



International Journal of Innovative Technologies in Social Science

e-ISSN: 2544-9435

Operating Publisher
SciFormat Publishing Inc.
ISNI: 0000 0005 1449 8214

2734 17 Avenue SW,
Calgary, Alberta, T3E0A7,
Canada
+15878858911
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ARTICLE TITLE	PERSONALITY PROFILE BY DIFFERENT LEVELS OF ANXIETY FROM THE PERSPECTIVE OF QUALITY OF LIFE AND PSYCHOSOCIAL ADAPTABILITY
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DOI	https://doi.org/10.31435/ijitss.3(51).2026.5965
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RECEIVED	17 June 2026
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ACCEPTED	11 September 2026
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PUBLISHED	23 September 2026
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PERSONALITY PROFILE BY DIFFERENT LEVELS OF ANXIETY FROM THE PERSPECTIVE OF QUALITY OF LIFE AND PSYCHOSOCIAL ADAPTABILITY

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ABSTRACT

The article investigates the relationship between quality of life, psychosocial adaptability and anxiety among students from Romania and the Republic of Moldova. The study begins with an analysis of the theoretical concepts concerning quality of life and anxiety, highlighting their multidimensional nature and the interdependence between subjective well-being, adaptive resources and emotional functioning. The empirical research included 420 participants and used validated psychometric instruments to assess quality of life, psychosocial adaptability and anxiety. Multivariate regression analysis showed that negative emotional states, global life satisfaction, personal adaptive potential, cognitive flexibility, time management and the internalisation of moral norms are significant predictors of trait anxiety. The results confirm the protective role of adaptability and psychological well-being against anxiety and support the development of interventions aimed at emotional resilience and behavioural self-regulation.

KEYWORDS

Quality of Life, Psychosocial Adaptability, Anxiety, Personality Profile, Students

CITATION

Paladi, O., & Dragomir, D.-E. (2026). Personality profile by different levels of anxiety from the perspective of quality of life and psychosocial adaptability. *International Journal of Innovative Technologies in Social Science*, 3(51). [https://doi.org/10.31435/ijitss.3\(51\).2026.5965](https://doi.org/10.31435/ijitss.3(51).2026.5965)

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Introduction.

Quality of life is one of the most complex and intensely debated concepts in contemporary psychology and social sciences. Although many authors have proposed definitions and explanatory models, there is still no universal consensus on the exact delimitation of this construct. Current research shows that individual well-being depends not only on material conditions, but also on psychological, social and emotional factors such as life satisfaction, affective balance, interpersonal relationships and the ability to adapt to changes in the social environment. In this context, psychosocial adaptability becomes an essential resource for maintaining mental health and optimising individual functioning.

Anxiety, regarded both as a transient state and as a stable personality trait, significantly influences quality of life and the process of social integration. In the university environment, academic pressures, social changes and performance requirements may intensify emotional vulnerability and affect the capacity for self-regulation. Starting from these premises, the research seeks to identify the relationships between quality of life, psychosocial adaptability and anxiety, as well as to highlight the psychological factors that contribute to the development or reduction of anxiety among students.

Concept and Argument.

Several authors have proposed definitions of the concept of quality of life, yet there is no universally accepted definition. Lawton [12, p. 350] offered a detailed and surprisingly current description of quality of life. He defined the good life through four essential dimensions: behavioural competence, psychological well-being, perceived quality of life and the objective environment in which the individual lives. In a more specific approach, Katschnig conceptualised quality of life as a complex but vague domain that integrates psychological well-being, social and emotional functioning, health status, functional performance, general life satisfaction, social support and standard of living. In assessing these aspects, normative, objective and subjective indicators are used to measure the individual's physical, social and emotional functioning.

