subliminal, and associative impressions; however, any style will suffice. This journaling will hopefully offer me a view into the participants' daily experiences. I will collect the journals at the end of each week to analyze for further questioning opportunities.

Data Analysis

Moustakas (1994) developed a phenomenological data analysis process, which I will use in the proposed study of the influence of stressors on undergraduate college students with anxiety disorders. The process begins with Epoché and is followed by phenomenological reduction of data using horizonalizing, clustering horizons into themes, clustering horizons and themes into textural and structural descriptions, and synthesizing these textural and structural meanings into essences of the college students' lived experiences of the phenomenon. The first step I will take in this process as I investigate the college students' shared lived experiences of the phenomenon is to follow Moustakas's (1994) advice and Epoché, or bracket, my preconceptions by setting aside all my biases, assumptions, beliefs, and personal experiences of my past in order to observe the phenomenon of anxiety for the first time. By bracketing, I will compartmentalize my feelings related to anxiety from that which I am perceiving anew so that the participants can present their lived experiences free of my personal biases or the appearances of bias. I will follow Moustakas's (1994) suggestion regarding bracketing by retaining a reflective journal (See Appendix F) to record all personal experiences, assumptions, and beliefs related to all facets of the study. Through this personal discipline, the trustworthiness of the study will be enhanced.

The next step, horizonalization, will begin the data analysis. I will horizonalize the data of the participants' individual experiences with anxiety. As I listen intently to each word expressed by the participants, and as I begin to identify significant statements, I will give each piece of data equal value. With the first word, the construction of a building begins, and with each new word, the building will grow taller and eventually appear to reach the horizon. When this building seemingly reaches the horizon, enough information will have been extracted from the participants' experiences with anxiety that I will hopefully recognize some of the stressors

that are promulgating the participants' reactions. During the horizonalizing procedure, individual interviews, a sole focus group interview, and participant journaling that have been recorded and transcribed will be analyzed. They will direct me to additional areas to explore with the participants. For this study, I will use the traditional coding approach of data analysis to apply codes and to help in analyzing by using the same codes to review passage results. Coding is a method used to categorize data so that a pattern of themes will occur (Gibbs, 2018). Coding will be used to assign specifically determined codes to the data.

Thematic analysis will follow the coding of data. As these codes become more constant, I will begin to recognize the impact of anxiety on the participants and organize the horizons into categories. Relevant statements will be identified and recorded. The redundant, repetitive, or overlapping statements will be eliminated, leaving the key meaning units of the experience. Only horizons that address college students with anxiety and with the research questions will remain. Invariant meaning units will be organized into themes. Groups of codes may be identified that represent themes. During this process, I will realize that unexpected themes could emerge as the data analysis continues.

Next, I will devise individual textual and structural descriptions of the phenomenon to analyze and assemble into composite group textual and structural descriptions. The themes will be combined into descriptions of the textures of the experience, with quotations from the text augmenting the descriptions. Moustakas (1994) defined imaginative variation as the procedure of using imagination to look at the text from a variety of viewpoints to find meanings for the phenomenon. I will use multiple perspectives to find the possible meanings of the phenomenon in the text and to construct a description of the structures of the experience. I will then cluster the textual and structural descriptions of the anxiety disorder experience. The textual descriptions, or

the *what*, are the data that explain the experiences of college students with anxiety disorders. The structural descriptions, or the *how*, are the data that explain how the college students with anxiety are experiencing the phenomenon (Moustakas, 1994). College students with an anxiety disorder may experience the same phenomenon but experience it in different ways and glean different meanings from the phenomenon.

Finally, the essence of the phenomenon, or the heart of the influence of anxiety on college students with anxiety disorder, must be decided. The essence of the phenomenon is the commonality of the phenomenon that if transported elsewhere would alter the experience of the phenomenon (Moustakas, 1994).

Trustworthiness

Trustworthiness in this study will be established using methods to address credibility, dependability, confirmability, and transferability (Schwandt et al., 2007). Trustworthiness in research relies on the researcher's competence and is demonstrated by the use of verification and validation procedures essential to establish the quality of analysis (Patton, 2002). One such procedure is triangulation. In order to generate findings that are triangulated, it will be important to collect data from a variety of participants. Using three data collection methods will ensure that between-method triangulation will be observed. Triangulation requires at least two methods of data collection (Fusch et al., 2018). Participants' feedback will demonstrate the reliability of the collected data in the present study.

Credibility

The steps for increasing credibility, or internal validity, involve prolonged engagement, persistent observation, triangulation of data, peer debriefing, and member checks. As the sole researcher, I will ensure that these steps will be followed in this study. Prolonged engagement is

maintaining long and exhaustive in-field contact with the participants to evaluate inconsistencies and recognize important factors (Creswell & Poth, 2018; Lincoln & Guba, 1986). Persistent observation is pursuing the elements that appear to be most important from intensive contact (Lincoln & Guba, 1986). Triangulation of data is cross-checking by using different instruments, sources, and methods (Lincoln & Guba, 1986). Peer debriefing is using a professional peer to help retain honesty in developing and testing the design and in helping to develop hypotheses, as well as to help to relieve emotional tensions (Lincoln & Guba, 1986). Member checking is the process of allowing the participants to review their understanding of what has been done or what the investigators or other sources have told them during the research process and by allowing the participants, with representative stakeholders, to review the findings and to correct errors after the analysis (Lincoln & Guba, 1986). With member checks, participants verify the accuracy of the transcripts, and the participants comment on the accuracy of interpretation. Oftentimes, only part of the sample is used for the sake of time (Schwandt et al., 2007). The IRB requires this statement in the informed consent form: Each participant will be given a chance to review, edit, and approve the transcript for accuracy before it is used in the study (Moustakas, 1994).

Dependability and Confirmability

The steps for increasing dependability (or reliability) and confirmability (or objectivity) will require both the establishment of an audit trail (See Appendix G) and the execution of an audit by a competent, disinterested auditor. The examination of the audit trail informs the dependability judgment, while the portion of the audit dealing with the product (data and reconstructions) produces the confirmability judgment (Lincoln & Guba, 1986). The purpose of the audit trail is to keep accurate records of data collection and the researcher's thought processes and to preserve the original data. By auditing the audit trail, the external audit, I will ensure that

an outside qualified researcher will audit for the appropriateness of design and analysis (Creswell & Poth, 2018; Schwandt et al., 2007).

Transferability

The transferability of a study deals with the possibility that the findings of one theoretical context may be transferred to another. For example, can the data from this present research be transferred to other individuals who have experienced the same phenomenon? It depends on how similar the contexts are in time and place. Steps for increasing transferability, or external validity, are thick descriptive data and maximum variation in sites and samples (Creswell & Poth, 2018; Lincoln & Guba, 1986). Lincoln and Guba (1985) express that the qualitative researcher must spend much time in the field and triangulate a variety of factors to ensure authenticity, dependability, reliability, credibility, and transferability. Descriptive data involve a narrative that allows judgment about its fitness that may be made by others who want to use it in other findings (Lincoln & Guba, 1986). Thick description in this study comes from participant descriptions, procedures, observational analyses, and triangulation of data collection, which provide a variety of data viewpoints. Using individual interviews, focus groups, and participant journaling provides this triangulation. Because of a generalization constraint, however, the transferability of this study is limited.

Ethical Considerations

As with trustworthiness, ethical considerations are also linked to the competence of the person who collects and analyzes the data, as demonstrated through verification and validation procedures (Lincoln & Guba, 1986; Schwandt et al., 2007). Ethical considerations relevant to qualitative research include approvals, consent, confidentiality, data security, information sensitivity, influence, and debriefing.

As the researcher for the present study, I will allow undergraduate college students with anxiety disorders to voice their shared lived experiences to discover the phenomenon's essence. Before data collection begins, I must receive approval from the Liberty University IRB and the two additional higher education research sites from which participants will be drawn. The IRB approval ensures that respect will be given to all persons, ensures welfare concerns, and ensures justice (Creswell & Poth, 2018). I will begin at the highest level to secure approval (e.g., president, superintendent) (Creswell & Poth, 2018). Informed consent is essential for anyone to be a participant in a study. There must be informed consent for adults 18 years or older (Moustakas, 1994).

Confidentiality is essential. I will use pseudonyms for sites and participant names to ensure anonymity (Moustakas, 1994). Data must be secured in password-protected electronic files, and paper files must be locked in a cabinet (Creswell & Poth, 2018). These files will be located in a room that is close to unbreachable. I will protect the door with a combination lock with the combinations known only to authorized research personnel. The combination of the door lock and the password for the password-protected file will be kept safe with no written evidence of their existence. The sensitivity of the information will be considered. Questions such as should the consent include a referral to a professional counselor or how will you respond to the knowledge of a potential Title X [*sic*] violation on a campus (sexual harassment, dating violence, etc.) will be resolved (Creswell & Poth, 2018). In the present research, I will follow the university code of conduct and state law to resolve these concerns. Influence is another factor to consider. I will also give consideration as to whether I have a supervisory or authority position over participants (Creswell & Poth, 2018).

As the researcher for the present study, I will provide undergraduate college students with anxiety disorders the opportunity to voice their shared lived experiences with anxiety disorders to discover the essence of the phenomenon. At the conclusion of the study, I will debrief the participants as to what will take place as to the results of the study and what that means. I will consider and weigh questions such as have participants come to look forward to my interactions, and will they be hurt when I stop collecting data from them (e.g., children, and older adults) (Creswell & Poth, 2018; Moustakas, 1994). Peer debriefing and expert review will involve having a qualified researcher who is not directly involved with collection or analysis to consulting with me (Creswell & Poth, 2018; Schwandt et al., 2007).

Ethical considerations are also a major part of the research, and considerations specific to the proposed research will entail ensuring protection for human participants involved in the research. Participants' privacy will be honored and protected throughout the entire research process. My contact information will be provided to participants so that they may make contact if they have questions (Creswell & Poth, 2018). Data will be shared with no one outside of the research project. I will not substitute personally biased conclusions for conclusions provided by the data. This behavior would reflect negatively on my honesty, character, and professionalism and present a negative perception of the individuals and schools involved in the study. If questions arise, the auditor and external checker would require me to reconsider all data to determine if the conclusions must change.

Summary

The purpose of this qualitative transcendental phenomenological study was to understand the essence of the shared lived experiences of undergraduate college students with anxiety disorders at two universities in the Southeastern United States. One institution is a mid-sized,

public, nonsectarian university; the other is a small, private, faith-based liberal arts college. As the researcher for the present study, I will provide the undergraduate college students with anxiety disorders the opportunity to voice their shared lived experiences with anxiety disorders to discover the essence of the phenomenon. Anxiety is a mental health disorder that creates barriers for undergraduate college students with anxiety disorders to experience the full benefit of the educational lifestyle. Chapter Three of this study included a presentation of the procedures, the phenomenological research design, the selection and significance of the site choice, the methods for selecting participants, the role of the researcher, the data collection methods, the data analysis methods, and elements of trustworthiness. The ethical considerations of the research were elaborated upon regarding approval, consent, confidentiality, sensitivity of the information, ensuring protection for human participants, participants' privacy, data security, influence, and debriefing.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this qualitative transcendental phenomenological study was to understand the essence of the shared lived experiences of undergraduate college students with anxiety disorders at a mid-sized, public, nonsectarian university and a small, private, faith-based liberal arts college in the Southeastern United States. The participants are introduced, and data analysis results are presented that have been determined through the use of a modified version of transcendental phenomenological procedures (Moustakas, 1994). The themes and sub-themes are presented, and Chapter Four concludes with responses to the research questions.

Participants

This research studied the shared lived experiences of 15 undergraduate college students with anxiety disorders who attended one of two institutions in the Southeastern United States and who accepted an invitation to participate in this study. The institutions, as well as the involved participants, were given pseudonyms to protect their anonymity. People's University is a mid-sized, public nonsectarian university, and Savior's Way Baptist College is a small, private, faith-based liberal arts college. Each of these undergraduate college students had been diagnosed with anxiety, and 13 of them presented a doctor or therapist statement as verification. Thirteen of the participants turned in all documentation.

One student never turned in the medical documentation or the journal entries. Another student never submitted the medical documentation or the Questionnaire (Appendix A). However, medication prescribed by their doctors or therapists attested to the validity of their diagnoses. These two students, nevertheless, signed consent forms authorizing the use of their information in this study. Fourteen of the 15 students accepted for the study were undergraduate

college students with anxiety disorders who attended People's University. In contrast, one undergraduate student with an anxiety disorder attended Savior's Way Baptist College. Thirty-seven People's University undergraduate students inquired about the study, but only 14 were accepted. Seven Savior Way undergraduate college students made contact of study interest, but because of the instability of the academic climate related to the Covid epidemic, only one student applied.

Questionnaires provided individual demographic information of the participants. The participants comprised a varied group of traditional, online, and hybrid students with ages ranging from 18 to 33. Two participants were male in gender, and 13 participants were female, one of whom identified as Trans Man (FTM), or female transitioning to male, while she continued to retain the female gender identity as was assigned at birth. The ethnicity of the participants was that 12 were Caucasian, one was Vietnamese, one was Hispanic, and one was biracial (African-American and Caucasian). Some of these students had attempted college previously and either were unsuccessful, felt they were not succeeding or chose to return to college to attempt a bachelor's degree after completing an associate's degree. Descriptions of each participant, as accurate and as thorough as is possible, are set forth to offer comprehensive detail of the individual's lived experiences of the phenomenon of anxiety. Such descriptions are augmented with quotations from the participant data. See Table 1.

Table 1

Participant Demographics

Pseudonym	Age	Gender	Ethnicity
Sallie	18	Female	Caucasian
Lizzie	19	Female	Hispanic
Oliver	19	Male	Caucasian
Ella	19	Female	Vietnamese
Rosa	20	Female	Caucasian
Geneva	23	Female	Caucasian
Darlene	23	Female	Caucasian
Olivia	24	Trans man (FTM)	Caucasian
Camille	25	Female	Caucasian
Fiona	27	Female	Biracial (Afr-Am and Caucasian)
Harvey	28	Male	Caucasian
Ava	29	Female	Caucasian
Vanessa	30	Female	Caucasian
Melody	30	Female	Caucasian
Paisley	33	Female	Caucasian

Sallie

Sallie was an 18-year-old Caucasian female who was born in California, but moved to Lexington, Kentucky, when she was very small. From there, she moved to a small Kentucky town, where she attended a Catholic school for eight years before transferring to a public high school. Sallie's parents were divorced when she was 10 or 11 years old. Sallie no longer maintained contact with her family other than her siblings. Her family is Greek, and she, therefore, has experienced a great deal of Greek culture. After high school, she began attending Savior's Way Baptist College. She was a traditional student. Sallie received a mental health anxiety disorder diagnosis at age 13. As a result, Sallie experienced difficulty in college, since her anxiety made simple assignments very strenuous. Sallie's journal indicated haphazard sleep and meal behaviors and daily stress over her school assignments.

When I asked in her interview what her perception was of the initial signs of her anxiety disorder, she explained,

> My first anxiety attack that I can vividly remember was when I was about eight years old. And, I also have OCD, so this goes along with that. I was keeping candy wrappers and wrappers from food — trash, basically — in my closet, because I thought they had feelings, and my mom came in and she found all the wrappers. She told me I had to throw them away, and I had an attack. I freaked out. I told her I thought they had feelings, so I did not think it was okay to throw them out, that they found themselves to me because they knew I would not throw them away. I think I have always had anxiety, of course, but when I was about eight years old in third grade, that was when it started picking up. I just thought I was a little weirder than other kids, because I did not see other people my age

> struggling with anxiety. Of course, going to Catholic school was like 12 kids I have known my entire life, so it was like I had my own perception of what they were. So, I thought I was different and alone in my experiences. So, it was hard, because I did not know to talk about it and how to express my feelings and how I dealt with things.

At the onset of an anxiety attack, Sallie began to breathe heavily, oftentimes cried and shook, and was hyper-aware of things that she touched, such as the floor, her clothes, and furnishings. Sallie also believed that she had a maladaptive daydreaming disorder that was not in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). The term was coined in 2002. Sallie's research convinced her that her self-diagnosis of the disorder was correct, and her therapist agreed.

Lizzie

Lizzie was a 19-year-old Hispanic female who grew up in West Virginia and moved to South Carolina after she was 16. When she turned 18, she moved to her present residence in order that she could attend People's University. Her classes were hybrid, with most of them online. Lizzie's parents and her stepparents had attended college. Her parents were graduates of People's University, which prompted Lizzie's choice. Lizzie's mother was a military wife who lived in locations all over the world, which promoted Lizzie's love for new horizons. Exercising included taking her Golden Retriever for runs. Lizzie received a diagnosis of mental health anxiety disorder when she was 13 years old. In her interview, she responded to a question as to her perception of the first signs of an anxiety disorder:

> The first one I can remember was I was away from my parents for the first time at my grandparents' house. I was four years old. This was probably the initial trigger, but I remember while trying to fall asleep, I got really scared and started crying and

> hyperventilating. My poor grandparents did not know what to do…I honestly, I thought I was dying. I would have panic attacks whenever I was little, and I just thought it was normal because it was the only thing I had ever known. I did not really know anything about it at that point in my life since I was just a kid. As I got older, I thought maybe this is something I should see a doctor for. I had talked about it with my friends, but they did not agree with my things that I had been going through. As a kid my stressor was the dark. I would have a full-on panic attack of the dark. Then it became school, going to school, being at school, and social anxiety — then life plans. When I am having a panic attack, the first thing I will feel is like my throat is tightening, and it gets hard to breathe. My hands get tingly, and my chest will hurt and burn. I suffered tremendously for a long time until I got treated. I did not have much social life, and my grades were — I was barely passing.

Oliver

Oliver was a 19-year-old Caucasian male. He grew up in a large Kentucky city and graduated from a local public high school. Oliver was a traditional college student and a psychology major. He was unsure of his preferred minor. Oliver was diagnosed with an anxiety disorder when he was in elementary school. At the time of this study, Oliver was stressed about having to move out of his house in order for his sister to move in. Getting everything together to move and to prepare for a test simultaneously had created anxiety. When asked in his interview to describe his initial onset of anxiety, he responded:

> When I was between five and six, my mom went through chemotherapy, leading to the possible onset of anxiety. Throughout my childhood, I went to therapy and was prescribed Zoloft. As a kid, I had extreme phobia of like death and all that kind of things.

> Currently, I feel like it is how I trust people, I guess. Currently, it is like I have social anxiety. In the past, it was generalized anxiety disorder.

When Oliver was asked in his interview if he presently consulted with a physician or therapist for his disorder, he answered, "No, I used to, but my therapy ended last November."

Ella

Ella was a 19-year-old Vietnamese female who grew up in a mid-sized Kentucky city. She was technically full-time on campus and was a hybrid student, with most of her classes online. Ella was seeking a degree in the social work field. Ella was diagnosed with mental health anxiety disorder when she was 13 years old. She was plagued with nightmares about being shot, raped, or kidnapped, but her anxiety medication had begun to help. She journaled that her meals were often on the run and that her exercise was limited. Ella was a very thoughtful young lady and liked to help others. She explained in her interview the onset of her anxiety:

> My mom got remarried, so I was in a new house with a new family, and I was sexually harassed by one of the family members that lived there. With panic anxiety attacks [now], I cry and have a tough time breathing. I usually have such a tough time breathing that I will get lightheaded, but other than that, I close off and will need a few hours to feel normal again. I kind of really did not know a lot about mental health then, so until I was officially diagnosed, it kind of clicked for me. I have been diagnosed with PTSD since middle school, and I just feel like where I was then and where I am now makes me like a good candidate to kind of give more information on what it is like to have anxiety.

Rosa

Rosa was a 20-year-old Caucasian female who came from a close-knit family. Her

father was a pastor at a Pentecostal Church, and her mother was the breadwinner in the family. In addition, Rosa had three brothers and a sister-in-law. She attended public school for kindergarten through fifth grade; she then was home-schooled from sixth through twelfth grade. She lived in the same house her entire life until she began attending college and was married. At the time of this study, she was a sophomore online student working toward a bachelor of psychology degree. Rosa journaled that she slept approximately nine hours per night and stayed tired, which she attributed to diagnosed anemia and mental health factors. She also stated in a journal entry that she exercised approximately one hour per day. Rosa was diagnosed with an anxiety disorder when she was 19 years old. In her interview, she described her initial onset of anxiety in the following way:

> [It occurred] probably around the age of five when my father had a heart attack and had to have four stents put in. He nearly passed away. If you had gotten there like a second later — it was a miracle he survived. [After his heart event], he pulled back from everybody, was not really there emotionally and mentally, really kind of there just physically. I knew that I had something funky going on that was not quite normal from about sixth grade, which is what really got me interested in psychology in the first place. I knew that the thoughts I had were not very normal, and the feelings I had were not very normal, because they were so intense like all the time. And I think definitely like going to a home school, transitioning from a public school to home school, probably started it, but it stayed consistent after that so that is why I was like this just does not seem like the average thing people deal with. And I would try to tell my parents about it, and they never got me any help. So, I started researching myself, and I saw lists of symptoms of anxiety disorders and other disorders like bipolar, which I thought I maybe could have

had, but like the timing did not quite line up. But I knew for a fact that I had generalized anxiety disorder because of just the symptoms listed online. So, I was like this is me to a T.

Geneva

Geneva, a full-time traditional freshman, was a 19-year-old Caucasian female who grew up in in a very small, quiet, Kentucky town with her mom and a sister. The sister had since moved away. Her mom was involved with politics. During high school, Geneva was involved in a lot of sports and community service groups, as well as Future Business Leaders of America (FBLA). She exercised by walking approximately five miles per day and averaged seven to eight hours of sleep per night. Geneva had a history of an eating disorder. She journaled that she continued to have the urge to relapse. She had recently been diagnosed with an anxiety disorder.

When asked, in her interview, what traumatic event or situation did she believe occurred prior to her initial anxiety attack, Geneva responded, "Probably when I was sexually assaulted. That happened when I was in high school. That was very traumatic, and that really started my panic attacks and anxiety. It made it worse, at least." In her journaling for this research, Geneva wrote "In class [today], I had an anxiety attack. We read a story about a father and a daughter, and the specific question the professor asked me made me freak out."

Darlene

Darlene was a 23-year-old Caucasian female from a very small, rural Eastern Kentucky town. She had three siblings, one of whom was actually a ten-year-old cousin, who had lived with Darlene's family since she was four years old. To Darlene, she was a little sister. Darlene's 19-year-old brother was in the Army, and her older sister, who had given birth to a baby daughter one year prior, had a Bachelor of Psychology degree. Darlene, who graduated from

high school at the top of her class, saw her sister as the catalyst for her interest in psychology. At the time of this study, she was at People's University, studying toward an online bachelor of psychology degree with a concentration in forensic psychology. Darlene, in her interview, explained that she was diagnosed with an anxiety disorder at age 19:

> The first time I remember true anxiety was when I was nine in the fourth grade. I was running for student class president and had to give a speech and participate in a debate. It was nerve racking. I remember being so stressed and so nervous to be in front of everyone having what felt like a tiny panic attack. It is something I will never forget since it felt like my first genuine experience with anxiety. The only sensory experience that I feel would be considered unusual is that I can feel that something is wrong. My body almost internally freezes up, along with my brain, and it's almost as if everything is muffled, but at the same time, I can hear everything perfectly. I tense up, and my body warms up, like the feeling you get when you get nervous, almost like a 'butterflies in the stomach' effect.

Olivia

Olivia was a 24-year-old Caucasian who identified as Trans man (FTM), or female transitioning to male, yet continued to be referred to by her female gender identity that was assigned at birth. She grew up in the country, pretty much as a farm girl. She attended public school for both elementary and middle school but did all of her high school work online. Olivia also received her associate's degree online. As per her journal, she received about seven to eight hours of sleep per night when she was not tossing and turning, and she got only moderate exercise by walking her dog and frequent stair climbs. Olivia was married, and she was, at the time of this study, back in school, online, working on a bachelor's degree in Child and Family

Studies. In her interview, Olivia stated that she was diagnosed with a mental health anxiety disorder when she was 15 years old:

> I have always had it. I can remember being sick at school because I was nervous about reading in class, maybe six years old. People used to just tell me that I was worried about everything or overreacting or trying to make everything about me, because I would have panic attacks and stuff at work or at school. I was always in the nurse's office. I was always really sick. My stomach was always a mess. I was just always anxious, and I just always felt like there was a weight on my chest.

Camille

Camille was a 25-year-old Caucasian female who grew up in a small Kentucky county. Her family consisted of her parents, an older brother, and a half-sister. After high school, she began college but took a break. She returned to college in 2020 and received her associate's degree. At the time of this study, she was working toward an online bachelor of psychology degree. As per Camille's journal entries, her sleep pattern was somewhat erratic. She took Melatonin every night, and some nights she slept a total of three or four hours, with even those hours interrupted. On other nights, she possibly received eight hours of solid sleep. Camille had two small children, four and two years old, who helped her to stay fit. Camille's anxiety disorder diagnosis came when she was 15 years old. In addition to the anxiety disorder, Camille at one time suffered from Bulimia. Asked, in her interview, if she underwent any unusual sensory experiences at the onset of an anxiety attack, Camille responded:

> I feel as if I cannot breathe. My heart starts to race, and I cannot focus on the objects around me. Due to my medication, Lexapro (and I have recently added Buspirone—which I had taken once before), anxiety attacks are not as

> common unless I encounter a high stressor. For example, Eastern Kentucky was affected by a one-in-1,000-year flood recently. Even though my family and house were unaffected, when I realized I could not leave our hollow because of a break in the road, I panicked because we didn't have an adequate supply of food or beverages. I also could not get ahold of any of my family who were also affected, and that increased my anxiety.

Fiona

Fiona was a 27-year-old Biracial (African-American/Caucasian) female. She was born and reared in a Central Kentucky city. Her parents were divorced when she was three, and her dad moved out of state, so it was just she and her mother. There were occasional but infrequent visits with her dad. Fiona had an associate's degree in art, and because of work, had taken a break from college. One year ago, she returned to college for her online bachelor's degree in Child and Family Studies with a focus on child development. Fiona journaled that she suffered with sleep apnea, so she rarely got more than four and one-half hours of sleep per night. She frequented the gym four to five days per week to stay fit. In her interview, Fiona shared that she was diagnosed with a mental health anxiety disorder at age 25:

> When I was 19, I was sexually assaulted on like a first date with a guy I did not know very well. And I would say it was probably the days after the event that I had my first full-blown anxiety attack. When I feel very anxious and overwhelmed or overstimulated what not, I have a tendency to shut down and just kind of get in bed and close the curtains. I do not want to talk to anyone. I do not want to do anything. I hide away from my friends a lot, but I do not have the energy to even look at school work.

> So, I just do not. It ends up getting pushed off until like an hour before it is due or something. I struggle to have energy after work. I have been turning in assignments late the past week. I'm starting to stress a lot about school.

Harvey

Harvey was a 28-year-old Caucasian male from Northern Kentucky, where most of his family was centered. He had a bachelor's degree in graphic design and, at the time of this study, was in his second attempt for an online bachelor's degree in psychology. His goal was to eventually work in trauma counseling and use art therapy. Harvey was engaged to a man named Fred, who taught elementary school. Harvey had a side business called Studio 567. In his interview, he revealed that he had received an anxiety disorder diagnosis at age 27.

> Initially, I did not really think [my anxiety disorder] was a big deal. Growing up the way I did, it was not a big emphasis on mental health. More or less just kind of take care of yourself. Do not really seek help. Just a figure-it-out sort of thing. So, I was not really kind of brought up to appreciate the work that goes into working on your mental health and how important it is. I have had previous [anxiety] experiences before, but the most recent one kind of really made me think about it. I was working at a job, my previous job before this one. It was very demanding. I had a boss that was not the greatest. It was a lot of workplace abuse, a lot of hostility that made it difficult for me to just operate day to day and function. So, I realized I was coming home every day super sad and super stressed-out and doubting myself. It just made me realize that is not how I wanted to feel. So, I was thinking — well, it is obvious there are no more job stressors, but I feel like I am overreacting a bit extreme to some of the things that are happening to me. It kind of made me seek out more help for that.

Ava

Ava was a 29-year-old Caucasian female. She was a Kentucky native who previously attended cosmetology school. She owned her own business and had worked as a hairdresser for approximately eight years. She had attempted college a couple of times in the past, but it never seemed to work for her. At the time of this study, Ava was working on her online bachelor of science degree and was beginning surgery recovery. Ava's journal entries attested that she was sleeping well, seven to nine hours per night. Her eating habits were a combination of nutritious home-cooked meals and fast-food takeout. Ava was diagnosed with a mental health anxiety disorder between the ages of five and 11 due to some post-traumatic stress disorder (PTSD) issues. In her interview, she shared,

> My parents took me to therapy for the first time when I was around three or four years old. Sometimes my panic turns into frustration [and my frustration] turns into anger, which is easier to manage, but also easier to blame myself for. When I'm not working and it's past noon, I generally drink — not to get wasted — but it seems to help me focus on one thing at a time.

When asked what traumatic event, situation, act, or stimuli occurred before her first anxiety attack, Ava responded,

> Hmm. I think I had some weird medical trauma stuff that probably led to that, but I also think that just inherently being a neurodivergent person in a neurotypical world is going to automatically cause myself or anyone to have anxiety. Just being othered, I guess, if that makes sense.

Vanessa

Vanessa was a 30-year-old Caucasian female, who grew up in the southeastern part

of Kentucky, with a troubled home life. Her father was an alcoholic, and her parents were divorced when she was in high school. At the time of this study, she was a sophomore at People's University enrolled in hybrid classes and majoring in psychology. Vanessa journaled that she was on a diet, but ate healthily and exercised once or twice a week. Her interview informed that Vanessa received a diagnosis of anxiety disorder when she was 12 years old:

> I just knew that I struggled a lot more mentally than other people around me, it seemed like all the time. When I was first diagnosed with anxiety disorder, I think I was 11. So, there weren't many 11-year-olds back then that I knew of that had really bad anxiety.

When asked what traumatic event or situation occurred prior to her first anxiety attack, Vanessa answered,

> Probably my home situation, living with an alcoholic father. He was abusive too. So, I think that and everything else that was going on with school. Never getting any sleep with him [her father] and stuff. I think that contributed to my first anxiety attack which brought out a panic attack, and I could not breathe. Yeah.

Melody

Melody was a 30-year-old Caucasian female, who grew up in the eastern part of Kentucky. She was reared 10 miles outside the county seat in a small community. She came from a physically, emotionally, and sexually-abusive household. In her interview, she stated that she was a recovering alcoholic, who had been free of alcohol for approximately three years. At the time of this study, she was pursuing an online bachelor of psychology degree. As per her journal entries, Melody received six to seven hours of sleep per night, an improvement from the prior interrupted two hours of sleep. She had also made improvement in her eating habits and did an exercise regimen of cardio, kick training, and Yoga. Melody was diagnosed with mental health

generalized anxiety disorder and major depression when she was 21 years old. She had recently been diagnosed with bipolar disorder.

When asked, in her interview, to describe her first onset of anxiety, Melody answered:

> I was a young girl, no older than seven. My aunt, the woman who stepped in for my biological mother, and I were at a department store. I cannot remember which one. All I remember is knowing that I had wandered off and was lost. I remember feeling like something terrible was going to happen — that she had left me. The longer I was in panic mode, I felt like I was going to die. I froze. Time stopped and was moving quickly — all at once. It felt like a lifetime, but she eventually found me. As soon as she touched my shoulders, I passed out. I am 30 years old and had not remembered that until this question.

Melody stated that she felt inadequate in any situation and feared that people would see that she was incapable of accomplishing anything.

Paisley

Paisley was a 33-year-old Caucasian female who was born and reared in the Southwestern United States. She graduated from a public high school at age 16. She was from a family of artists and expressed in her interview that she had "an unconventional childhood—basically like old school hippies, real eclectic, and real crazy." When she was a college freshman, she dropped out when she met a man 11 years her senior, with whom she stayed for eight years. Afterward, she moved to Las Vegas and from there to Kentucky. She received her associate's degree from a technical college last year. Paisley owned a makeup artistry business, which was affected by Covid, so she enrolled in People's University to work on an online bachelor of forensic psychology, with a pre-law minor, with an eye toward law school. Paisley

was diagnosed with a mental health anxiety disorder when she was 24 years old. In her interview, she described her onset of anxiety as follows:

> About 14 was the first time I can remember an actual panic attack, to be completely honest. I smoked weed at a friend's house with my best friend and amongst people I was very familiar with, but for some reason immediately after, I walked into the main room of the house, and it was like I was seeing everyone in slow motion, and every single person gave me the most horrible feeling just from looking at them. I felt like my chest was closing in, my heart was beating really fast, and I would literally die. I spent the rest of the evening on top of my friend's car, laying down staring at the stars, breathing and talking through what I was feeling. I did not re-enter the house.

Results

The following are the results of this qualitative transcendental phenomenological study to understand the essence of the shared lived experiences of undergraduate college students with anxiety disorders at two colleges in the Southeastern United States. The data used to analyze were collected from individual interviews, focus groups, and participant journals. Open inductive manual coding was performed on data as the initial step in developing themes. Rather than using a pre-determined codebook, I started anew to create codes from the data. Sub-themes were developed before major themes, as is suggested by Moustakas (1994). Through the analysis of the sub-themes, the major themes were identified. The next step was to construct a description of the structures to create the textual *what* and structural *how* of the experience. Finally, the last step was to integrate into the *essence* of the experience. Following will be a narrative discussion of the major themes.

Table 2

Major Themes and Sub-Themes

Major Themes	Sub-Themes
Academic Performance Barriers	Coping skills (141)
	Fear of failure (39)
Stressor Issues	Self-esteem and insecurity issues (104)
	Trust issues (41)
	Financial issues (35)
Institutional Education and Accommodations Preferences	Traditional v. online preference (50)
	Academic assistance (42)
Social Fears	Judgment from others (40)
	Sexual assault and bullying (32)
Generational Issues (51)	

Note. The number represents the number of open codes supporting the theme. For example, 141 open codes supported the sub-theme of coping skills under the major theme of Academic Performance Barriers.

Major Theme One: Academic Performance Barriers

The first major theme that emerged from the data was academic performance barriers.

This theme centered on participants' reactions to how their anxiety disorders played a part in their day-to-day academic environment (Arana & Furlan, 2016; Baldwin et al., 2017; Beiter et al., 2015; Hong, 2015; Kalra et al., 2016; Mutalik et al., 2016). Sub-themes of the first major theme were coping skills and fear of failure issues, which became inevitable segments of the discussion. It is important to note that although major themes and sub-themes were established herein, there were intervening lesser themes within the sub-themes. For example, the discussed sub-theme may have involved participants' coping skills, but the intervening intermingled lesser themes may have been perfectionism or procrastination since the participants' unachievable perfectionism, or anxiety-related procrastination, actually caused their fear of failure.

Table 3

Major Theme I: Academic Performance Barriers

Sub-theme	Code
Coping skills	(141)
Fear of failure	(39)

Note. Numbers in parentheses indicate code frequency.

Coping Skills

The first sub-theme of the major theme of academic performance barriers was coping skills (Arana & Furlan, 2016; Baldwin et al., 2017; Beiter et al., 2015; Hong, 2015; Kalra et al., 2016; Mutalik et al., 2016). In the data, the lack of coping skills most often observed with these participants were perfectionism, procrastination, and classroom attentiveness. The data elicited from the individual interviews, the focus groups, and the participant journals showed that some participants' academic performance perceptions were that a lack of coping skills created stressors

for anxiety that benefitted academics at the expense of other factors, while other participants' academic perceptions indicated that a lack of coping skills presented barriers to their performance.

Sallie, Ava, and Camille were examples of lacking the ability to cope with imperfection, while Rosa and Paisley lacked coping skills in other areas, Rosa in both procrastination and perfectionism, and Paisley in in-class attention. In focus group, Sallie commented:

> With academic performance, I think I have always had a perfectionist type view. I feel like I have to get this done. I need to do this before I take care of myself. So, like before I eat, before I sleep, I have to get this work done. So, it is kind of like I work myself to the bone. And I will sit for hours getting things done before I take the time to make sure I am okay and put my best foot forward. It pushes me forward, but in a detrimental way I think. Getting things done requires more pain power than already needed, because I must first satiate anxiety.