I. Mărginean in a study published in the journal *Quality of Life*, presents a list of word associations related to this concept, proposed by various authors. These include: the conditions necessary for happiness - McCall (1975); subjective satisfaction - Terhune (1973); adaptive potential - Colby (1987); the extent to which a person fulfils their goals in life - Cella, Cherin (1987); the meaning of one's life for each person - Zamfir (1993); the subjective importance assigned to life - Jolles, Stalpers (1978) [3]. Specialists have not yet reached a consensus on a unitary definition of quality of life. Consequently, in the empirical measurement of this concept, comparisons often occur between indicators that are not always homogeneous or comparable, which may be described metaphorically as comparing apples and oranges (Veenhoven, 2000). Quality of life also refers to physical, psychological and social well-being and to the capacity to perform ordinary tasks in everyday existence.

At the theoretical level, the analysis of quality of life has led to a definitional convergence between this construct and subjective well-being, due to the inclusion, within their conceptual sphere, of life satisfaction and of positive and negative emotions. This overlap allows the two concepts to be regarded, to a certain extent, as interchangeable. As mentioned above, the origins of the concept of quality of life were based on the observation that material abundance is not the sole guarantee of individual satisfaction, and that economic development focused exclusively on industrialisation can also generate negative effects on general well-being. For this reason, the psychological dimension of quality of life constitutes an essential link, as also noted in research conducted in this field by E. Zaharia, I. Mărgineanu and others [3]. Thus, contemporary definitions of quality of life place greater emphasis on psychological components than on economic ones, including aspects such as emotional state, lifestyle, value orientations, physical and mental health, level of education and others. In 1998, Harper and Power provided a more theoretical definition of quality of life, also adopted by the World Health Organization (WHO), stating that quality of life is the individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. All these definitions offer researchers a general understanding of the concept of quality of life; however, they do not clarify how the various factors included in definitions of quality of life interact to build a coherent framework in which this concept can be understood and applied [17, p. 557]. As follows from the definitions presented above, there is no universal consensus among researchers regarding a single definition of quality of life. It is therefore not surprising that some researchers have avoided proposing a clear definition of this concept. An analysis by Gill and Feinstein, who randomly reviewed studies on quality of life, showed that only 15% of them offered an explicit definition.

At present, scientific debate on the concept of psychosocial adaptation is gaining increasing importance and has a considerable impact on studies related to quality of life. In describing the adaptation process, it is necessary to follow the changes that occur in personality at three levels: 1. emotional, 2. cognitive and 3. behavioural, in order to describe in detail the tasks solved by the individual at each stage. Researchers emphasise that, in order to understand how psychosocial adaptation takes place, it is essential to analyse interactions between the individual and others, as well as the individual's relationships with the entire social environment, which imposes numerous demands. A set of social factors, in continuous interaction, influences the individual's level of adaptation [2]. Moreover, from the perspective of contemporary societal approaches, we consider that the quality of life of the personality is directly related to psychosocial adaptation/adaptability. We also refer to the word associations presented by Colby regarding the concept of quality of life, where it is presented as adaptive potential.

Psychosocial adaptation is defined as a process of interaction between the individual and the environment, involving the adjustment of individual value orientations in relation to the predominant social values. This adaptation presupposes the integration of regulatory factors in the formation of a personal value system that supports the development of the individual's adaptive potential and effective adjustment to new living conditions [4]. The development of social skills aimed at adaptive behaviour creates the premises for

maintaining mental health and ensuring a high level of quality of life [7]. F. M. Gresham considers that social skills represent adaptive behaviours that ensure positive interaction with others [11].

Better adaptability to changing environmental conditions is ensured by a high level of social skills. The absence of the social skills required by the human individual for harmonious interaction with society leads to disturbances in interpersonal relationships [14], the loss of external support provided by the environment, and difficulties in goal setting, which in turn substantially affects quality of life. The concept of psychosocial adaptability is an essential dimension of the phenomenon of adaptation, referring to individual characteristics that reflect a person's capacity to adapt. It includes the adaptive traits of the personality and the behavioural strategies used to cope with changes and challenges. Several authors support this view, considering that psychosocial adaptability is defined by these traits and behavioural approaches that facilitate effective integration into a constantly changing social context. In the context of the present paper, we consider psychosocial adaptability to represent the individual's dynamic capacity to regulate cognitive, emotional and behavioural reactions in relation to the demands of the social environment, through the effective use of personal and social resources, in order to maintain psychological balance, social integration and optimise quality of life. In the context of anxiety (state and trait), it is manifested through the flexibility of coping strategies, tolerance of distress and adequate management of negative emotions, having a protective role and facilitating subjective well-being.