Ava and Camille agreed with Sallie. Ava commented:

> I think it may make me a better student, but at the cost of not taking care of myself. I put schoolwork above my own physical and psychological needs a lot of the time: Skipping meals, sometimes staying up too late, or putting in more effort than needed into assignments so they are perfect. I think the biggest impact that it [anxiety] has had has been on my confidence level. I am capable of a lot more than I may think that I am in the moment, due to my anxiety. My anxiety makes school have a bigger negative impact on my life than it would to someone without anxiety. For me, it is the amount of mental energy that you have to use to cope with it [anxiety] constantly. Like I noticed when I was doing my journal that I get a really decent amount of sleep, but I am still exhausted

> all of the time, and I think that is from constantly having to use coping skills to back myself out of that snowball.

Rosa, Darlene, and Oliver agreed with Ava. Camille added, "Um, when we start each week each module, I have to get it done on Monday, or I cannot think about anything else until I get every section done. When I try to take a break, it is constantly on my mind, you need to go finish that, you need to go finish that."

Rosa and Lizzie, on the other hand, reacted differently to coping with anxiety. Rosa faulted procrastination, "It either makes me procrastinate because of getting overwhelmed, or it makes me do everything in extreme detail, making it take longer than it should." Lizzie, in a journal entry, faulted a lack of motivation, "Skipped class, spent the day trying to gather motivation to do something."

In her interview, Paisley offered that since her classes were 100% online, she did not have as much anxiety over her academic performance as she did at her last school, where she had to show up in class five days per week. She commented that just to think of it was a stressor:

> As far as my current classes, I only get bouts of anxiety whenever my personal life is extremely busy and I am running behind on modules or assignments in one or all of my classes and reach a point where I need to email or inform my professors.

In the focus groups, the question was asked as to what aspects of suffering from anxiety did the participants believe to be the most difficult. The answers were varied, yet there was agreement among participants that, along with their individual experiences, they also shared the experiences expressed by their fellow participants. Harvey, who lacked coping skills in day-to-day situations, provided this response:

> I would say sometimes the most difficult aspect is just dealing with day-to-day stressors everyday. Sometimes having more of those stressors occur, and then on top of that dealing with being anxious as well, makes sometimes day-to-day stressors feel a little more intense than they are for some people without anxiety.

Vanessa, Camille, and Olivia agreed with Harvey, and then each added personal insights. Vanessa commented, "I agree with Harvey, and I also think it makes me down on myself, because this [other] person is going through something, and they are not freaking out."

Camille added, "I agree with what Vanessa said. Sometimes I overreact because I am anxious, and I worry that I am overreacting to where people may not have the same reaction." Olivia agreed with all of them and contributed, "I feel like that is also a thing for me — just kind of beating myself up."

"It is the constant questioning of am I overreacting, or valid in my stress, or is this just my anxiety getting the better of me. Then I just end up arguing with myself about it, making me more stressed and anxious," Fiona interjected. There was agreement of both Melody and Oliver with Fiona's position. Sallie added,

> I think knowing that you can do something, and you have done something before, then you get this sudden bout of anxiety that tells you that you cannot do it, or there are people involved that make you feel like you cannot be there. Once you have done something and know you can do it, and then you have that attack, and you sit there, and you beat yourself up about it. I think that is the worst part - knowing you cannot do something that you were able to do before.

In her journal, Ella illustrated that she did not cope well with test-taking. Although

she stated that she had studied for a quiz and that her professor had said that everyone had passed, she journaled, "I don't know why I am shaking so bad. The quiz had five questions and it was open, so I shouldn't have stressed about it." Across three focus groups, these emotions were shared by most participants to some degree. Participants' desire, yet inability, to cope sufficiently to match up to students without anxiety in academic performance permeated all facets of this research.

Fear of Failure

The second sub-theme of the theme of academic performance barriers was fear of failure. Throughout the interviews, and especially in the focus groups, participants' fears of failure - of assignments, of tests, or of not appearing 'stupid' - became a central part of the discussions. Their fears originated from a variety of stressors that the participants believed did not affect students without anxiety (Hakami et al., 2017; Pedrelli et al., 2015; Stensland et al., 2014; Telzer et al., 2014). Geneva's interview made it clear that stressors from procrastination from not doing her homework erupted into fear of failure which initiated anxiety attacks:

> I spend more time worrying about not doing something correctly than I do actively completing assignments. Once I start, I can't stop until it's finished. Normally, the material comes easily to me, and I feel foolish for prolonging the beginning stages. However, there have been times where I am stuck, so to speak, and I wait until the very last minute to begin, leading to a failing grade or me withdrawing from a course completely over one bad grade or missed assignment.

Fear of failure preoccupied Melody's thoughts as she worked on assignments to the degree that it left her almost unable to function academically.

> I struggle with if there is a lot of assignments or something. I will look at everything

> as a whole, and then I will get super overwhelmed. I will set it up in my head like "oh crap, I am going to fail. I am going to fail." I will obsess about failing. I will obsess about not doing something perfectly and not doing something right. Then I have anxiety about talking about it and asking the professor how do I do this, because I have anxiety about feeling stupid or what he is thinking about me. So, then I sit back and will not do it. This has been my MO [modus operandi] my entire academic career. I am like I am going to fail anyway, so I do not try. I am scared to death to fail, number one. And, I am also scared to pass and do really well, because I do not know what that looks like—what graduating looks like.

Procrastination, combined with perfection, caused Darlene's fear of failure, because she spent more time concentrating on one area of an assignment to the detriment of the rest, or even to the point that she did not not complete the assignment:

> I just feel like I get so overwhelmed with how much I have to do that I take forever to do it. For example, today I only have one chapter to do, and it is taking me all day long. It should not take me that long. It is taking me so long, because I want to make sure everything I write is correct and sounds smart, because I always feel like I sound stupid when I am typing something.

Melody and Rosa empathized with Darlene. Rosa, who was often worried and nervous about getting a bad grade or not making homework deadlines, commented, "I feel like I do that too with reading chapters. Like you never know what minor detail is going to be needed. So you get wrapped up in thinking everything is a very important detail."

Receiving less than a perfect score on an assignment became a stressor for Vanessa's anxiety so much so that, as she pointed out in the focus group, she feared failure because

she could not retain class information.

> If I make an 89% on an assignment, I completely freak out about it. It ruins my whole day, and I feel like my whole GPA is going to go down, and I am going to lose my scholarship where other people are just like 'well, I passed.' Sometimes when I am super stressed, I cannot remember what it was we did in class or remember certain materials, so that makes test-taking difficult, because I cannot remember it even though I know what I am doing.

Olivia agreed with Vanessa and added, "I also have similar issues with test-taking and retaining the information. I have really bad test anxiety. I feel like everyone is excelling, and I feel like I am not doing as well as I want to just because I have so much anxiety."

> "If you do not get feedback from your professors, it is like am I doing this right or wrong. And that's what anxiety is like — did I just waste all of this time, because this professor is just by the book and not understanding my situation," Paisley posited.

In her focus group, she emphasized:

> [The] rapid pace of thoughts in your head of what could go wrong can deter you from what you are actually trying to focus on. Scare you away from it. Reflect on other people. Enough to make you lash out and cry. Emotional in general. I am prescribed Klonopin — 2 mg.

The 15 participants expressed that they were aware of the effects of their anxiety disorders, confused by them, and unsure of themselves academically because of them.

Major Theme Two: Stressor Issues

The second major theme that emerged from the data was stressor issues. The sub-themes

of the major theme of stressor issues were self-esteem and insecurity issues, trust issues, and financial issues. Stress is usually high for all college/university students but higher for undergraduate college students with anxiety disorders. Classroom or academic practices that were normal behaviors to undergraduate students without anxiety disorders sometimes drove undergraduate students with anxiety disorders to undergo stressors for anxiety that caused them to question their fitness capabilities for involvement in the higher education arena (Cooper et al., 2018; England et al., 2017; Telzer et al., 2014). When participants added self-esteem and insecurity, trust, and financial issues to the mix of stressors they already dealt with academically, and when they compared themselves to their peers whose lives seemed free of these stressors, life became even more difficult for undergraduate college students with anxiety disorders. Some of these 15 study participants did experience the following stressors.

Table 4

Major Theme II: Stressor Issues

Sub-theme	Code
Self-esteem and insecurity issues	(104)
Trust issues	(41)
Financial issues	(35)

Note. Numbers in parentheses indicate code frequency.

Self-esteem and Insecurity Issues

The first sub-theme of the major theme of stressor issues was self-esteem and insecurity issues. As was set out in portions of the participants' interviews, focus groups, and journals, self-esteem and insecurity issues had caused these participants to underestimate their abilities as

compared to the undergraduate students without disabilities (Brook & Willoughby, 2015; Hakami et al., 2017; Telzer et al., 2014). This self-doubt had prevented many of the participants from developing friendships and from being involved in campus or off-campus events, either socially or academically (Ellis, 1958).

For example, Sallie had had a past traumatic stressor that had brought on her first anxiety attack and had helped to develop self-esteem and insecurity issues. In Sallie's focus group, she shared how it had affected her self-esteem:

> I throw a lot of my self-worth into my academic validation. So when I do start comparing myself to my classmates, and I see that they are dealing with things better than I am, or they will procrastinate to get things done and do well, and I do the same thing and I do not, it ends up trickling into my self-image. So, it is academic. It makes me look at myself as an academic and makes me think do I even deserve to be here. Then, it will also go into how I look at myself as a human, because I do hold those things on an equal pedestal.

Sallie explained that she had been prescribed Zoloft in the past and that it had produced a very negative reaction. She said she stopped the Zoloft and did not go on any other medication. Unlike Sallie, comparison with other undergraduate college students without anxiety disorders, did not create Camille's stressors for anxiety, as was illustrated in portions of the interview and focus group data. Camille explained,

> It is hard for me to compare myself to the other students, because where I am 100% online, I do not really know what is going on with everyone else. I was on anxiety medication since I was about 14 years old and in high school. I was always high strung. I was worried about what everybody thought—what everybody thought about me. Um, I

> suffered from bulimia also, so that had something to do with it. And then like in relationships and stuff, like when I was in high school, I was awful, like always nervous, always trying to be my best, always wondering if they [her boyfriends] were cheating — constant, constant. One of the biggest flaws is I care way too much about what other people think. If you stare at me and give me an innocent look, if I think it is in the wrong context or doing it a weird way, I will overanalyze it. I will sit there and ponder on it and ponder on it, wondering what I did and how I can fix that. I want everybody to like me.

Although Oliver, like Camille, suffered stressors for anxiety, Oliver's stressors arose from a different source. In his interview, he indicated,

> I feel like my overall caring nature influences my anxiety attacks and the belief that no one likes me. Whenever I get into a state of anxiety, usually it involves wanting to protect the people I love, or feelings of insecurity in a friendship. I also usually perceive myself lower than everyone else. So, I will give everyone else leniency. For me, it is like no leniency. I am currently on Zoloft. I feel like that definitely helps to calm down my anxiety.

Ava's self-esteem and insecurity issues arose from her feeling that she was not good enough to be accepted by others. Drinking alcoholic beverages was commonplace, according to her two-week journal. She elaborated,

> I went out for the first time since surgery with my boyfriend. We went to a local pub that we frequent to meet his friends. I love his friends now, but when we first met, I had to force myself to speak around/to them due to my anxiety about a lot of things surrounding me. I was anxious to say anything, because I didn't want to say the 'wrong'

> thing, and therefore make my S/O's [significant other] friends not like me and slowly convince him to boot me out. They are intelligent, well put-together, generally wealthy. I figured it was only a matter of time before they found out I didn't measure up (anxiety thought), or they could already see it all over me, but were just waiting for the most ideal time to catch me off guard and possibly make a joke at my expense. Drinking helps with my social anxiety A LOT. I probably had 5 Guinness and ½ a shot of (idk what it was).

Ava's self-esteem and insecurity issues compelled her to feel that drinking was a method for ridding herself of the inability to relate well in a social setting (Ellis, 1958). The very next day, she journaled,

> I definitely overdid it last night with drinking. As soon as I stepped into the pub, I knew I would have to drink to deal with the sounds, limited space, so much going on, so many people, plus my autism-related Sensory Processing Disorder. Now, I have 'Hangxiety,' and it brought its partner with it: 'hangover migraine.'

In addition to self-esteem and insecurity stressors for anxiety that were related to other issues, Darlene's workplace produced a different and unusual insecurity stressor from those experienced by the other participants. Darlene, in her journal, confessed that she had a moment of high stress and anxiety as she went about her job-related activities:

> I was a little more stressed and insecure than on my other days, because I am assigned to a different part in my department. I'm put into the decedent affairs office, or what we call the 'the death office,' because I handle all the patients who pass away in the hospital that day. While I'm used to this portion of my job, dealing with death is no easy task and can be stressful when dealing with the deceased patients' families. Part of my job is working in a morgue, and [today] I had to get into a body bag, which I usually don't do.

> While dead bodies don't make me nervous, it was a little nerve-racking to open a body bag for the first time in a silent morgue alone.

Harvey, who had listened intently, in focus group, to other participants' beliefs about their stressors for anxiety, contributed that the inability to retain information because he could not remember it, even though he knew what he was doing, was a stressor for him, affecting his security and self-image.

In focus groups, when participants were asked the question as to what were their perceptions of the reactions of the participants and their friends when an anxiety attack occurred in their presence, the most common responses by participants were that they were uncomfortable around most people with whom they were not close, but they were comfortable enough around their spouses or significant others. Because they had gotten familiar with them, it did not cause humiliation or embarrassment. The spouse or significant other's reaction generally served to have a calming effect.

There were a few exceptions, however. For example, Rosa said she had had a recent experience with an anxiety attack in front of her husband and had convinced herself he did not like her, which she later admitted was not the case. Ava stated that she empathized with Rosa. Other responses, however, veered into the social anxiety or self-esteem and insecurity issues realm. Sallie shared her answer to the question,

> I will literally shut down. I will stay in my dorm – self-isolate. Oftentimes my friends will not understand why I am doing that, or they will be giving me space, which is what they think I need, which is good, because I probably do need space. But, I will work it into 'Why aren't they asking about me? They are noticing that I am feeling this way. Why aren't they reaching out to me, making sure I am okay?' A lot of times if I am not getting

> the reassurance I need from my friends, or even my family, or from the people I am around, I spiral. I am learning how to talk about what is going on with me. A lot of times, they do not know that I am going through something. I am learning how to trust them. It is a whole bumpy journey, but I am grateful they are with me. I just get frustrated sometimes that I cannot telepathically communicate with them what is going on.

For undergraduate college students with anxiety, it was embarrassing, and sometimes even humiliating, for others to witness an anxiety attack. Because a mental health disorder has had a stigma attached to it in the past, such an attack was open to ridicule and insensitive comments by those who were uneducated as to the causes and effects of these types of disorders (Hakami et al., 2017; Pedrelli et al., 2015; Wahl, 1999). When she experienced a panic attack at her work site, Melody reacted much the same as Sallie had reacted, except that not only did Melody withdraw from fellow employees, she resigned her position.

> Like about a month ago, I had a series of panic attacks. I could not stop them. It was in a work setting, so all of my coworkers, all of my patients, saw this breakdown. Everyone was like 'it is fine. You are okay. You are just exhausted.' They were coming from an understanding place. I took pride in doing everything for everybody, like showing up with a good, strong game face. And when the mask falls off, everyone sees that I am a total wreck. It was like 'okay, I am out. Bye.' I left for two weeks and eventually quit. I was like 'okay, here is my resignation.' It was just too much. I found a different position at a different place. I just withdrew from it. It has not always been like that. If my friends had seen it, they are always understanding. 'It is okay. There is something that causes the panic attacks.' They will try to talk some sanity into the situation.

A participant who withdrew from everyone, except her husband, when an anxiety attack had begun in their presence was Vanessa.

> In the beginning when I first realized that I had anxiety and got diagnosed, panic attacks were kind of embarrassing for me. I have been married for almost 12 years, and he has been very supportive. If I get some bad news at my work, even though my coworkers are my friends, I will literally go into the bathroom for like 10 minutes and just cry or something. I kind of shut down too, because if I get some really bad news, I will just run into the bathroom and hide for a minute until it is over with.

A model for how friends should react to their and others' anxiety episodes, if it were possible for participants to do so, was illustrated by Fiona:

> I actually just had something happen today at work. One of my best friends was struggling with something work-related. She started to have an anxiety attack and hyperventilating and stuff in front of me. And I kind of like had to bear hug her, just give her a full embrace to get her to breathe and calm down. She has had to do that for me before, more than once.

Of the 15 participants in this study, data illustrated that self-esteem and insecurity issues affected all 15 of them in some fashion.

Trust Issues

The second sub-theme of the major theme of stressor issues was trust issues. Closely aligned with the self-esteem and insecurity issues were the trust issues that some of these participants experienced on a day-to-day basis (Hakami et al., 2017; Stensland et al., 2014; Telzer et al., 2014). The participants in this study had had stressors, either from home, school, or

from social situations, that had affected them and that had continued to affect their present-day perceptions of themselves, causing them not to trust themselves or others.

Oliver, in his interview, shared,

> My disorder prevents me from being able to fully trust people and feel like I am in a confident position like in relationships and all that. I feel like my anxiety disorder kind of holds me back from being able to fully accept that I am in a good relationship, because my brain likes to kind of doubt that.

Olivia's anxiety, as was stated in her interview, was triggered by the inability to trust being around certain groups of people or crowds:

> Like it could be the same coffee shop you go to several times a week or whatever. And it does, it makes you feel so bad. It just feels so overwhelming. There are so many people in there. Like big crowds scare me. If there is a lot of people in there, I just get really freaked out, and it definitely causes a whole lot of anxiety.

Olivia's comments illustrated mistrust, as well as a degree of social anxiety.

When Darlene, in her focus group, stated that she did not let her professors know that she needed accommodations because she felt they believed all students had anxiety, she also indicated a lack of trust in them. The same was true when she stated that she could tell by their demeanor that they weren't willing to accommodate. Defining herself as "relentlessly kind," Sallie expressed in the focus group that she gave the benefit of the doubt as often as she could. If someone showed disrespect or crossed boundaries with her, however, she no longer would trust them, and would shut herself off. She explained, "I have been taken advantage of before, and it taught me some very hard lessons. I feel like that is how I get the best people in my life. I will never stop doing that."

Following much the same thought pattern as Sallie, Ella shared, in the focus group, that she had not spoken to some of her closest childhood friends since middle school, and she presented it as follows:

> But no matter how good of friends we were in middle school, I have it in my head that since we have not spoken, they were fake and they dislike me. And that is the same for like anyone I had class with in previous semesters. It is probably I overthink a lot.

Vanessa agreed with Sallie and Ella, and stated,

> I overthink everything. So even if someone had good intentions, there is a voice in the back of my head like 'Why is this person being nice to me?' I do not want to say I can be unforgiving, but I guess depending on who it is, if you cross me like really bad one time, then I will [not trust you] and will really cut you off.

In the comments by all three, Sallie, Ella, and Vanessa, the data showed not only a lack of trust, but also signs of self-esteem and insecurity issues.

Financial Issues

The third sub-theme of the major theme of stressor issues was financial issues. Undergraduate college students with mental health anxiety disorders sometimes found it difficult to manage their money in such a way as to allow themselves to live within an established budget (Browning et al., 2021; Liu et al., 2019). This problem occurred partly as a result of the rising costs of college tuition, books, food, and other fees. The data in this study indicated that a number of these participants' stressors were of a financial nature. Harvey, in his interview, stated,

> A lot of my stress is around financials, the way I grew up and things like that. My parents did not have a lot of money, and they still do not. So, growing up, a lot of trauma that I

> was inflicted with was financial-based. A lot of my stress comes around work, jobs, and financials. During the times we were not doing financially well, he [his fiancé] was really great about supporting it and talking me through it. We would just talk to each other and work through things together.

Camille confessed, in her focus group, that much of her stress came from money issues. She said, "for me, it is finances. It is a big part, especially when you have your house and your car. My husband is the only one that works. I stay home with my kids."

Ava believed that capitalism created the stressors that propelled anxiety disorder. In her focus group, she voiced,

> I think most of us are having to go back-to-back like school, work, and kids. There's not time to be introspective and be around people in a way that is not associated with money or a grind or something in some type of way.

In her journal entries, Ava made additional occasional references to financial issues. She wrote in one entry,

> I'm having anxiety about the amount of coursework I signed up for and returning to work and making sure I have enough money, but I'm bad about waiting til the last minute to eat, so I end up door dashing a lot, which is not within budget.

In a second entry, she wrote, "I'm wondering if I should go back to work early because my bank account is shrinking. What about all these student loans I'm going to have to take out?" "I can't wait til I get my degree and I don't have to be a doormat for all of these people anymore, or worry about my income," Ava stated in her third journal entry, and in her fourth entry, she wrote "So for a little pick-me-up, I offer to take my partner to our favorite restaurant and DD (even though I'm running low on money and don't want to put it on my credit card)."

Rosa, in her journal, also indicated that money was a consideration. She wrote that she ran over a screw when stopping at Lowe's with her husband. "This will be the third tire we will need to replace within a month of time. Anxious about financial situation and being able to drive this weekend."

Veterinary services were needed for Ella's dog that was injured, and finances were a concern. Ella journaled,

> My boyfriend and I rushed him to the veterinarian, the first one we arrived at had a long wait time and since I had plans tonight, we called ahead to another vet and went there. After a few hours of waiting, we paid about $150 for nothing.

In a second entry, Ella wrote that she was dropping out of a sorority.

> I was ordered to take a 'little' [sorority sister] which is very expensive because you have to go to their events, and pay for all their meals and buy them certain things, and I really wasn't ready for that commitment.

The possibility of getting into a lot of debt troubled Oliver. He explained, "I know when my parents went back to school, they got into a lot of debt. Even if I see myself in a good financial spot, I am worried that I am going to go under."

Major Theme Three: Institutional Education and Accommodation Preferences

The third major theme that emerged from the data was institutional education and accommodation preferences (see Table 5). The sub-themes of the major theme of institutional education and accommodation preferences were traditional vs online preference and academic assistance. As can be seen from this research data, more undergraduate college students with anxiety disorders opted to receive their degrees online rather than via the traditional style. Of prime concern to the participants of this research, most of whom were in online or hybrid classes,

was the type of accommodations that the professors, rather than the institutions themselves afforded (Hong, 2015).

Table 5

Major Theme III: Institutional Education and Accommodations Preferences

Sub-theme	Code
Traditional vs online preference	(50)
Academic assistance	(42)

Note. Numbers in parentheses indicate code frequency.

Traditional vs Online Preference

The first sub-theme of the major theme of institutional education and accommodation preferences was traditional vs online preference. Although there have been no known past studies which focused on the appraisal by undergraduate college students with anxiety disorders of online learning versus traditional learning, a study was performed that examined the integration of online components with traditional components in two undergraduate college business classes, one of which was elective, and the other required. The elective class judged the online component marginally positive, while the required class judged it marginally negative (Smart & Cappel, 2006). Of the 15 participants in this study, three were enrolled in traditional, three in hybrid, and nine in online classes. All of the online participants, as well as the hybrid students, praised online study in their focus groups. Paisley stated her reason for preferring online over traditional or hybrid classes:

> Most of my classes are online right now. I feel like that is helpful because you do not have to face other people. Otherwise, I think the relationship depends on the class and the

> professor. Some [the traditional] are firm, and they really do not care about your situation, your anxiety. 'It is due. It is due. You are an adult. You can handle it.' Then others [the online] are like 'we know life happens. If you just email me and let me know what is going on, then I understand.' It really depends, but that also creates more anxiety, because you never know what you are going to get.

Geneva, a traditional student, agreed with Paisley, because she offered that at one school that she had attended, the professors were very lenient. She said she would text them, and they were fine if she were absent from class. She continued,

> Now where I am, I am more stressed, because I feel like the teachers are not lenient at all. I still get so much anxiety if I have to miss class. I am scared about what is going to happen. Like what am I going to miss? What are they going to do? Make homework and I am not going to know about it?

Undergraduate college students with anxiety disorders thought hard about the classes that were open to them — whether online or traditional — since some facets of their disorders prevented them from sitting through the traditional classes that were important for them to achieve their career goals.

A hybrid student, Lizzie, mentioned that both her online and traditional classes had professors that were pretty lenient, but added that most of her classes were online. She stated,

> I do have one where attendance is mandatory, and he does not care why you missed or the reason. And you will get docked points for that, and it really stresses me out bad. It gives me so much anxiety. I have been on Zoloft for several years now, and it just kind of prevents them [attacks] from happening.

Paisley questioned Lizzie if the class she last had mentioned were an online class.

"No, it is my only in-person one. You have to be there, or you are going to lose points in it, and it stresses me out." Since Lizzie answered in the negative, Paisley pondered whether she could make the transition from online to traditional style. She commented that she was terrified by the possibility. "Like can I transition into this five days a week to go to law school? I do not know if I can do that, so it is like maybe I just do not fulfill my goals, because I cannot show up."

Because undergraduate college students with anxiety disorders found it so painful to place themselves in awkward positions of learning, they preferred to relinquish their career goals than to tolerate the pain. "One of my professors will actually e-mail us throughout the week and just check on us. It is not even about school — just to make sure that we are doing okay and that everything is not overwhelming," Olivia, an online student, bragged. Harvey and Camille, shared Olivia's enthusiasm for the online academic program. Harvey raved about its positive points.

> Both of my classes are pretty laid back. Most of the assignments are due during the week, but it is open enough to start in the beginning of the week. Then I can submit that within the time frame it is supposed to be due. Then a lot of the tests are due on Friday, so it gives me the whole week to work around that. In one of my classes, we have a professor that lets us go back and retake exams. They will give you the best grade of the two exams. It is open note, which is great. I love that they are able to do that, because realistically it allows us to soak up the information a little bit more, instead of just studying for a test.

Camille remarked that her classes begin on Monday, with everything due by midnight on Friday. She added,

> I do not know if they do that particularly because they know students suffer from anxiety, but it does help. I actually did poorly on an assignment the other day, and I emailed my professor, and she let me retake it, so that helps too.

As the data indicated, the majority of participants in this study preferred online classes over either hybrid or traditional for a number of reasons. Among them were the beliefs that the professors were more caring, were more lenient, and were more willing to accommodate their needs. The participants who suffered comorbidity with other disorders, or participants with social anxiety disorders, felt more comfortable and secure in online classes (Afolayan et al., 2013; Assari & Lankarani, 2018; Bigelow et al., 2016; Boumosleh & Jaalouk, 2017; Cerutti et al., 2016; Lee et al., 2017; Mutalik et al., 2016; Pedrelli et al., 2015; Seng et al., 2017; Seo & Park, 2015; Shahrouri, 2016: Vitasari et al., 2010). Work situations and familial circumstances also added to participant perceptions.

Academic Assistance

The second sub-theme of the major theme of institutional education and accommodation preferences was academic assistance. Whether students were traditional, hybrid, or online, they entered colleges or universities with expectations of a certain degree of accommodations. For undergraduate college students with anxiety disorders, such expectations were greatly enhanced in order for these students to have a respectable chance at success (Beiter et al., 2015; Hong, 2015). Participants in this research expressed their varied views on the quality of such accommodations at their college or university.

When participants were asked an interview question about the reaction to their disorders by university personnel, Sallie, a traditional student, stated that during the previous year her college did not have an individual reach-out to the students, but they did send emails informing

them that there was a counseling center and that they had different services there to help them. Sallie felt that the counseling center was somewhat ineffective. At the time of this study, nevertheless, she felt that the college had made noticeable improvements. She shared,

> Last year, the counseling center had been on the waitlist since the semester started, because my freshman class was the biggest freshman class they had ever had. We made up half the school, so they really did not have the resources to help everyone with anxiety. I thought there could be more efforts made to hire more people, especially if they are going to keep taking this number of incoming freshmen. [This year] I have seen a really big change in the way my school has addressed mental health with the students. This semester we have a whole lot more [counselors] available. I have seen a really big and positive difference in my school.

Encouraged by the quality of her university's counseling services, Geneva responded to the question by informing that the university offered services that provided considerable help for students with mental health disorders:

> They have counseling, psychiatry, and groups that you can talk to - trauma groups, rape groups, specific substance abuse [groups], everything. I have actually talked to several people that have been in these groups, and they said they helped them tremendously. I was actually recommended to one of these groups, so I will probably try that out next semester.

On the other hand, a participant and online student, Ava, answered the question by stating that her experience with the college system was less than perfect. She commented,

> I feel like an accommodation for someone with anxiety or [for] someone like me that would be super beneficial — I am autistic as well — would be for online courses to not

> cost more than in-person classes. Like when I talked to the disability office at my school, that was not an accommodation they could offer. I was eligible for scholarships that would not be applied for school online. I think that is crap for them not to offer these disability services.

Ava stated that some students with disability may not have an issue, as she did, with getting things done on time or testing, but she questioned why she should have to pay more without financial accommodation (Hong, 2015).

When participants were asked a focus group question as to how they perceived the academic accommodations provided by the faculty, staff, or others, Ella, a hybrid learner, compared how different professors operated, and which type she preferred.

> I have one [online] professor that will let you retake all homework assignments, redo papers and quizzes, at your leisure. She is very lenient. She is the best professor I have had that has given me the less stress. But, I have another [traditional] professor that we have homework every two days. She gives it to us Tuesday — it's due Thursday. It is that way every single week, and I stress about it. I feel like more teachers are doing better in the way they are making it online and due at midnight. I think the more traditional it is for me, I cannot do it.

There was agreement among Camille, Olivia, and Harvey that Ella's position was accurate, that online class format relieved pressure. Olivia stated that she thought it was really nice to have laid-back professors who allowed students to retake their work assignments.

> I can actually think this is not my absolute. Each time I have improved. It tells you what you got wrong, so I can go back into the book and study that part. I need to figure out

> what I missed there, because I am also dyslexic as well — I have both things going for me. It has really helped to relieve a lot of the stress, and I have done better.

Harvey's online classes followed much the same routine as Ella had stated, and he felt they were less anxiety-provoking. Harvey related that [when he was in school before], before he was on medicine, he took things too personally and had not correctly accepted constructive criticism. Now that he was back in school and on medicine, he said he was not intimidated by the professors and did not feel they had added to his anxiety disorders.

Some participants admitted that they hesitated to ask for the accommodations that they were legally entitled to have, either because they were too introverted to speak up to an authority figure, or because they actually did not know their legal rights regarding their education (Hong, 2015). Both Darlene and Melody fell into this category. Darlene, an online student, commented in her interview,

> I do not feel like I can tell them—not because I do not feel comfortable to tell them. I do not care to tell anybody. I think they will be like you are in college, and everyone gets stressed out, or everyone has anxiety. I just keep it to myself. I would personally never try to use anxiety disorder and write to the disability at a school and be like I need extra time, because I do not feel like they would see that as true reason to need extra time, even though they probably would if it was written by a doctor. Half the time you can tell from the demeanor of the professor if they are like well, I really cannot accommodate you because everyone has that. It is not true, because everyone does not.

Darlene explained further, in her focus group,

> I would not say, per se, that they [professors] knew I had an anxiety disorder, but they definitely could tell. There was only one professor that I was super close to that I think I

> ever told why I was so stressed. I am a history minor. If there is something I am horrible at, it's writing papers. A lot of my professors, my history professors, have helped me, because they know I get stressed. I currently take Buspirone, and another one I do not know how to pronounce. I have been having horrible sensory overload, and I do not know where it came from.

Melody also neglected to reach out for accommodations. She admitted to the focus group that she had struggled but stated that she just sat in traditional classes without saying anything about it (Hong, 2015).

> Most of the time I will not even tell them [professors] I have anxiety. I will just act like I am completely fine. So, they do not even know that I need additional help, or that I am struggling. I will just sit there and suffer in silence. I will see things in the syllabus where there is help available. They are taking action, because they know we are struggling, and some of us have difficulty expressing ourselves. So, this semester, our professors are trying to take the pressure off deadlines. It is so nice. It is easier to breathe. I am not freaking out nearly as badly. It is nice to be recognized, even if they do not know it is us that is struggling. Make sense?

Other online participants, examples of whom were Fiona and Vanessa, felt that sometimes the faculty did not know that a student needed some form of accommodations because of the lack of interpersonal contact between the professor and student. Much of the work was accomplished through discussion boards and email. It was made clear that the professors responded quickly to students' questions, however, and if they were informed of a needed accommodation, they did comply.

Fiona, in her focus group, pointed out that as a strictly online student, she had no

opportunity to form any relationships with her professors in order to tell them of her disorder. But, she did qualify that they were very helpful by being lenient relative to such things as deadlines and discussion boards.

> Really no one at the university is aware of my anxiety disorder, more so because I am all online. I am sure they probably think I am uninterested and lazy and all these negative things when it comes to school.

Like Fiona, Vanessa expressed that she did not think they really knew, because she and the faculty or staff spoke mostly on a professional level. Upon reconsidering the question, though, Vanessa added,

> I think Dr. [Holman] knows that I have anxiety a little bit. He has just always been really helpful to me and tells me not to worry about the small stuff. Then my math teacher, she has been really good with my anxiety — so very positive interactions regarding my anxiety.

The majority of strictly online students held the same views as Fiona and Vanessa that although there was a lack of face-to-face communication with online professors, the professors did everything possible to accommodate undergraduate college students with anxiety disorders if they knew of the disorder. If they did not know, they still remained willing to help all students. Professors, both online and traditional, received respect from undergraduate college students with anxiety disorders for their increasing improvement in understanding and attempting to relieve a bit of their academic stress. Sallie and Geneva, traditional students, Rosa, a hybrid student, and Ava, an online student, in their focus groups, commented on the professors' reactions to their disorders. Sallie stated,

> I am pretty sure that I have heard all of my professors say "If you need a mental health day, take it. Just communicate with us, and let us know what is going on." I personally did have to take a mental health day last week, and I communicated with all my professors, and they were all super understanding.

Participant data indicated that most undergraduate college students with anxiety disorders became overwhelmed with the constancy of coping with the requirements for attending a higher education institution. Maneuvering the university protocols, comprehending professor instructions, completing their assignments, and just dealing with the normal everyday life took a toll on them emotionally, physically, and mentally that undergraduate students without anxiety disorders did not seem to experience (Arana & Furlan, 2016; Baldwin et al., 2017; Beiter et al., 2015; Hong, 2015; Kalra et al., 2016; Mutalik et al., 2016). Therefore, it was important that undergraduate students with anxiety disorders took time for themselves in order for their minds to rest and their emotions to settle. Geneva added,

> Most of my classes and things that I do are in psychology, so most of my professors and people there understand all of that [anxiety disorders]. I actually had to have a discussion with one of my professors about what we were going to be learning about, because it was kind of triggering. He was very considerate with it, but everyone here that I have met are very mental health-based and want to help. They do not want to stress you out even more.

Participant data also indicated that professors were becoming more cognizant that undergraduate college students with anxiety disorders could have an anxiety event triggered by a multitude of factors, among which were stress, drugs, alcohol, worry, sounds, smells, perfectionism, and

insensitive comments. As a result, the professors listened better and took these factors into consideration in their traditional classrooms or online.

However, there were instances where professors did not implement accommodations. Rosa, an online student, praised her traditional professors, with one exception.

> Most [professors] are really accommodating and helpful. I am granted extensions. I can take tests in a private room if I would like. Those do help me for those times when I get so overwhelmed. Being able to use those extensions, that are at most 48 hours, helps me to stay where the rest of my classmates are, but I have had challenges with certain professors. I had a professor try to deny me accommodations at one point and had to go to the department head and talk with them about it.

Participant data suggested that professors, both traditional and online, had recently become more aware of the damaging effects of anxiety disorders and their comorbidity potential, and as a result, they provided more accommodation, understanding, and sensitivity to the needs of undergraduate college students with anxiety disorders. Ava conjectured that the Covid pandemic may well have had its impact on the professors' perspectives regarding mental health disorders. Ava expressed that she felt that her experiences with her professors, as compared to her experience with the educational institution itself, had been exceptionally good.

> I think that based off my personal experience, when I first went to college in 2011 for a few semesters and then again in like 2019, and now again, it could be just because I am in the psychology field, but it seems like over time, professors are being more sensitive in general to those who have anxiety problems. I think the pandemic may have had an impact on that as well. I do not think that I have disclosed to any of my professors that I

> have an anxiety problem, because I assumed that they really would not care one way or another, but apparently that is not right.

The data indicated that only three participants responded to the interview question related to how the participants' respective institutions' reactions had impacted the mental health anxiety disorders of the participants. Conversely, all 15 participants responded to the focus group question relative to the academic accommodations by faculty, staff, or others, albeit their responses were restricted to the professorial accommodations.

Major Theme Four: Social Fears

The fourth major theme that emerged from the data was social fears. The stressors that originated from fear of negative judgment from family, friends, or even strangers, or fears from dealing with sexual assault/abuse and bullying, often socially debilitated the undergraduate college students with anxiety disorders (Brook & Willoughby, 2015; Hakami et al., 2017; Månsson et al., 2015; Telzer et al., 2014). Data indicated that certain participants of this study experienced one or more of these life-changing events (see Table 6).