The issue of anxiety has aroused the interest of many researchers. Throughout the evolution of psychology as a science, anxiety has most often been described as: 1. a vague, diffuse affective state of uneasiness and pressure, unmotivated, without a precise object or disproportionate to the objective factors that clearly determine it, causing discomfort (A. Bacus, D. Barlow, S. Barnet, L. C. Ciofu, R. Doron, A. Ellis, L. Gallo, I. Holdevici, C. Izard, D. Lewis, H. R. Martens, N. Martin, F. Parot, P. Pichot, H. Pieron, P. Popescu-Neveanu, N. Sillamy, Ch. Spielberger, U. Şchiopu, R. Vrsti, B. Wiederhold, F. Wilks); 2. a stable personality trait or tendency to perceive the surrounding world as a threat and an imminent danger (R. Cattell, R. Doron, R. Martens, R. S. Nemov, F. Parot, N. Sillamy, Ch. Spielberger) [1; 2; 5; 8; 9; 16 et al.]. I. Mitrofan conceives anxiety as fear without an object, an uneasiness accompanied by intrapsychic tension and agitation. This idea is also supported by I. Holdevici, who defines anxiety as a diffuse fear without a well-specified object. The subject experiences continuous tension, feeling permanently threatened. The person is very nervous and often does not actually realise what frightens them so intensely [1; 2]. I. Holdevici argues that people become anxious, in situations that are not anxiogenic for most individuals, through the process of conditioning. The anxious reaction is triggered by certain key stimuli [2].

According to researchers C. Tudose and F. Tudose, anxiety is frequently encountered throughout life and contributes to the activation of the body's alert mechanisms and to preparation for action. Thus, when a new situation arises, anxiety helps the person adapt better. The same approach can be identified in the ideas of E. Muntean and T. Sîrbuleţu. For them, anxiety as an emotion at a normal level is adaptive and necessary for survival. Through its mechanisms, it directs attention and the body towards anticipating, overcoming or preventing situations that put us in danger, mobilising cognitive and somatic resources to overcome problems, obstacles or to achieve goals. However, when the associated fear is overwhelming and continuous, the energy expenditure mobilised far exceeds the benefits obtained. C. Ciofu notes that anxiety is a morbid foreboding, an unpleasant subjective feeling of insecurity that an individual (including, or especially, a child) may experience when faced with a threatening situation or a limit situation characterised by fear of danger or pain, fear at the sight of blood, fear of real or fantastic animals, fear of losing possessions. D. Petrovai presents a definition with the same meaning. The author states that anxiety represents a reaction to a perceived threat, not necessarily a real one; she relates anxiety to fear, noting that anxiety tends to be associated less with current, present events and more with the anticipation of fear or emotional discomfort [5].

The typologies of anxiety reflected in the present paper derive from the administered psychometric instruments and are explained by empirically validated theoretical models, which conceptualise anxiety as a multidimensional phenomenon, differentiated both according to its stability over time and according to its functional role or modes of manifestation.

First, one of the most established distinctions is that between state anxiety and trait anxiety, grounded in Ch. Spielberger's theory. State anxiety (A-state) is defined as a transitory emotional condition characterised by subjective tension, restlessness and hyperactivation of the autonomic nervous system, varying according to the situational context and the intensity of stressors. By contrast, trait anxiety (A-trait) represents a relatively stable personality predisposition to perceive a wide range of situations as threatening and to respond through frequent increases in state anxiety. This distinction has solid empirical support, demonstrating that people with

high levels of trait anxiety show increased emotional reactivity and greater vulnerability to stress (Spielberger, 1972; Spielberger et al., 1983) [16]. A second direction of differentiation, highlighted in the assessment of social anxiety (such as the Glass scale), concerns the functional valence of cognitions associated with anxiety, namely positive anxiety and negative anxiety. Positive anxiety refers to adaptively oriented cognitive activation, characterised by thoughts of mobilisation, constructive anticipation and focus on performance, whereas negative anxiety involves cognitive distortions, catastrophic anticipations and negative self-evaluations, which amplify avoidance and social dysfunction. Studies in the field of social anxiety show that the type of cognitions associated with anxiety mediates its impact on social performance and adaptation (Glass et al., 1982; Clark and Wells, 1995) [10].