Table 6

Major Theme IV: Social Fears

Sub-theme	Code
Judgment from others	(40)
Sexual assault and bullying	(41)

Note. Numbers in parentheses indicate code frequency.

Judgment from Others

The first sub-theme of the major theme of social fears was judgment from others. Students with mental health disorders who felt they were being watched, talked about, or disrespected often refrained from going out in public for fear of being embarrassed or humiliated (Brook & Willoughby, 2015). Many of them simply chose to self-isolate rather than to undergo the discomfort of being judged. The stigma attached to negative actions or judgments damaged and left a lingering impact upon the psychological well-being of undergraduate college students with anxiety disorders (Hakami et al., 2017; Pedrelli et al., 2015; Wahl, 1999). Darlene, in her interview, stated that she had experienced the judgment of others,

> I have just always had anxiety, you know, for a long time now. I think it is important, like a belief of mine, that there needs to be less stigmatism around mental health. Anxiety is mental health and people need to learn more about it. I do not opt to do things. I will stay in because the anxiety of going around all the people and all the sounds can just be too much — the social aspect of things.

Another participant, Ella, attempted to become involved socially by becoming a member of one of the campus sororities, but three weeks into the semester, because of her bad social anxiety, decided to drop out. She explained to her focus group,

> I tried all of last semester to involve myself, and I did as much as I could this semester. Already three weeks in and I dropped. Out of all the things we have done, I had not really enjoyed much. I think it is really all my anxiety that is that way. I just have a hard time socializing, I guess. Whenever I am in a room with more than three people, I am very quiet, and in my head, just overwhelmed. So, I just have not enjoyed a lot, even though I have lived on campus.

Many of these undergraduate college students with anxiety disorders did not attend any school social events, nor did some of them, Lizzie, Paisley, and Camille, for example, go out socially at all because the thought of facing others scared them. Lizzie, in focus group, said that she had not attended any school social events, but contemplated attending a concert. She vocalized,

> I think people need to know what it is like for people who have panic attacks. It can be really debilitating, and when people are undereducated about it, they tend to say insensitive things, and things about how it's just an excuse and not real.

In agreement, Paisley, in her interview and in the focus group, admitted that she had not attended any school events and that she did not go out socially because being in groups of people made her anxious. She said that it took a lot of effort to have to be her best and dress her best. Even the thought of going to school was scary to her. She preferred online education because she did not have to be face-to-face with anyone. Even class Zoom calls bothered her, but she tolerated them because she felt she was freed from seeing her classmates again after the class ended (Seabrook et al., 2016). Paisley stated, "I have only one friend, my best friend in Texas. She says, 'I do not know how you do it.' I just stick in my house with my child. I just do not grab lunch or go to movies because it makes me feel weird."

Social judging caused Camille not to journey out often and not to make friends (Hakami et al., 2017). Camille, in her interview, summarized her attitude,

> Social life — I do not get out much. I do not have a lot of friends. And it is just because — uh — this is how I say it, my summary. I do not want to have to worry about pleasing other people. I do not want to have to live up to their expectations, so I just do not deal with it. It has kind of excluded me, you know, from a lot of things. I have never been to a social event at college.

"And I guess it is a a fear of being judged" was how Oliver, a traditional student, explained it (Brook & Willoughby, 2015). He agreed with some of his fellow participants that it was difficult to reach out and talk about having anxiety. These participants' social lives were affected negatively by their inability to deal both with on-campus and off-campus social events because of their serious anxiety disorders (Brook & Willoughby, 2015). Other participants, as stated in their interviews, focus groups, or journals, strived to build social relationships despite their anxiety disorders.

Sexual Assault and Bullying

The second sub-theme of the major theme of social fears was sexual assault and bullying. For the participants of this study, data showed that these behaviors had lasting negative effects. Of the 15 participants involved in this study, seven experienced physical, emotional, or sexual assault, while two experienced bullying, one of which was at school and in a church youth group, and the other was in the workplace. According to Dank et al. (2014), these aggressive actions were used to threaten intimidation and violence, even in situations of dating. Melody, in her interview, related the trauma she experienced with physical, emotional, and sexual abuse,

> I would have anxiety attacks when I was really little. I was broken. Something was wrong with me. I was a dented can. I did not always know what it was. I thought that is how everybody was. The first thing that happened was the physical abuse. That is the first thing I remember — being physically abused. Then after that the sexual abuse started, and I just froze up. I do not remember panic attacks until like I would wake up in the middle of the night. It has paralyzed me my entire life. I applied for the nursing program, got accepted, and backed out of it. I got accepted to Lindsey Wilson College, then I was like 'Oh My Gosh, I cannot do this'— this anxiety was just too freaking much. Fear —

> anxiety and fears — have held me back from a lot of things, especially work situations. They would put me on anti-depressant after anti-depressant, and it would just make it worse. I would quit drinking, then I would get suicidal. It was just a whole big mess. It starts with an 'L' what I am taking now for the bipolar disorder. That helps.

Ella stated, in her interview, that she thought the sexual assault that she underwent when she was in middle school by one of her new stepfather's family members created most of her anxiety. She admitted,

> I have trouble sleeping sometimes. It is kind of like sporadic, but sometimes a lot of trouble sleeping. I have had pretty bad nightmares, so I will have bad nights of sleep, and then I might have a rough day. I am taking Sertraline, and it has helped me.

Being sexually assaulted on a first date with a man she did not know well was the origin of the onset of an anxiety disorder for Fiona:

> I think for me anxiety is something that has always been kind of not taboo, but I feel like a lot of people think there is like a stigma around it. People do not necessarily believe in the effects anxiety can have on a person's mental health, which also affects their physical health. It always felt like there was too much going on. If it felt like there was too much going on for my entire adult life, it was not too much going on. It is more than that, and I would get so worked up over like minuscule things. She [my doctor] gave me Zoloft to help my everyday anxiety. She suggested that I go see a therapist, but I have not done that yet.

In her interview, Geneva commented that although she had always had anxiety since she was young — both sides of her family had it — that she did not start having issues until she was in high school after she had been sexually assaulted. She continued,

> It [the sexual assault] started my panic attacks and anxiety — made it worse at least. It is very hard. My anxiety pretty much controls what I do that day. If I am very anxious and do not want to be around people, then I cannot be around people, or I will have an anxiety attack. And like the same thing with school. If I am so anxious that I cannot think, I cannot sit still. It is just even more stressful to pay attention in class. I take hydroxyzine for my panic and anxiety attacks, and it helps almost immediately. It is great. I am also on fluoxetine, and it helps majorly too. I also have certain things I can do like counting backward from 100, drawing figure 8's on my hand or leg to calm me down. I have learned those throughout my years of counseling.

Vanessa, in her focus group, placed the sole blame for her mental health anxiety disorder on her dysfunctional family and particularly on her alcoholic and abusive father. When the question was asked what do you believe causes the stressors that propel this disorder, Vanessa related,

> I would say trauma. My parents. My mom worked all the time. My dad was a really bad alcoholic. In that environment, he was abusive. I have had anxiety from a young age, and I am 100% sure it was because of that.

As per her interview, she informed,

> I was on Vistaril for a small period of time. I was taking Zoloft regularly though. The Zoloft really helped to make me not freak out so bad over little stuff. I hardly cried when I was taking Zoloft. I stopped taking it, because it was not helping me anymore, and I was on the highest dose. Then my doctor about a year or so ago prescribed Vraylar. It helps a little bit about like Zoloft did. It pretty much produces like this almost numbing effect. It just kind of takes the edge off. It helps me to be less panicky.

According to her journal entries, Rosa was left anxious, afraid, and humiliated by a physical assault that occurred on a weekend houseboat excursion — to which she had looked forward yet had stressed over for several days — with her husband's "opinionated" parents. Because of her anxiety disorder, Rosa was required to shower each night before bedtime to prevent itching and the inability to sleep. When Rosa expressed irritation that she had to shower in cold water, her husband became upset. The next day when she commented about a game he was playing, he "put his hand to her face" in front of his parents. Rosa did not take medicine to calm her, because the ADHD medicine that was once prescribed for her was not a good solution, so she saw a therapist, who taught her a fish-chain analogy to use as a stress reliever.

Many of Harvey's stressors centered around a work situation that he had been in where there was workplace abuse and hostility, which caused him to leave his position. It affected his academic life in a negative way (Hakami et al., 2017; Telzer et al., 2014). In his interview, he expanded,

> I felt like I was changing my mind based on how I was feeling, which caused me to switch things around. I changed majors like three times. I went to school for a major I really did not think I was going to use — graduated, did not use it. Now I am back. I feel like now that I am seeking help and on medicine, I am able to think more clearly. I am currently prescribed with Sertraline.

Physical, emotional, and sexual abuse and assaults left scars on some of these undergraduate college students with anxiety disorders that devastated their lives in such a way that their ability to function normally was stunted. By the same token, bullying that occurred for some of these participants in their younger years left marks that caused fears of developing relationships.

Sexual assault and being bullied at school were the reasons Olivia gave for doing much of her academic work online. She stated,

> I was bullied in school, so it was easier on my anxiety to be at home and in kind of like a semi-controlled environment. I went to school like one semester in college, my first semester, trying to go back in person and then that [the sexual assault] happened. My really, really bad panic attack that I can remember to this day was after I got sexually assaulted. I went to class, and I just could not breathe, so I went right back online. Then being around people scared the crap out of me. I am currently on Lexapro. That has really been able to calm me down to process things. Before, I just got overwhelmed.

When Ava described, in her journal, the fear and stress she experienced over whether her boyfriend's circle of friends accepted her as worthy of their friendship, she drew an analogy to her times at school and church, when she said, "I was terrified of them at first because they reminded me so much of the types of kids who used to bully me in school and church youth group." Ava stated that she used Valium sparingly for her anxiety and that she had tried many other anti-anxiety medicines, none of which had been the solution.

Major Theme Five: Generational Issues

The fifth major theme that emerged from the data was generational issues. No sub-themes of generational issues were found. Generational issues are loosely defined as the theory that individuals who were born within a certain period of time — approximately 20 years — have characteristics similar to each other as a result of shared changes in society (Reeves & Oh, 2008). Participants of this study had ages that fell within that range, and their interviews, focus groups, and journals provided insight as to the effect generational and intergenerational issues and values had upon their worldview and upon the stressors that affected their mental health anxiety

disorders (Hakami et al., 2017; Jones et al., 2018). Data from this research indicated that several of the participants had experiences that created stressors for anxiety.

Table 7

Major Theme V: Generational Issues

	Code
Generational issues	(51)

Note. Numbers in parentheses indicate code frequency.

When participants were asked how they felt their worldview aligned with that of their families, the responses varied (Telzer et al., 2014; Yürümez et al., 2014). Two participants believed that their worldview was *very* different, 10 believed that it was different, one felt that it was aligned except on certain topics, one felt that it was in total alignment, and one believed it depended on which segment of the family that was being considered.

Harvey, in his interview, answered,

> I actually do not think it does. My family has a very different view of the world than I do. I have a very conservative family, and I am gay. So, growing up in that kind of household, I kind of developed very, very, different views politically, socially, morally—just very different views. We have like common ground on some things, but for the most part we are disagreeable on most.

In his focus group, Harvey confessed that a lot of his core beliefs originated from his sexuality (Pedrelli et al., 2015).

> I come from a family that is not really accepting of it. That is one [core belief] that I will never let go. The fact is that I do not understand why that is a big deal, or why someone

> living with someone of a different race, or things like that is such a big deal to some people. So, that is one thing I cannot let go of and a lot of times has caused me to fight with my family a lot.

Olivia picked up on what Harvey stated, and added,

> Definitely it [my worldview] is different. The world was bad and to be afraid of. Now that I am older and married, that is no longer my view of things. I am very open-minded, and I am actually queer, so that was a big difference with my family. Definitely different. My family is very religious, and it is really hard because I am part of the LGBT community as well. I am trans, and my family really does not like that. So, it is hard, and it is definitely a big stressor for me. It comes with a lot of anxiety and fights. As Harvey said, I just do not get why it is such a big deal. It is just part of who we are, and I just wish it was more normalized (Pedrelli et al., 2015).

In one of Olivia's journal entries, she wrote, "Today my mother disowned me, so I am an emotional wreck. She is my stressor, and I do not get along with my mother very well. I am depressed and anxious due to her hateful messages." In another entry, she referred to her parents as "toxic," and in yet another, she stated,

> I had some anxiety today due to my mother popping in to be a jerk. My mom makes me depressed and anxious. So much as she tries to be a mom, she sucks at it. Feeling stressed, have a headache, and overwhelmed.

In her interview, Vanessa responded to the worldview question, "Probably not that good. My family is mostly bootlickers. I will just put it like that. Where I am more kind of liberal, and they are mostly conservative — if that tells you anything." In her journal entry, Vanessa stated,

"Found out my mammaw had to be put on dialysis, so I was sad and out of touch after that. By out of touch, I guess I mean I just stared into space at times and wasn't really focused."

Many undergraduate college students with anxiety disorders held values that differed from those values taught them by their parents. Which of these sets of values presented more physiological, psychological, and sociological stressors for anxiety to undergraduate college students with anxiety disorders was a consideration (Pedrelli et al., 2015). Sallie's interview response was that her family did not really discuss worldview.

> It is very different. It depends on which part of my family. For the most part, we do not talk about it, because I am more on the other side. I am more existential with my thinking, and they have more religious values and a little more conservative than I am. I am very — a kind word for it would be — free-spirited. Very liberal thinking. I would say grounded, if that is the word. I do have very imaginative thinking.

The only participant who stated that her worldview aligned almost perfectly with that of her family was Camille. She explained it in this way:

> I think we are pretty much the same. Uh — we are Christian. We have the Christian faith. I grew up with that. That was instilled in me young. So, almost everyone gets along, and especially for our area, it is mostly Christian-based. Um — Republican everybody. It is not diverse.

When Camille was asked if she felt her core beliefs influenced the stress that occurred before an anxiety attack, her response represented those undergraduate college students whose parental influences and Christian values were instilled deeply enough that they remained consistent as the student grew from childhood to adulthood (Telzer et al., 2014; Yürümez et al., 2014). In answer to the question, Camille stated:

> Occasionally. I am a Christian, so I know what is expected of me from the Lord, and when I go against my beliefs, I feel convicted, and I know I need to repent. My parents' values of what is right and wrong also correlate with the views of Christianity. I was raised up to know that drinking, drugs, and cursing are wrong. When I have done these things in the past, my anxiety has increased.

Although she shared a similar personality with her mother, Ella expressed that "with views, we are kind of like polar opposites and like in traditions, they are very traditional. I am not." In her interview, Ava explained that her family "is more religious and spiritual, and I am not. So, there is a difference there. Hm…that can get really deep. Depends on how deep you want to go on that." Rosa explained that her family and her worldview were similar, yet different.

> It is kind of complicated. They are Pentecostal, and I am not. I still believe in God, and Jesus, and the Holy Spirit. But the Pentecostal religion does not believe in dancing or anything like that, and I base most of my views on not judging and being very accepting of others. Even if I do not necessarily believe in something, it does not mean I have to trash on somebody. So, my family is more judgy with their beliefs. So, I would say similar in the foundation, but in exercise very different.

"My family is more religious than I am by a good amount, and I am more just kind of not - not like an atheist person. So, we do not agree on topics," Fiona answered.

Questioned as to how they believed their worldview related to their decisions to become involved in this study, the participant responses, as illustrated through a combination of interviews, focus groups, and journal entries, ranged from wanting to help themselves to wanting to help others, with 87 percent responding. "In my beliefs and worldview, I think you should try

to help others. I think if this research study could help anybody, then why not? It does not really come at an expense to me at all. The information is confidential, so why not?" postulated Rosa. Harvey commented, "I sought help for anxiety, which I am on medication for. Really my interest in this study is that I am very passionate about mental health, and I am always wanting to learn more about it. I thought this was a great way to do that." "I have always had a passion for psychology and mental health and anxiety disorders and stuff like that. I felt like it would be cool to help somebody who was researching about it," Vanessa contended. Ella offered, "I have been diagnosed with PTSD since middle school, and I just feel like where I was then, and where I am now makes me feel like a good candidate to kind of give more information on what it is like to have anxiety." She also added, in a journal entry,

> I absolutely loved this study. Joining the Zoom made me feel so normal. I felt like I could be friends with everyone in the Zoom, because I felt so understood. It was nice to know how common I felt especially in my trauma social anxiety. I thought I would stand out, but I really enjoyed the study.

Research Question Responses

Data collected from the individual interviews, the focus group interviews, and the participant journals were used to respond to the central research question. Answers to the four research sub-questions follow. The themes and sub-themes that were previously discussed also helped to answer the research questions that were the focus of this study.

Central Research Question

The central research question of this study was as follows: What are the shared lived experiences of undergraduate college students with anxiety disorders at a mid-sized,

public, nonsectarian university and a small, private, faith-based liberal arts college in the Southeastern United States? Individual interviews, focus groups, and participant journals were used to elicit data as to the shared lived experiences of undergraduate college students with anxiety disorders at a mid-sized, public, nonsectarian university and a small, private, faith-based liberal arts college in the Southeastern United States. The data indicated that regardless of whether the educational institution was public or private, mid-sized or small, nonsectarian or faith-based, undergraduate college students with anxiety disorders encountered difficulties in the same basic areas and from similar sources.

First, based upon the data that the participants provided, the shared experiences of undergraduate college students with anxiety disorders were stressors from non-traditional family lives where love was present, but strong values were absent. These stressors began very early, originating from parental divorce, alcoholic parents, drug abuse, broken homes, violence, sexual abuse, physical assault, and emotional abuse. As Vanessa stated, "My dad was a really bad alcoholic. In that environment, he was abusive. I have had anxiety from a young age, and I am 100% sure it was because of that." These stressors brought anxiety in mental, physical, emotional, and sexual pain (Cerutti et al., 2016; Kingston et al., 2015; Pedrelli et al., 2015; Wyatt et al., 2017).

Second, the shared experiences of undergraduate college students with anxiety disorders were stressors from behaviors foisted upon the participants by society. These stressors came early and swiftly — as soon as these students with anxiety disorders were deemed to be different than students without disabilities. The stressors that brought anxiety came from bullying, the judgment of others, or the stigma attached from classmates or church youth groups to students with anxiety disorders. Ava exemplified the stigma that she endured, "I was terrified of them at

first [new acquaintances] because they reminded me so much of the types of kids who used to bully me in school and church youth group."

Third, the shared experiences of undergraduate college students with anxiety disorders were stressors from a date's sexual assault or a spouse or partner's emotional, physical or sexual abuse. Of the 15 participants in this study, seven experienced physical, emotional, or sexual assault, one of whom experienced all three, and two experienced bullying. Geneva stated, "It [the sexual assault] started my panic attacks and anxiety — made it worse at least. It is very hard." Some stressors came from the feeling of a tightening throat, hurting chest, and tingly limbs. Stressors came additionally from the weakness associated with comorbidities, as the anxiety attack progressed.

Fourth, the shared lived experiences of undergraduate college students with anxiety disorders were the stressors that came with attempting to succeed against all odds. These stressors came with enrolling in college, then dropping out, only to try once again at a later date. These stressors also came with trust issues, insecurity issues, financial issues, and educational issues — traditional or online. Camille expressed her area of stress, "For me, it is finances. It is a big part, especially when you have your house and your car. My husband is the only one that works. I stay home with my kids." They came with learning to cope with new experiences, assignment deadlines, attending classes, whether traditional or online, and fears of failure — along with a plethora of stressors that these undergraduate college students with anxiety disorders faced daily that propelled anxiety attacks.

Finally, the shared lived experiences of undergraduate college students with anxiety disorders came with stressors associated with marriage, engagement, and children - if children were involved. The stressors also presented themselves due to faltering relationships

between undergraduate college students with anxiety disorders and their parents and birth families. Olivia demonstrated the gulf between her and her family, "My family is very religious, and it is really hard, because I am part of the LGBT community as well. I am trans, and my family really does not like that."

Sub-Question One

The first research subquestion was as follows: What are the perceptions of undergraduate college students with anxiety disorders regarding the impact of anxiety on academic performance? This question strived to have undergraduate college students with anxiety disorders consider the differences and similarities in academic lifestyle with their peers. Participants' perceptions were that anxiety created coping problems for the undergraduate college students with anxiety disorders that students without such a disorder readily handled, such as procrastination, perfectionism, and attentiveness in class. However, three of the 15 participants perceived that the anxiety that caused their perfectionist tendencies made them better students but at the expense of sleep and food, which in turn caused additional or different academic performance difficulties. The other 12 participants perceived that their lack of coping skills were obstacles to their learning. Rosa commented, "You never know what minor detail [while reading] is going to be needed. So you get wrapped up in thinking everything is a very important detail."

Additionally, participants' perceptions were that in the classroom, undergraduate college students with anxiety disorders were overwhelmed by the presentations, were too nervous to ask or answer questions, and were filled with self-doubt. These students also had a fear of appearing stupid as compared to their peers without disabilities. Darlene stated, "It [an assignment] is taking me so long. I want to make sure everything I write is correct and sounds smart because I

always feel like I sound stupid." These emotions created a lack of attentiveness. Therefore, the concentration loss affected their academic performance. The fear of not doing well on assignments, quizzes, or tests, or of outright failure in classes tended to intensify anxiety to the point that these students figuratively could not function academically, causing them not to do well on their classwork.

Participants' most common perception of undergraduate college students with anxiety disorders tied directly to major theme three, which was that anxiety-related stressors that affected academic performance were exacerbated when students with anxiety disorders were enrolled in traditional classes instead of online classes. Olivia and Camille, both online students, and Geneva, a traditional student summed up this perception. Olivia stated, "My professors make sure we are all good and not stressed out." Camille added, "I love it being online. It gives me more time to get my assignments done on time." Geneva confirmed the participants' perception, "Where I am, I am more stressed. I get so much anxiety if I have to miss class."

Sub-Question Two

The second research subquestion was as follows: What are the perceptions of undergraduate college students with anxiety disorders regarding the ways stressors evoke anxiety attacks? This question sought to compel undergraduate college students with anxiety disorders to analyze their lived experiences of the phenomenon to consider if core beliefs, physiological, psychological, or possibly unknown causes produced the stressors (Cooper et al., 2018; England et al., 2017; Telzer et al., 2014). The participants of this research perceived that undergraduate students with anxiety disorders naturally compared themselves to undergraduate students without disabilities, and the comparisons created stressors that caused anxiety attacks. When undergraduate students without disabilities could procrastinate and accomplish without

extreme effort, while the undergraduate college students with anxiety disorders tried to emulate and did not succeed, the psychological self-image was affected, and the perception was that the former had more academic value than the latter. Sallie defined this perception: "When I do start comparing myself to my classmates, and I see that they are dealing with things better than I am… it ends up trickling into my self-image. So, it is academic."

The participants' additional perception was that rejection created stressors for anxiety. A desire to be appreciated and accepted was a natural longing for all students. When undergraduate college students with anxiety disorders felt rejected by a classmate, friend, peer, or family member, they perceived that nobody liked them, which created stressors of self-doubt. Another perception was that behaviors such as physical, mental, or sexual abuse, or bullying from parents/spouses/partners/classmates, or dates, elicited psychological stressors tied to self-esteem and self-worth that promoted anxiety attacks of undergraduate college students with anxiety disorders. Melody exemplified stressors' effects as a result of coming from a household of physical, emotional, and sexual abuse. "I would have anxiety attacks when I was really little. I was broken. Something was wrong with me. I was a dented can. I just froze up. It has paralyzed me my entire life." The participants also perceived that when parents' core beliefs were in stark contrast with the beliefs of undergraduate college students with anxiety disorders, stressors were created that brought forth animosity and separation among family members. Ella observed, "With views, we are kind of like polar opposites and like in traditions, they are very traditional. I am not."

Sub-Question Three

The third research subquestion was as follows: What are the perceptions of

undergraduate college students with anxiety disorders regarding the accommodations they receive from university personnel? This question attempted to inspire undergraduate college students with anxiety disorders to become introspective to carefully evaluate the positive and negative aspects of the faculty and staff assistance (Hong, 2015). Only three of the 15 participants addressed the issue of the overall college system's accommodations, with one of the three perceiving that, in her college, the assistance for undergraduate college students with anxiety disorders during the prior year had been sorely lacking. She then qualified by crediting her college for considerably improving the situation for the current year. The second participant's perception was that her university's mental health services for students with mental health disorders were acceptable, listing the available services offered. The third of these three participants perceived that her university lacked sufficient financial accommodations for online students with mental health anxiety disorders.

All 15 participants addressed the accommodations offered to them online or in class by their professors. With participants involved in either traditional, online or hybrid classes, most participants perceived their professors to be accommodating to their mental health anxiety disorder needs. Participants in their interviews, focus groups, or journals made such statements. Regarding online teachers, "I have one professor that will let you retake all homework assignments, redo papers and quizzes, at your leisure. She is very lenient. She is the best professor I have had that has given me the less stress" and "professors are being more sensitive in general to those who have anxiety problems."

When the discussion in the focus group turned to the accommodations by traditional professors, two participants perceived that some of the traditional professors felt that undergraduate college students with anxiety disorders were no different from those with general

anxiety. Some participants who were, or had been, in these settings perceived those professors to think, "You're in college now. Everyone has anxiety."

Five of the 15 participants did not seek accommodations, nor did they inform their professors that they had an anxiety disorder, because they perceived it would not make a difference to the professor, or because they perceived that the professor could tell [by observing them or their work] that they needed assistance. One introverted participant did not speak up, although she admitted in the focus group, that she struggled mightily. Nevertheless, these five students perceived the professors as attentive and responsive to their academic needs.

Sub-Question Four

The fourth research subquestion was as follows: How do undergraduate college students with anxiety disorders perceive anxiety impacts their daily university social life? This question endeavored to have undergraduate college students with anxiety disorders analyze their academic lifestyles to determine if they felt a stigma was attached to their disorders, so much so that it caused embarrassment or reclusiveness (Hakami et al., 2017; Stensland et al., 2014). Eleven participants perceived that anxiety impacted the daily lives of most undergraduate college students with anxiety disorders in ways so devastating that socialization was next to impossible. Three participants' perceptions were that, although socializing would likely bring discomfort and additional stressors, it was beneficial to make an effort to try to socialize (Astin, 1985; Brook & Willoughby, 2015; Tinto, 1993). An example is Sallie, who commented in the focus group,

> I went through sorority recruitment which I know is funny, because I do have social anxiety. I personally struggled a whole lot with my home life growing up. It is like I have this huge family with me on campus. It was one of the most rewarding things I did — literally having a home away from home.

Ella was a participant who perceived that her attempt at socializing by joining a sorority was not a joy but rather a stressor for anxiety (Astin, 1985; Brook & Willoughby, 2015; Tinto, 1993). She explained in her focus group, "I joined a sorority, but this week I went inactive. Whenever I am in a room of more than three people, I am quiet, very in my head, just overwhelmed. I just have a hard time socializing, I guess."

Other participant perceptions were that face-to-face encounters were stressors for anxiety, and that is why many of undergraduate college students with anxiety disorders preferred online classes. In her interview, Paisley said, "Most of my classes are online right now. I feel like that is helpful because you do not have to face other people. I do not even really like Zoom calls. I get nervous." An additional participant perception was that a stigma was attached to undergraduate college students with anxiety disorders when these students were made to be the butt of jokes, pranked, ridiculed, mocked, watched, or made to feel intellectually inferior (Hakami et al., 2017; Pedrelli et al., 2015; Stensland et al., 2014; Telzer et al., 2014). These stressors create self-esteem issues that sometimes cause students to consider becoming dropouts. Fiona hoped to be rid of the stigma attached to mental health. "I do not agree with that [stigma], especially being someone who struggles with anxiety — I just want to break that stigma."

Table 8

Research Questions with Aligned Themes and Participant Quotations

Central Research Question: What are the shared lived experiences of undergraduate college students with anxiety disorders at a mid-sized, public, nonsectarian university and a small, private, faith-based liberal arts college in the Southeastern United States?

Research Subquestions	Theme	Quotation
SQ1: What are the perceptions of undergraduate college students with anxiety disorders regarding the influence of anxiety on academic performance?	**Major Theme One:** Academic Performance Barriers	"I don't know why I am shaking so bad. The quiz had five questions and it was open, so I shouldn't have stressed about it."
	Major Theme Three: Institutional Education and Accommodation Preferences	"Most of my classes are online right now. I feel like that is helpful because you do not have to face other people."
SQ2: What are the perceptions of undergraduate college students with anxiety disorders regarding the ways stressors evoke anxiety attacks?	**Major Theme Two:** Stressors Issues	"I figured it was only a matter of time before they found out I didn't measure up (anxiety thought), or they could already see it all over me, but were just waiting for the most ideal time to catch me off guard and possibly make a joke at my expense."
	Major Theme Four: Social Fears	"I think people need to know what it is like for people who have panic attacks. It can be really debilitating, and when people are undereducated about it, they tend to say insensitive things, and things about how it's just an excuse and not real."
	Major Theme Five: Generational Issues	"The fact is that I do not understand why that [being gay or transgendered] is a big deal, or why someone living with someone of a different race, or things like that, is such a big deal to some people. So, that is one thing I cannot let go of and a lot of times has caused me to fight with my family a lot."

Central Research Question: What are the shared lived experiences of undergraduate college students with anxiety disorders at a mid-sized, public, nonsectarian university and a small, private, faith-based liberal arts college in the Southeastern United States?

Research Subquestions	Theme	Quotation
SQ3: What are the perceptions of undergraduate college students with anxiety disorders regarding the accommodations they receive from university personnel?	**Major Theme Three:** Institutional Education and Accommodation Preferences	"Last year, the counseling center had been on the waitlist since the semester started, because my freshman class was the biggest class they had ever had. We made up half the school, so they really did not have the resources to help everyone with anxiety. I thought there could be more efforts made to hire more people, especially if they are going to keep taking this number of incoming freshmen…[This year] I have seen a really big change in the way my school has addressed mental health with the students."
SQ4: How do undergraduate college students with anxiety disorders perceive anxiety influences their daily university social life?	**Major Theme Four:** Social Fears	"Social life—I do not get out much. I do not have a lot of friends. And it is just because—uh—this is how I say it, my summary. I do not want to have to worry about pleasing other people. I do not want to have to live up to their expectations, so I just do not deal with it. It has kind of excluded me, you know, from a lot of things. I have never been to a social event at college."

Summary

Chapter Four stated that the purpose of this qualitative transcendental phenomenological study was to understand the essence of the shared lived experiences of undergraduate college students with anxiety disorders at a mid-sized, public, nonsectarian university and a small, private, faith-based liberal arts college in the Southeastern United States. This chapter

introduced the 15 participants who agreed to become a part of this study. Data analysis results were presented that were performed through the use of a modified version of transcendental phenomenological procedures (Moustakas, 1994). Open inductive manual coding was performed on data as the first step in determining the sub-themes. Analysis of the sub-themes brought forth the major themes. This chapter presented the major themes and sub-themes and the responses to the research questions.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this qualitative transcendental phenomenological study was to understand the essence of the shared lived experiences of undergraduate college students with anxiety disorders at a mid-sized, public, nonsectarian university and a small, private, faith-based liberal arts college in the Southeastern United States. This chapter presents a review of the study findings and a discussion, and it further presents phenomenological descriptions of the undergraduate college students with anxiety disorders experience. It discusses the theoretical and empirical implications of the findings, considering the relevant literature and theory reviewed in Chapter Two. This chapter presents the methodological and practical implications of the findings, an outline of the study delimitations and limitations, and recommendations for future research. Chapter Five concludes with a summary of the conclusions elicited from the study's data.

Summary of Findings

Data analysis results which were determined through the use of a modified version of Moustakas' (1994) transcendental phenomenological research methodology were outlined in Chapter Four. The data used to analyze were collected from individual interviews, focus groups, and participant journals. Detailed descriptions of the participants were given, and themes and sub-themes were presented. Research questions, which were the focus of the study, were answered.

Themes

The first major theme, academic performance barriers, sought to determine the stressors that created the negative effect of anxiety disorders on undergraduate college students daily.

Participant data indicated that coping skills and fear of failure issues, the sub-themes of the first major theme, brought on stressors for anxiety that prevented adequate emotional and mental function, so much to inhibit academic performance (Arana & Furlan, 2016; Baldwin et al, 2017; Beiter et al., 2015; Hong, 2015; Kalra et al., 2016; Mutalik et al., 2016). Perfectionism, procrastination, and classroom attentiveness were the predominant coping stressors for anxiety. Participant data also indicated that the fear of failing assignments, quizzes, tests, or of not making deadlines were stressors that made undergraduate college students with anxiety disorders so overwhelmed and distraught that they were incapable of logical thinking or of staying on task, whether online or in a traditional classroom setting (Hakami et al., 2017; Pedrelli et al., 2015; Stensland et al., 2014; Telzer et al., 2014).

The second major theme, stressor issues, identified which stressors compelled undergraduate college students with anxiety disorders to compare themselves unfavorably to undergraduate college students without anxiety. Participant data indicated that self-esteem and insecurity stressors, the first sub-theme of stressor issues, pushed some undergraduate college students with anxiety disorders to believe they were unworthy of attending college if they could not compete equally with their fellow undergraduate college students without disabilities (Cooper et al., 2018; England et al., 2017; Telzer et al., 2014). Other participants felt they were not 'good enough' to be accepted as friends by these students, or they felt that humiliation and embarrassment in the face of an anxiety attack made them better suited for self-isolation. Participant data further indicated that trust issues, the second sub-theme of stressor issues, were deeply-seated issues arising in the past from home, school, or social situations (Hakami et al., 2017; Stensland et al., 2014; Telzer et al., 2014). These trust issues continued to create stressors for anxiety when undergraduate college students with anxiety disorders found themselves in

similar positions to those that initially damaged their trust. Participant data indicated that the third sub-theme of stressor issues, financial issues, was an additional stressor for undergraduate college students with anxiety disorders (Browning et al., 2021; Liu et al., 2019). Student loans, computer and book expenses, campus fees for traditional students, and incidental fees added additional stress for undergraduate college students with anxiety disorders, especially for those students who were married with children.

The third major theme, institutional education and accommodations preferences, explored the stressors associated with the different educational types and the stressors associated with institutional and professorial/staff help for undergraduate college students with anxiety disorders (Hong, 2015). The first sub-theme of institutional education and accommodations preferences was traditional vs online preferences. Participant data indicated that undergraduate college students with anxiety disorders had fewer stressors from the online type of education than they experienced with the traditional style. The second sub-theme of institutional education and accommodations preferences was academic assistance (Beiter et al., 2015; Hong, 2015). Participant data indicated that the few stress-causing concerns with the institutional provisions for undergraduate college students with anxiety disorders were corrected at the time of this study. Participant data further indicated that undergraduate college students with anxiety disorders felt online professors generated fewer stressors than traditional professors.

The fourth major theme, social fears, identified the stressors that caused undergraduate college students with anxiety disorders to hide away from social events and from developing relationships (Brook & Willoughby, 2015). The first sub-theme of the major theme of social fears was judgment from others. Participant data indicated that undergraduate college students with anxiety disorders felt the stressors of anxiety which was caused by the stigma attached to

negative actions, such as staring, whispering, or insulting, which prevented them from mixing with unfamiliar people (Hakami et al., 2017; Pedrelli et al., 2015; Wahl, 1999). The second sub-theme of the major theme, social fears, was sexual assault and bullying. Participant data indicated that the stressors for anxiety that were created through sexual assault and bullying left undergraduate college students with anxiety disorders damaged, fearful, and demoralized (Dank et al., 2014).

The fifth major theme, generational issues, presented the anxiety stressors that undergraduate college students with anxiety disorders experienced from difficult or unhealthy college transformations (Telzer et al., 2014; Yürümez et al., 2014). Participant data indicated that the stressors for anxiety that originated from family disputes and heated separations left college students with anxiety disorders troubled, obstinate, and depressed.

Research Questions

In addition to theme presentation, the results of the study provided answers to the research questions.

The central research question of this study inquired: *What are the shared lived experiences of undergraduate college students with anxiety disorders at a mid-sized, public, nonsectarian university and a small, private, faith-based liberal arts college in the Southeastern United States?* The data indicated that whether the educational institutions of the undergraduate college students with anxiety disorders were mid-sized or small, public or private, faith-based or nonsectarian, liberal arts or other, the undergraduate college students with anxiety disorders shared the same lived experiences of the phenomenon, even though those experiences were unique to each student. They shared the same academic struggles, the same social struggles, the

same medical struggles, and the same family struggles. They endured bullying, stereotyping, and stigma, although each incident was exclusive unto itself.