In the educational context, the model proposed by Alpert and Haber introduces the distinction between facilitating anxiety and debilitating anxiety within achievement anxiety. Facilitating anxiety has an adaptive role, stimulating the mobilisation of cognitive resources, increasing vigilance and improving academic performance. In contrast, debilitating anxiety interferes with cognitive processes (attention, memory, concentration), reducing learning efficiency and performance. This distinction is supported by the Yerkes-Dodson law, according to which the relationship between arousal and performance is curvilinear, with moderate levels of anxiety being optimal for performance (Alpert and Haber, 1960; Yerkes and Dodson, 1908) [8].

Another important perspective is the multidimensional one, illustrated by instruments such as the ASQ, which differentiates anxiety according to its modes of manifestation: the somatic dimension, which includes physiological symptoms such as tachycardia, muscle tension or sweating; the cognitive dimension, characterised by excessive worry, intrusive thoughts and negative anticipations; and the behavioural dimension, expressed through avoidance, agitation or safety behaviours. This model is congruent with contemporary approaches that define anxiety as an integrative syndrome involving interrelated response systems (Lang, 1968; Barlow, 2002), highlighting the role of anxiety sensitivity as a vulnerability factor in the development of anxiety disorders [9]. We emphasise that, in general, the specialised literature supports the idea that types of anxiety are not mutually exclusive categories, but complementary dimensions of a complex construct. Their differentiation allows a more refined assessment of the mechanisms involved in the onset and maintenance of anxiety, as well as the development of psychological interventions adapted to the individual profile of the person.

Understanding anxiety as a continuous and dynamic phenomenon provides a solid theoretical framework for investigating its relationship with psychosocial adaptability and quality of life, constituting a relevant basis for the empirical approach of the research. Taking into account the content presented above, we note that the following working definition is important for the present paper: anxiety is defined as a multidimensional psychological construct, characterised by a set of emotional, cognitive, physiological and behavioural reactions triggered by the anticipation of a diffuse, uncertain or potential danger, manifesting both as a context-dependent transient state (state anxiety) and as a relatively stable personality trait (trait anxiety) that predisposes the individual to interpret situations as threatening; the intensity, frequency and duration of anxious manifestations determine their adaptive or maladaptive nature, significantly influencing the capacity for self-regulation, psychosocial functioning and the general level of quality of life.

Materials and Methods.

This article is a sequence of the research conducted on the topic Quality of Life and Psychosocial Adaptability of Persons with Anxiety, whose aim is to identify the relationship between quality of life and psychosocial adaptability in persons with anxiety.

Research hypothesis: we assume that the studied factors, such as quality of life, life satisfaction, adaptability, academic motivation, personal adaptability/flexibility, and their subscales, influence personality anxiety.

In the research conducted, empirical methods were administered to measure quality of life, psychosocial adaptability and anxiety (Table 1).

Table 1. Psychometric instruments for quality of life, psychosocial adaptability and anxiety

Research variables	Psychometric instruments
<i>Block of psychometric instruments describing quality of life</i>	- Quality of Life Inventory (QOLI); - Life Quality Satisfaction Assessment Questionnaire (Elliot R.S., adapted by N. Vodopyanova);
<i>Block of psychometric instruments describing psychosocial adaptation</i>	- Adaptability Questionnaire, MLO-AM (A.G. Maklakov, S.V. Chermianin); - Student Adaptation to the Environment and Academic Demands Questionnaire (AMSSA Questionnaire, S. Rusnac); - Adaptability/Flexibility Test (A. Chelcea);
<i>Block of psychometric instruments describing anxiety</i>	- State-Trait Anxiety Inventory (STAI), Spielberger; - Self-Statement Test in Social Interactions (Glass et al.); - Academic Anxiety Assessment Questionnaire (Alpert-Haber); - ASQ Anxiety Assessment Questionnaire (Lehrer and Woolfolk)

Justification for the selection of research instruments. The selection of the research instruments used in the present paper is grounded in the need for a complex assessment of the relationship between quality of life, psychosocial adaptability and anxiety. In accordance with the aim and objectives formulated, the battery of instruments combines quantitative and qualitative, standardised and exploratory methods in order to capture both the objective and the subjective dimensions of the investigated phenomena. The choice of the QOLI questionnaires (Frisch) and Vodopyanova's instrument for assessing quality of life responds to the need for complementary measurement: one centred on weighted satisfaction in relevant life domains and the other on the assessment of stress and the self-realisation of personal resources. This approach is supported by contemporary models of well-being (Ryff, 1989), which recommend the use of multiple indicators for a valid assessment of quality of life [15]. Thus, a nuanced capture of the cognitive and affective dimensions of well-being is ensured.

The assessment of psychosocial adaptability is carried out through a combination of instruments (MLO-AM, AMSSA, Chelcea adaptability test), which makes it possible to capture both general adaptive potential and the specific manifestations of the academic context. This choice is justified by the psychosocial perspective according to which adaptation is a dynamic process dependent on the interaction between the individual and the environment (Lazarus & Folkman, 1984) [13]. The MLO-AM instrument provides an in-depth assessment of internal resources (emotional stability, communication capacities), while AMSSA contextualises adaptation at the micro-, meso- and macrosocial levels, relevant for the investigated student population.

With regard to anxiety, the use of a diversified set of instruments (STAI, ASQ, the Alpert-Haber questionnaire, and the social thoughts test) is fully justified by the multidimensional nature of this construct. STAI allows the distinction between anxiety as a state and as a trait, providing a solid theoretical framework (Spielberger, 1983) [16], while the other instruments complete the analysis by assessing the cognitive, behavioural and situational dimensions of anxiety. This methodological triangulation increases the validity of the results and allows the identification of differentiated anxiety profiles.

General context and sample structure. The sample consisted of 420 subjects, selected voluntarily and anonymised in accordance with the ethical principles of psychological research, all of whom were students enrolled in higher education institutions in Romania and the Republic of Moldova: from two university institutions, one institution in Bucharest and one institution in Chisinau municipality.

Their selection sought representativeness according to variables relevant to the purpose of the investigation, such as country of origin, gender, area of residence, study cycle and year of study, age, marital status, academic performance and other psychosocial dimensions associated with the experience of anxiety and the use of aromatherapeutic remedies.

Distribution of respondents by socio-demographic variables

Below we present the distribution of respondents by socio-demographic variables.

Table 2. Research sample by country of origin

No.	Country / Higher education institution	Number of subjects	Percentage
1.	Romania Hyperion University, Bucharest	257	61.2%
2.	Republic of Moldova Moldova State University, Chisinau	163	38.8%

As can be seen from Table 2, the respondents come from the Romanian-speaking area, namely from two countries: Romania (61.2%) and the Republic of Moldova (38.8%), which provides a cross-border and cultural-comparative perspective on the psychological phenomena investigated, relatively proportional to the size of the populations of the two countries. This distribution gives the study a transnational comparative dimension, providing a framework for analysing cultural differences in the manifestation of quality of life, psychosocial adaptability, anxiety and the use of aromatherapy.

The distribution of the sample according to gender can be seen in Table 3.

Table 3. Distribution of the sample by gender

Gender	Number of subjects	%
Male	72	17.1%
Female	348	82.9%
Total	420	100%

Analysing the data presented in Table 3, we observe that the ratio of subjects by gender is highly disproportionate in favour of women. Thus, the investigated group is significantly female, with female respondents accounting for 82.9% compared with only 17.1% male respondents. This asymmetry may reflect both women's increased interest in the research topic and possible structural realities within the targeted student population.