Furthermore, participant data indicated that undergraduate college students with anxiety disorders shared experiences of unhealthy and sometimes broken family relationships in early life and adulthood (Pedrelli et al., 2015). Data indicated that these shared lived experiences inspired a need within these students to make a better life for their families and themselves. The method for accomplishing this better life was through the attainment of higher education.

The first research subquestion asked: *What are the perceptions of undergraduate college students with anxiety disorders regarding the impact of anxiety on academic performance?* Data indicated that the perceptions of the undergraduate college students with anxiety disorders were that the stressors from poor coping skills created obstacles to their academic performance, because of such behaviors as procrastination, perfectionism, or classroom inattention. The undergraduate college students with anxiety disorders who exhibited perfectionist tendencies in an effort to be academically responsible sacrificed their health needs, which inevitably created more obstacles to academic performance.

Another perception was that self-doubt and feelings of inferiority that overtook undergraduate college students with anxiety disorders in the classroom blocked their ability to concentrate on the subject matter, thereby impeding their academic performance. Also, data indicated that the fear of failure of class assignments, or the classes themselves, stymied undergraduate college students with anxiety disorders enough to cause procrastination or thoughts of, or actual, withdrawal from the class. Finally, data indicated that university college students with anxiety disorders perceived stressors for anxiety were more pronounced in traditional classes, where the professors were more demanding. They perceived that traditional

professors were less sensitive to the needs of undergraduate college students with anxiety disorders than were professors of online classes.

The second research subquestion asked: *What are the perceptions of undergraduate college students with anxiety disorders regarding the ways stressors evoke anxiety attacks?* Data indicated that undergraduate college students with anxiety disorders perceived that stressors for anxiety were a result of a comparison of themselves with fellow undergraduate college students without disabilities. They perceived that the inability to perform as efficiently in an academic setting as the students without anxiety disorders evoked a decrease in positive self-image and an increase in self-doubt. Participant data additionally indicated that undergraduate college students with anxiety disorders perceived that anxiety-related stressors occurred due to emotional or physical rejection and maltreatment by loved ones, friends, classmates, or society. Lastly, participant data indicated that anxiety-related stressors arose when the core beliefs of undergraduate college students with anxiety disorders were unsynchronized with the core beliefs of their parents or other family members.

The third research subquestion asked: *What are the perceptions of undergraduate college students with anxiety disorders regarding the accommodations they receive from university personnel?* Participant data indicated that while only three undergraduate college students with anxiety disorders addressed this question regarding the educational institution, all 15 participants addressed it as to the professorial accommodations. Of the three addressing the instructional accommodations, one perceived that the institution lacked services for college students with disabilities the prior school year but amended her comments to emphasize that the institution was improving its accommodations. Another perceived that the institutional accommodations were

acceptable, and the last of the three perceived that the institution did not provide adequate financial accommodations for online students.

Participant data further indicated that perceptions with regard to the professors/staff were that, with the exception of a few professors — primarily those who taught traditional classes — the professors were accommodating, fair, lenient, and sensitive to the needs of undergraduate college students with anxiety disorders. The undergraduate college students with anxiety disorders perceived, however, that some, if not most, of the traditional professors believed undergraduate students with anxiety disorders were to be treated no differently than undergraduate students without disabilities since they believed all undergraduate students had anxiety. Participant data also indicated that some undergraduate college students with anxiety disorders refused to reveal their mental health anxiety disorder history to the institution or to their professors because they felt neither the institution nor the professor cared.

The fourth research subquestion asked: *How do undergraduate college students with anxiety disorders perceive anxiety impacts their daily university social life?* The perception of eleven undergraduate college students with anxiety disorders was that daily life created such stressors for anxiety that it was futile to attempt any form of socialization. The perception of three other undergraduate college students with anxiety disorders was that even knowing that socializing created such stressors, it was important to place oneself into social situations.

Other perceptions were that face-to-face meetings with unfamiliar individuals were stressors that invited an anxiety attack. These face-to-face meetings were perceived to be why online education was preferred over the traditional type. Lastly, it was perceived that stressors from the stigma attached to undergraduate college students with anxiety disorders created self-esteem issues that caused dropouts to occur.

Phenomenological Descriptions of the College Students with Anxiety Disorders Experience

The final components of this research were the composite textural and structural descriptions of the lived experiences of the undergraduate college students with anxiety disorders and a description of the essence of their experience. The composite textural description of undergraduate college students with anxiety disorders, the *what* of the experience, was determined to be *a participant format for voicing personal feelings about anxiety disorders with a desire to be understood and accepted.* These undergraduate college students with anxiety disorders actively engaged in this process. Although they readily confessed that they were confused and that they sometimes questioned why they suffered these disorders, they were willing, and even eager, to discuss them — perhaps in a therapeutic sense. Participant data indicated that although the participants were concerned with their personal anxiety disorders, they trusted that by using their voices to share their personal lived experiences, those voices in some fashion could reach someone in a position to help other undergraduate students with anxiety orders who would follow after them — that somehow new medicines, therapy, or laws could spare other undergraduate college students with anxiety disorders the daily anxiety stressors that they themselves experienced.

The composite structural description of the undergraduate college students with anxiety disorders experience, or the *how* of the experience, was narrowed to be *a journey for help and hope via self-expression.* The participants of this research shared the same lived experiences of the phenomenon, but these experiences were unique in meaning to each participant. Data indicated, however, that there were common strands running through each of their experiences— pain, loneliness, fear, anger, abuse, assault, stigma, embarrassment, insecurity, and even humiliation.

The essence of the experience for undergraduate college students with anxiety disorders was condensed to be *solitary, but not alone.* As these participants traveled this journey, they discovered that there were others like them who were traveling the same road. Participant data indicated that there were revelations of experiences that had been forgotten, as when Melody answered a focus group question and ended her remarks with "I am 30 years old and had not remembered that until this question." When asked, in focus group, what do you feel is the most exciting social event that you have attended since you entered college, the response to the question elicited a revelation that led to a potential friendship and social outing for two participants, one of whom had social anxiety:

Paisley: I have not attended any.

Lizzie: I also have not attended any. But, there is a concert happening in a few weeks that I am really excited to go to that one.

Paisley: Is it a Grammy-nominated person concert maybe?

Lizzie: Yeah.

Paisley: I saw that. I was like, should I go?

Lizzie: I am.

Paisley: Maybe I will see you there, and we can be anxious together.

Lizzie: Absolutely. I will be crying for sure.

Finally, there was a revelation in Ella's journal.

> I absolutely loved this study. Joining the Zoom made me feel so normal. I felt like I could be friends with everyone in the Zoom, because I felt so understood. It was nice to know how common I felt, especially in my trauma of social anxiety. I thought I would stand out, but I really enjoyed the study.

Discussion

This section discusses the study findings in relationship to the empirical and theoretical literature reviewed in Chapter Two. This study's findings primarily diverged from the literature concerning undergraduate college students with anxiety disorders. This study added to the body of research on undergraduate college students with anxiety disorders.

Empirical Literature

Rather than qualitative literature studies which provided undergraduate college students with anxiety disorders a platform for personal response to direct questions concerning their disorders (Hong, 2015), the extant literature surrounding undergraduate students with anxiety disorders was, with few exceptions, in the form of quantitative research. This quantitative research measured such factors as the correlation between anxiety and academic performance and comorbidities of anxiety with other disorders (Afolayan et al., 2013; Assari & Lankarani, 2018; Bigelow et al., 2016; Boumosleh & Jaalouk, 2017; Cerutti et al., 2016; Demirci, Akgönül, & Akpinar, 2015; Mutalik et al., 2016; Shahrouri, 2016; Vitasari et al., 2010). Childhood anxiety predictors, such as prenatal, postnatal, and early life prognostications of childhood anxiety (Kingston et al., 2015) were also types of research literature offered. An exception to the quantitative research was the qualitative study of 28 students at a small East Coast suburban college performed by Hong (2015). This study confirmed Hong's (2015) research in that the themes that emerged from Hong's research study and the themes that emerged from this study correlated. However, Hong (2015) had fewer themes to emerge, and there were differences in context between the two studies based upon the diversity of participants' lived experiences. Beyond Hong's (2015) study, this study diverged from the remainder of the previous research. Because of the lack of qualitative literature, a gap existed in the literature. This gap failed to

offer undergraduate college students with anxiety disorders a voice in the challenges they endured daily. Although there were a few studies about the challenges of college students with anxiety disorders, some dealt with stigma and discrimination experiences (Hakami et al., 2017; Pedrelli et al., 2015; Wahl, 1999)—those studies were executed through surveys or questionnaires. The involved undergraduate college students with anxiety disorders had no opportunity to vocalize their lived experiences of the phenomenon face-to-face with a researcher (Kadam et al., 2001; Shahrouri, 2016; Vitasari et al., 2010).

Participant data from this study indicated that students welcomed the opportunity to share their lived experiences of the phenomenon through their voices and that, in so doing, felt that they were not struggling alone, that many people attempted to understand their disorders, that others had a vested interest in their lives and considered their voices on the topic worthy of consideration. These participants also felt that they had, in some way, served others. The significance attached to the opportunity to voice their personal, medical, social, economic, emotional, and even mental reactions to their disorders echoed in the words of many of these participants. Melody stated,

> I want to help people like me in any area and in any way that I can. I struggle with stress, anxiety, depression, substance abuse disorder, like all the things. I just want to do all I can, even if it is a research study.

Fiona stated that she chose to be involved in this study, because she held a hope that the stigma attached to mental health anxiety disorder could be alleviated. She continued, "I guess me feeling that way and how I do not agree with that [stigma], especially being someone who struggles with anxiety—that I just want to break that stigma, in a sense." "I think that if my experiences with anxiety in college can help further studies that help other students who are struggling with

anxiety in college, it is a good way to use my mental health for something," added Sally. Olivia commented,

> I feel like I am trying my best to do better, and part of that is being honest with myself and seeing that I do have anxiety. It is something that I am working on, but it is not going to happen overnight. If this study helps me to understand it a little bit, then that would be really cool.

The novel contribution that this study made to the field of literature was that it was one more piece of qualitative research that offered a greater degree of information on stressors that created anxiety in the lives of undergraduate college students with anxiety disorders. This study did not attempt to understand the shared lived experiences of the phenomenon of these participants merely by mailing a questionnaire or a survey. It was a study that attempted to understand the participants' stressors by listening and analyzing what the students chose to share, their non-verbal communications, such as paralinguistics, gestures, facial expressions, body language, personal space, and eye gaze.

Theoretical Literature

The theoretical framework for this study was Ellis' (1958) seminal article, *Rational Psychotherapy and Individual Psychology*, which established the basis for his cognitive theory, rational emotive behavior therapy (REBT). Ellis (1958) theorized that irrational core beliefs created intense negative emotions that caused suffering (Turner, 2016). Ellis's (1958) position was that irrational core beliefs elicited unhealthy negative emotions (UNEs), which were a result of maladaptive behaviors that brought about suffering and prevented the reaching of goals. His belief was that emotions and behaviors did not occur as a reaction to events, but as a belief associated with the event. REBT, according to Ellis (1958), intended to replace the UNEs with

healthy negative emotions (HNEs) which were conducive to adaptive behaviors that stopped suffering and inspired the completion of goals. Two of the earliest Cognitive Behavior Theories (CBT) were Ellis's (1958) REBT, and Beck's (1976) seminal cognitive model of psychopathology.

Beck's (1976) cognitive content-specificity hypothesis, an important component of the cognitive theory of emotional disorders, and his cognitive model of psychopathology were in practical agreement. Beck's (1976) cognitive model of psychopathology demonstrated that a specific cognitive content related to each neurotic disorder was its genesis. Yet, Beck's (1976) cognitive content-specificity hypothesis applied the content specificity to only those who suffered anxiety and depression (Beck et al., 1987). Beck (1976) believed depression was simply a form of severe sadness; therefore, the evocative-emotive tasks were useful to lessen the effect. With his model, Ellis (1980) hypothesized that the impact on patients could be altered by changing the UNEs which caused problems and by carefully observing HNEs, while Beck' s (1976) model attempted to make patients feel better by changing their psychological viewpoints. The empirical support of Ellis (1958) and Beck's (1976) clinical outcomes advanced the approved position that mental attitudes and beliefs could modify the behaviors of pathological patients. Ellis's (1958) REBT and Beck's (1976) cognitive model of psychopathology gave rise to a larger group of models, which continue in use to the present day.

This study, based on data analysis, sheds new light on the theory informing this research topic. Ellis's (1958) REBT theory, as was previously noted, contended that irrational core beliefs created intense negative emotions that caused suffering. This theory did not go far enough, and many questions were left unanswered. The missing answers were how was 'irrational,' in reference to core beliefs, measured, and what was the origin of the core belief. Even if emotions

and behaviors occurred as a core belief associated with an event, rather than as reactions to events, as Ellis (1958) believed, it was imperative to know how that core belief came about. The human being was not born with core beliefs. Those beliefs originated as time passed, and as core beliefs developed, suffering occurred when the core beliefs were defied.

An example was Harvey, who confessed that many of his core beliefs originated from his sexuality. Because of these core beliefs and the friction they caused between his family and him, his anxiety disorder - his suffering - increased. Did his homosexuality begin when he was a baby, during puberty, or was it when he first had a homosexual encounter? Were these core beliefs irrational, and how was irrational measured in an attempt at behavior modification? Ellis's (1958) theory did not explore this avenue. To get to the root of the pain, Harvey needed to understand where the core beliefs originated, whether they were irrational, and if behavior modification would relieve his family friction and his suffering.

Implications

This transcendental phenomenological research has unearthed findings that have theoretical, empirical, and practical implications for higher education institutions and their personnel. It also has implications for stakeholders, Congressional policymakers, and employers of college graduates with anxiety disorders. Finally, implications indicate areas of concern for future researchers, parents, and the communities in which these undergraduate college students with anxiety disorders reside.

Empirical Implications

This study's results have empirical implications for educational institutions, Congressional policymakers, undergraduate college students with anxiety disorders and their parents, and educational researchers. In order to ensure the welfare of future college students

with anxiety disorders, these significant issues must be addressed. This study's findings showed that counseling services for students with mental health disorders are important to educational institutions, parents, and undergraduate college students with anxiety disorders.

One of the essential needs for undergraduate college students with anxiety disorders is access to good health care. These students often have stressors that bring on anxiety attacks that need immediate counseling or medical services. Although it has become clear that in many higher educational institutions, the university counseling centers have begun to increase their staff, the staff has not enlarged commensurate with the increase in first-year college acceptance rates. Demand has increased for these services, and the universities have been slow in meeting these needs (Center for Collegiate Mental Health, 2017). Because the need for these services is in such great demand on campuses, it is mandatory that the university educational leaders budget in such a way as to hire more counselors. A college must provide exemplary services for undergraduate students with mental health disorders (Browning et al., 2021). It is further suggested that future researchers continue to explore the characteristics and the causes of anxiety disorders in undergraduate college students.

The implication for the stakeholders is that they might use the lived experiences of undergraduate college students with anxiety disorders to open discussions on ways to improve counseling services. They could also discuss with institutional leadership the wisdom of providing a decrease in fees for online undergraduate college students with disabilities since the majority of them have no opportunity to make use of campus facilities.

Also crucial to the higher educational institutions leadership, university stakeholders, Congressional policymakers and undergraduate college students with anxiety disorders is the recognition that financial stressors contribute to the anxiety impact of undergraduate students

with anxiety (Browning et al., 2021). According to Archuleta et al. (2013), these stressors increase anxiety and negatively affect mental and physical health. As far back as 20 years ago, 65.3% of [all] entering college freshmen feared that they would not have enough money to finish their degrees (Higher Education Research Institute [HERI], 2002). Today, it has become impossible for many students to attend college without a job.

For undergraduate college students with anxiety disorders, trying to hold a job, work, and study become a stressor overload they cannot withstand. With the inflationary period of the 2020s, the fees that universities charge for education are exorbitant. Students are leery of applying for federal loans for education for fear they will not be able to repay them or that their families, their parents, or they must sacrifice other necessities to comply with their financial obligations (Archuleta et al., 2013). With these facts at hand, the implications are that some form of collaboration must occur among the educational institution leadership, the Congressional policymakers, and the university stakeholders in an effort to strategize lower costs for higher education—before higher education becomes a thing of the past. Congress is responsible for regulating the lending agencies, and educational institutions have the responsibility to institute cost-cutting measures to make higher education affordable and worthwhile.

It is also important to note that, although this research has taken place during the Covid pandemic, there is little, if any, available literature on Covid's impact on undergraduate college students with anxiety disorders. Nevertheless, it is more important than ever that these undergraduate college students with anxiety disorders are given positive support from the faculty and staff and that the educational institutions and stakeholders gear up for potential negative Covid impacts by quickly increasing the budget and the counseling center's personnel (Browning et al., 2021).

Theoretical Implications

The theoretical implications of the findings of this study offer recommendations for the United States Food and Drug administration, for drug manufacturers, for distributors, for retailers, and for Congressional leadership. The Substance Abuse and Mental Health Services Administration (SAMHSA), which is governed by the United States Food and Drug Administration (USFDA), manages the daily regulation oversight of certain drugs, such as medications used for mental health disorders (United States Food and Drug Administration website, 2022). Because so many undergraduate students with anxiety disorders rely on mood-altering and other drug specificities to help control some of the negative effects of their disorders, it is imperative that SAMHSA, and the USFDA at large, keep careful eye on the drug manufacturers' new prescription and controlled drugs to ensure that the drugs are safe, effective, and free of defect. Also, the potential that distributors and retailers have to violate the distribution and retail laws for financial benefit makes it essential that SAMHSA maintain frequent and thorough scrutiny of their business practices (United States Food and Drug Administration website, 2022). It is additionally essential that the drug manufacturers continue their research to find drugs that would better control and ameliorate the symptoms of the disorders of undergraduate college students with anxiety disorders.