At the same time, it may reflect a trend explained by the higher participation of women in psychological studies and a possible higher prevalence of anxiety symptoms among them, according to the specialised literature.

Table 4 presents the sample involved in the experiment according to the subjects' area of origin.

Table 4. Distribution of the sample by area of origin

Area of origin	No.	% Valid
Urban	337	80.2%
Rural	83	19.8%

From the perspective of area of origin, most participants come from urban areas (80.2%), while 19.8% come from rural areas, suggesting a predominance of academic socialisation in urban contexts. The predominance of the urban environment also reflects easier access to educational and psychological services, as well as greater awareness of mental health issues in urban spaces.

Table 5 presents the sample involved in the experiment according to level of study and university cycle, as well as distribution by year of study.

Table 5. Distribution of the sample by level of study, university cycle and year of study

Study cycle	No.	% Valid	Year of study	No.	% Valid
Bachelor's	373	88.8%	Year I Bachelor's	172	41.0%
			Year II Bachelor's	34	8.1%
			Year III Bachelor's	167	39.8%
Master's	47	11.2%	Year II Master's	47	11.2%

From an academic point of view, respondents are predominantly enrolled in the bachelor's cycle (88.8%), while only 11.2% are enrolled in a master's programme. A major concentration of the sample can be observed around the first and third years of bachelor's studies, indicating active participation both by students at the beginning of their university pathway and by those approaching the completion of their studies, an aspect relevant for understanding differences in psychosocial adaptation according to academic trajectory.

Table 6 presents the sample according to age category.

Table 6. Distribution of the sample by age category

Age category	No.	% Valid
18-21 years	144	38.3%
22-34 years	119	31.6%
over 35 years	113	30.1%

Although 10.5% of respondents did not provide an answer, a balanced representation can be observed between young students and adults who return to or continue their studies, favouring a generational perspective on anxiety and emotional self-regulation.

This diversity of age suggests that academic and psychological experiences are lived by participants at different stages of life, an aspect relevant in analysing the dimension of anxiety and emotional regulation strategies.

Results and Discussions.

Below we present the multivariate regression analysis for the prediction of trait anxiety (STAI X2). The results will clarify the hypothesis according to which we assumed that personality anxiety is influenced by factors such as quality of life, life satisfaction, psychosocial adaptability, academic motivation, personal flexibility, and their subscales.

Theoretical context and psychological justification. Trait anxiety, assessed using the STAI X2 scale (State-Trait Anxiety Inventory), reflects a stable predisposition to perceive situations as threatening and to respond with chronic anxious reactions. In the university context, this form of anxiety is intensified by factors such as educational transition, performance pressures and the lack of adaptive resources. According to the diathesis-stress model, trait anxiety emerges from the interaction between individual vulnerabilities and situational demands (Ingram & Luxton, 2005). The objective of the present analysis is to identify the significant psychological factors that contribute to the prediction of trait anxiety, selected from a varied set of empirically validated constructs: life satisfaction (SCV), quality of life (QOLI), adaptability (MLO-AM), academic motivation (AMS) and personal flexibility.

Methodology: stepwise backward regression. Multiple stepwise backward regression analysis was performed in SPSS, with STAI X2 as the dependent variable. The initial model included 25 predictors entered simultaneously. Eliminations were performed iteratively based on the F-to-remove criterion $\geq .100$, in order to obtain a parsimonious model without significantly compromising predictive power.

Global model statistics: 1) Saturated model (25 predictors): $R = .753$, $R^2 = .567$, adjusted $R^2 = .539$; standard error of the estimate = .540; $F(25, 394) = 20.601$, $p < .001$. 2) Final model (6 predictors): $R = .736$, $R^2 = .541$, adjusted $R^2 = .535$; standard error of the estimate = .543. The adjusted R^2 value remained relatively constant despite the significant reduction in the number of predictors, suggesting efficient elimination of redundancies.

Final model: significant predictors of trait anxiety. The final model includes six psychological variables which together explain 54.1% of the variance in STAI X2 scores, a medium-to-large effect size ($f^2 \approx 1.18$, according to Cohen).

Predictors retained in the final model: 1) SCV.Se - Negative emotional states; 2) SCV_Sg - Global life satisfaction; 3) MLOAMPPA - Personal adaptive potential; 4) MLO-AM Moral norms; 5) AMS3c - Time management; 6) Adaptability/flexibility. These predictors mainly reflect the individual's intrinsic resources: emotional regulation, cognitive adaptability, autonomous functioning and moral coherence.

Evolution of the model: successive eliminations. The initial model was refined through 20 successive stages of eliminating non-significant predictors, retaining only those with a relevant unique contribution. Table 7 summarises this evolution.

Table 7. Significant predictors of trait anxiety

Model	No. of predictors	Adjusted R ²	F change (p)	Removed variable	Interpretation / Observation
1	25	.539	-	-	Saturated model
5	21	.538	.578	SCV.O (optimism)	Overlaps with SCV.Se
13	13	.544	.177	AMS1a	Redundant
16	10	.540	.108	MLOAMSNP	Included in MLOAMPPA
19	7	.536	.190	SCV.Ss	Social support non-significant
20	6	.535	.111	QOLI	Redundant with SCV_Sg

Below we present the psychological interpretations by thematic categories.

1. *Life satisfaction (SCV) and quality of life (QOLI)*. The SCV.Se (emotional states) and SCV_Sg (global satisfaction) subscores remain in the final model, suggesting that subjective well-being exerts a protective effect against chronic anxiety, especially through the regulation of negative affect. QOLI is eliminated in model 20, indicating conceptual and predictive overlap with SCV. This result is supported by the literature (Diener et al., 1999), which places life satisfaction and negative affect as main predictors of mental health.

2. *Adaptability and resilience (MLO-AM and flexibility)*. MLOAMPPA and MLO-AM Moral norms remain in the model, confirming that psychological resilience, through self-regulation and internal coherence, is essential in combating anxiety. The adaptability/flexibility test supports the role of cognitive flexibility as a protective resource against chronic stress. The eliminated elements (e.g., neuro-psychic stability, communication) appear not to provide unique predictive value in the presence of these major factors.

3. *Academic motivation (AMS)*. Only AMS3c (time management) remains significant, suggesting that behavioural self-regulation is more relevant for trait anxiety than aspirational or identity-related dimensions. The eliminated subscales (e.g., professional training, communication with teaching staff) indicate reduced relevance for chronic anxiety, which appears to be less influenced by the external academic context. The relevance and efficiency of the final model indicate that the six-predictor model explains 54.1% of the variance in STAI X2, comparable to similar regressions in which perfectionism or procrastination explains 50-54% of post-pandemic chronic anxiety. In summary, the stepwise backward regression analysis led to an efficient final model with six major psychological factors predicting trait anxiety. The model emphasises the central role of emotional regulation, personal adaptability and behavioural self-regulation, rather than situational or social factors. These results support the development of prevention and psychological intervention programmes aimed at building emotional resilience and personal stress management among students. They also indicate the need for holistic approaches that target not only symptom reduction but also the development of intrinsic resources.

The results obtained in the research made it possible both to outline the explanatory praxiological model and to identify a personality profile of students with different levels of anxiety from the perspective of quality of life and psychosocial adaptability (Fig. 1).