Furthermore, even with medical insurance, undergraduate college students with anxiety disorders have co-pays for medical office calls and prescribed drugs they cannot afford. Participant data indicates that financial difficulties cause stress for undergraduate college students with anxiety disorders (Browning et al., 2021). Therefore, these students need to be absolved from the additional high costs of their medical expenses. The USFDA has no authority to control the manufacturers, distributors, or retailers' drug prices — nor do they have the legal

authority to investigate these entities regarding price-setting (United States Food and Drug Administration website, 2022). Therefore, Congress is obligated to join with drug manufacturers, distributors, and retailers to work to reduce the high cost of these drugs. If such consultations fail to produce a compromise, it is within the purview of Congress to enact legislation that would regulate prices, or to unilaterally set prices, or to determine alternatives. Moreover, implications of the findings for educational institutions and stakeholders are that undergraduate college students with anxiety disorders are unfamiliar with the Rehabilitation Act of 1973, and the 2008 Higher Education Opportunity Act, which mandates certain accommodations for college students with disabilities. Since some of the participants refuse to ask for needed accommodations because they feel professors will interpret their requests as asking for special privileges, colleges and universities must implement incoming freshman class seminars with their stakeholders. These seminars inform undergraduate college students with anxiety disorders of their rights to certain provisions, according to federal law, before their first semester begins. In this way, an additional barrier to academic success will be removed for these students.

Practical Implications

The practical implications of this study's findings give a strong message to undergraduate college students with anxiety disorders and their parents, to employers of these students, and to the communities in which they live. Participant data indicates that undergraduate college students with anxiety disorders and their parents should be cognizant of the factors that influence stressors for anxiety in these students and should take precautions to avoid such stressors by avoiding the factors themselves. Among these high-risk factors that create anxiety are a family history of substance abuse, depression, and physical or sexual abuse, all factors which double the risk of suicide among teenagers (Bhatia & Bhatia, 2007; Garlow et al., 2007). Every parent of

undergraduate college students with anxiety disorders should understand that suicide ideation and attempts are more common in females than males, while completion of suicides occurs far more frequently in males. They should also understand that students of Caucasian and Hispanic ethnicity have higher rates of suicide than African American teens (Bhatia & Bhatia, 2007). Although these factors apply to all teenagers and college-aged students, it is logical that undergraduate college students with anxiety disorders are even more susceptible to these factors because of academic, financial, social, and work stressors and family friction. Both undergraduate college students with anxiety disorders and their parents must therefore be alert to the emotions that create anxiety stressors that could veer toward suicide in order that these students may seek immediate counseling and medical assistance.

Furthermore, data analysis shows that the fallout from the physical and mental confusion for undergraduate college students with anxiety disorders often impairs or destroys their relationships with their families. Whether it is generational differences or differences that originate during the students' childhood, these undergraduate students with anxiety disorders must have parents and families who seek to understand these students' mindsets to show them that they are loved and important. Otherwise, the stressors that create anxiety will separate and alienate families (Hakami et al., 2017; Pedrelli et al., 2015), as is seen with certain research participants.

For employers of undergraduate college students with anxiety disorders, data indicates that these students are dedicated workers who, when entering a work situation, need a great deal of understanding when their workload becomes too stressful. Because these students feel that they have so many negative characteristics from entry and because many of them are affected by social anxiety, they are more likely to overreact if they make an error than undergraduate college

students without a disability. Developing a relationship with the student is a way for the superior to lessen the perceived negative effect of authority. Brook and Willoughby's (2015) research found that developing social ties ameliorated college peers and students with social anxiety. For the communities in which students live and study, data shows that discrimination and stigma experiences continue to plague undergraduate students with anxiety disorders. Malevolent treatment, such as rejection, negative facial expressions by family members or others on the street, derogatory comments in school classrooms and churches, or bullying and assault, causes these college students with anxiety disorders to avoid face-to-face interactions with others (Wahl, 1999). It also causes them to be afraid to acknowledge their disorders, to fail to seek medical attention, and to hide from social situations.

The study of Kosyluk et al. (2016), which was discussed previously, included education-based and contact-based intervention procedures to deal with stigma problems among students at a Chicago university. The results were promising. Perhaps such intervention procedures could be established today in local colleges, community centers for community leaders, in organizations such as the local Rotary, Kiwanis, Lions Clubs, churches, and other organizations. The members of these organizations could then address the issue of stigma toward undergraduate students with anxiety disorders in other agendas, with the goal that these organizations and entities could impress on the community at large the significance of respecting and validating the worth of these students.

Delimitations and Limitations

Delimitations of this study involved my decision to invite only undergraduate college students with anxiety disorders to participate. I chose a phenomenological study because I wanted, as the researcher, to hear and understand the shared lived experiences of the

phenomenon as the participants expressed those experiences through individual interviews, focus groups, and participant journals. The age for the participants was set for 18 years or older because I wanted a bit of maturity in the research. Because this research concerned a mental health disorder, there needed to be evidence to support that disorder, so I consequently required either a doctor or therapist statement verifying that the student had been diagnosed with anxiety.

Limitations are that participants were recruited from two four-year institutions in the Southeastern United States, one a mid-sized, public nonsectarian university, and the other a small, private, faith-based liberal arts college. These findings cannot be generalized to undergraduate college students with anxiety disorders enrolled in other higher education institutions, such as vocational and technical colleges or community colleges.

Furthermore, a limitation of the study is that there are only two male participants among the 15. The study is limited by the Covid pandemic that occurred as I began to invite students to become a part of the program. It is impossible to invite students to apply for involvement in research when there is no access to them due to college classes being taught online via Zoom. There is no acceptable route to extend an invitation to potential applicants when most of the professors are away from campus because of the pandemic, and the ones who are there are unwilling to forward an all-campus invitation because of a university policy. The completion of the research, as a result of Covid, has been greatly prolonged. Under different circumstances, perhaps more welcomed male voices would have been heard.

Recommendations for Future Research

This research was focused on understanding the stressors of undergraduate college students with anxiety disorders. With participants striving toward undergraduate degrees via online education, it is natural that some of them would be older, married, and perhaps parents, as

is the case in this study. It is conceivable, therefore, that the stressors for anxiety disorders could be different for these somewhat older students than for the average undergraduate students who enter college immediately after high school graduation.

First, I recommend a follow-up study that would focus on understanding the stressors of only traditional first-year, single students who are 18 and 19 years old. Second, I recommend a similar study for online students as for traditional learners. Third, participant data indicates that family friction is an issue in this study. In the life of almost every undergraduate college student with anxiety disorders, there is dissension of some fashion with a family member, or with the entire family. Whether the dissension comes from anger, a misunderstanding, or a core belief, it is a factor in anxiety. I recommend a study of the effects of cognitive immaturity and family parenting styles on academic success. Fourth, participant data indicates a concern of undergraduate college students with anxiety disorders that there is a lack of counseling center staff for undergraduate college students with anxiety disorders. Because the students are in dire need of mental health services when they are in distress or are undergoing anxiety attacks, this concern cannot be ignored (Center for Collegiate Mental Health, 2017).

Before the pandemic, undergraduate college students were experiencing higher levels of anxiety-related issues (Browning et al., 2021). The need for additional resources and services to deal with the mental health effects of anxiety, depressive moods, psychosomatic problems, lack of self-esteem, suicidality, and substance abuse, may be even more enhanced once the research data of the impact of Covid-19 on these students have been determined (Browning et al., 2021). Therefore, I recommend that there be a study on the impact of poor college counseling services for undergraduate college students with anxiety disorders on academic achievement. Fifth, participant data indicates a concern of some undergraduate college students with anxiety

disorders that online education does not allow the use of outside scholarships for tuition purposes. Because the cost of higher education is ever-increasing, I recommend that a study be conducted on the impact of financial stress on academic achievement and degree completion.

Conclusion

The purpose of this qualitative study was to understand the essence of the shared lived experiences of undergraduate college students with anxiety disorders at a mid-sized, public, nonsectarian university and a small, private, faith-based liberal arts college in the Southeastern United States. The most important 'take-away' from the results of this research that would be of importance to institutional leaders, stakeholders, professors, undergraduate college students with anxiety disorders and their parents, employers, and educational researchers was that stressors for anxiety, to a high degree, originated in either the early years of a child's life, or in the years of the late teens or early twenties when these students had grown into adulthood (Hakami et al., 2017; Pedrelli et al., 2015). When children were young, the effects of divorce, parental re-marriage, abandonment, mental, physical, and emotional abuse, bullying, medical trauma, parental alcoholism or drug abuse, shook the foundations of their lives. Stressors as a result of these experiences triggered anxiety. If the symptoms of this stress were not noticed early, an anxiety disorder occurred.

Participant data indicated that most of the anxiety disorders discussed in this study began at an early age and continued into adulthood. The anxiety disorders of some of these participants had been exacerbated by what is discussed in theme five, generational issues. When the students' past supposed core beliefs no longer remained their present core beliefs, something had caused that change. This gave a degree of credence to Ellis (1958) theory. These changes were sometimes caused by the students' realization that what they had considered to be a core belief

was not, in reality, a core belief (Pedrelli et al., 2015). Another reason for this change was the influence of the outside world. When these new core beliefs created a conflict between the students and the core beliefs of the students' parents or families, stressors occurred and the anxiety disorder either began or was exacerbated.

The second most significant 'take-away' dealt with the importance of improving colleges and universities' mental health counseling centers. This revelation alone encompassed major themes one and two, academic performance barriers and stressor issues, which together provided a comprehensive catalog of issues responsible for the difficulty that undergraduate college students with anxiety disorders had in handling the rigors of higher education. Because the sub-themes of the first two major themes presupposed the likelihood of heightened stressors for anxiety activity for undergraduate college students with anxiety disorders, these counseling centers on mental health needs were constantly in demand by students (Center for Collegiate Mental Health, 2017). University leaders, stakeholders, undergraduate college students with anxiety disorders and their parents, employers, faculty and staff, and educational researchers may find this revelation to be of importance. By increasing the counseling centers' capacities with additional mental health professionals, the colleges and universities would be able to reach more undergraduate college students with anxiety disorders without the students having to be placed on a waitlist for service.

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Appendix A: IRB Approval

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

August 5, 2021

Whitney Dickerson

Timothy Nelson

Re: IRB Exemption - IRB-FY20-21-893 The Impact of Stressors On Undergraduate College Students with Anxiety Disorders: A Phenomenological Study

Dear Whitney Dickerson, Timothy Nelson,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations

in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification

of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, MA, CIP

Administrative Chair of Institutional Research

Research Ethics Office

Appendix B: Questionnaire

The purpose of this transcendental phenomenological study is to describe the lived experiences of first-year college students who suffer from anxiety who are studying at two Southeastern U.S. colleges. This questionnaire will be used to collect demographic information and additional information to provide insight about individual perceptions of anxiety experiences. As in all other aspects of this study, pseudonyms for students' names, as well as for the colleges, will be used.

1. Name:
2. Gender:
3. Age (a participant in this study must be 18 years old):
4. Race or ethnicity:
5. Please describe your first onset of anxiety. How old were you?
6. Did your anxiety disorder onset before or after you entered college?
7. At what age did you receive a diagnosis of an anxiety disorder by a physician?
8. Do you presently consult with a physician or therapist for this disorder?
9. Will you be able to present a signed statement by a certified physician or therapist confirming that you have been diagnosed with a mental health disorder that deals with anxiety?
10. What effect does your anxiety disorder have on your academic performance?
11. Do you feel that your core beliefs influence the stress that occurs before an anxiety attack? Why or why not?
12. Do you undergo any unusual sensory experiences at the onset of an anxiety attack?

13. Do you feel that if you are selected to be a participant in this study that you will be able to voice the feelings, thoughts, and interpretations, or anything else of substance, that you experience during an anxiety episode?

Appendix C: Individual Interview Questions

1. Please tell me something about yourself: where you grew up, your family background, your educational background. (SQ2)
2. How much sleep do you get on average per night? (SQ2)
3. During the week, how much exercise do you get per week? (SQ2)
4. How do you believe your worldview aligns with that of your family? (CRQ)
5. How do you believe that your worldview relates to your decision to become involved in this study? (CRQ)
6. What was your perception of the initial signs of your anxiety disorder? (SQ2)
7. What traumatic event, situation, act, or stimuli do you believe occurred prior to your first anxiety attack? (SQ2)
8. How do you feel that an anxiety disorder has impacted your academic performance and social life? (SQ4)
9. How do you perceive that the reactions of the university personnel to your disorder have impacted your disorder? (SQ1; SQ3)
10. What medications or information has your physician has prescribed or supplied that you believed produced a calming effect during an anxiety episode? (SQ1)
11. How do you perceive that legislation has impacted conditions for students with disabilities? (SQ1)

Appendix D: Focus Group Interview Questions

1. What aspects of suffering from anxiety do you believe to be the most difficult?
2. As a student with anxiety, how do you perceive that your academic life is, when compared to that of your peers?
3. What do you feel are some core beliefs that you cannot let go?
4. How do you perceive the academic accommodations provided by faculty, staff, or others?
5. What do you feel is the most exciting social event that you have attended since you entered college?
6. What is your perception of your and your friends' reactions when you experience an anxiety attack in their presence?
7. What do you believe causes the stressors that propel this disorder?

Appendix E: Prompt for Participant Journal Entry

College students with anxiety frequently experience situations during the normal day that affect the way they react emotionally and physically. These situations, if not noted, are often considered insignificant and forgotten. The purpose of this prompt is to allow you to describe through a journaling process what is occurring in your daily life with regard to your anxiety disorder.

You are asked to secure a stenographer's notepad or if you so choose, you may utilize the on-line form, to note the following each day for the next two weeks. Please record the date and time of each entry:

- Record the food that you eat each day (meals, snacks).
- Record your sleep pattern for each night (include daytime naps). These behaviors can affect mental health.
- Record any experiences and reactions with regard to anxiety attacks (action prior to attack, stressors, handling of the issue, etc.).
    - There is no specific journal length (one sentence, one paragraph, two paragraphs)
    - A stream- of-consciousness style is recommended.
    - The written journals will be collected on Friday of each week, and you should print out the on-line form for my perusal.

Thank you for your involvement.

Appendix F: Reflexive Journal

Reflexive Journal

April 28, 2021

After I received word that I had successfully defended my proposal I felt like a huge weight had been lifted off my shoulders.

August 5, 2021

It took a really long time to finally receive approval from Liberty IRB on August 5, 2021. This was really stressful, as I was excited about starting my research on my proposal. I felt like I was just wasting money by not being able to be proactive and continue on with my research.

September 14, 2021

I began working with my first research school on getting approval to use participants from the school. I had to get approval through the school's IRB.

October 22, 2021

After several emails, I finally received approval from my first research school. The Dean of the school sent an email out to all students on 10/25/2021.

October 28, 2021

I received a few emails from participants interested in participating in my study. I immediately started reaching out.

November 20, 2021

I started reaching out to my second research school.

November 21, 2021

I met with the first participant interested in study. Literally, this was the very first participant that had responded. We met in person at the campus and conducted the interview in the library. This was such a refreshing feeling to know that my study was coming to fruition.

November 2021– February 2022

I continued to reach out to both schools. I had received a few more emails from interested participants from research school #1 but got responses that they decided not to do the study or did not meet the requirements. I continued to work with research school #2 and got nowhere. After no help internally or getting anywhere, I was fortunate to meet with the President at this large university and ask him directly. He gave me his email address and we corresponded. This school had certain restrictions in place that they would not send out emails or basically support or promote research that did not involve someone internal at the school. This was heartbreaking. I thought so much of this school because of its size and prestige. I was so mad, frustrated, aggravated, and cried many tears in disappointment. I had even inquired from a close family friends' kid that went to this school. The college student graciously passed out my flyers and posted them in places for me. However, due to the large amount of research studies, my flyers were just another number. So, within this time period, I decided that enough time had been wasted, and I consulted with my Dissertation Chair about switching to another research school.

February 2022-May 2022

I took the necessary steps to switch research schools and gain approvals. I received IRB approval from Liberty and the research at the end of May 2022.

May 2022-August 2022

This was another waiting period as the second research school was out for the summer. I went over to campus, and it was empty. I did get some flyers posted anyway.

August 21, 2022

Research school #2 was back in session. I started sending emails to all of the professors in the psychology department, the online degree programs, and the accessibility offices. I had some nice responses from a couple of professors that were more than gracious in sending my research flyer out to the students.

August 24, 2022

The day I had been waiting for finally came. I was so overwhelmed with the responses I was receiving. I had been praying and been so stressed until this day and Jesus answered all of my prayers. I immediately replied to emails and sending the necessary information and documentation to the participants.

August 25, 2022-September 11, 2022

I completed all the individual interviews and focus group interviews. This was so fascinating and heart wrenching to me to have these participants be so open and trusting me with the most emotional and toughest experiences of their lives. It was so hard for me to hold all of my emotions back. All of these interviews had been done by Zoom. I wanted to reach through the computer screen and hug each and every one of them. I did understand. I know what the struggle has been like. I could understand their perspective of why say anything, because my professors won't understand that this is a real issue that I did not bring on by myself. I stayed calm and listened. A part of me felt like I had known these participants for years. These participants came from all walks of life. They were smart and courageous. I am very proud of all of them for having the strength to share. I stand in awe of how my work and research can make a difference in the future.

Appendix G: Audit Trail

Audit Trail

Date	Task	Notes
4/28/21	Successfully defended proposal	Began IRB application process at study sites.
8/5/21 5/20/22 – modification approval	Received IRB approval from LU.	
10/22/21-first study site 5/26/22 -second study site	Received IRB approval from study site.	Had to change second research school and get approvals through school and LU.
10/25/21,11/16/21, 11/19/21, 9/13/22 -first study site 8/18/22 – second study site	Sent invitations for potential participants via e-mail to study site.	Used purposeful criterion sampling and snowball sampling
10/27/21 -first study site 8/24/22 -second study site	Began receiving responses to invitation from study site.	
10/25/21-first study site 8/21/22- second study site	Sent out questionnaire and study information to study site.	

10/28/2021-1st research school 8/24/2022 -2nd research school	Began receiving completed questionnaires, consent forms, and doctor/therapist notes.	Received an overwhelming response from participants from the second research school.
11/21/2021-interview completed from 1st research school 9/7/2022-interviews completed 2nd research school	Completed Individual interviews.	
9/7/2022 – first focus group 9/8/2022 – second focus group 9/11/2022 – makeup session focus group	Held focus groups via Zoom.	
9/8/2022	Started manual data analysis/coding of interviews following Moustakas' (1994) steps.	Organized data by participant and began process by identifying horizons (significant statements, etc.)
10/5/2022	Last Day I transcribed Individual Interviews	
10/9/2022 -received last journal entry from participant	Collected participant journals	Analysis of participant journals

11/5/2022	Last Day I transcribed Focus Group Interviews	
11/10/2022	Completed data analysis	Five themes and ten sub-themes identified
12/15/22	Draft chapters 4-5	Submit to committee for review