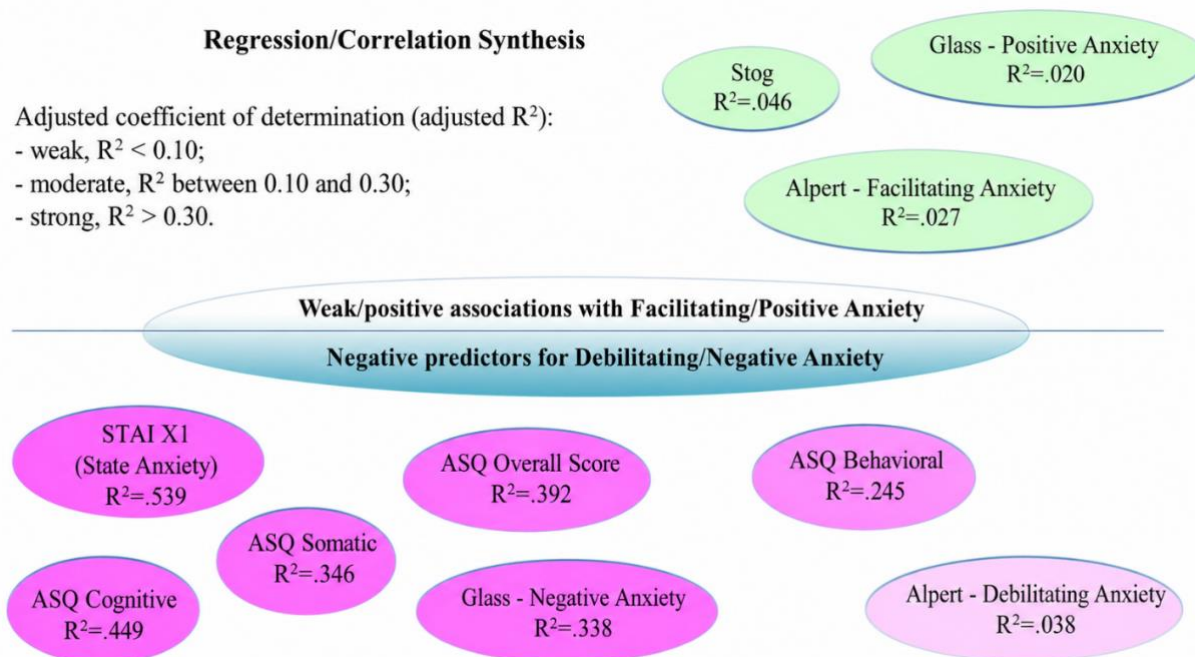


Fig. 1. Personality profile by different levels of anxiety from the perspective of quality of life and psychosocial adaptability

Thus, the particularities of the *Profile of students with high anxiety levels* are outlined in direct relation to the variables investigated in the research. We note that students with high levels of anxiety (STAI - increased state and trait anxiety; ASQ - high global score) record low scores on QOLI (quality of life) and reduced levels of global satisfaction in SCV, especially on the dimensions of emotional states, optimism and psychological balance. Within the MLO-AM, they show diminished adaptive potential, low neuro-psyche stability and partial integration into the group (fragile internalised moral norms). At the level of academic adaptation, difficulties are evident in time management, communication with teaching staff and tolerance of evaluative demands. Cognitive flexibility is predominantly medium or low. Motivationally (AMS), extrinsic motivation and debilitating academic anxiety predominate. The general profile indicates emotional vulnerability, hypersensitivity to stress and deficient self-regulation.

In the same line of reasoning, we emphasise that the *Profile of students with low anxiety levels* (STAI and ASQ - low or moderately low level) denotes high scores on QOLI and high levels of global satisfaction in SCV, especially in optimism, positive emotional states and social support. Within the MLO-AM, they show increased adaptive potential, good neuro-psyche stability, efficient communication capacities and adequate internalisation of moral norms. Academic adaptation is high in the dimensions of professional identification and professional training, while time management is functional; flexibility is medium to high. According to AMS, autonomous motivation and facilitating anxiety predominate. The profile reflects emotional balance, resilience and efficient psychosocial integration.

Conclusions

The research results confirm the existence of a significant relationship between quality of life, psychosocial adaptability and anxiety manifested in the university environment. The theoretical and empirical analysis shows that anxiety cannot be understood separately from adaptive resources and from the subjective perception of one's own life, because these dimensions interact continuously in the process of psychological self-regulation and social integration.

The data obtained through multivariate regression demonstrate that negative emotional states, the level of global life satisfaction, cognitive flexibility, time management and personal adaptive potential represent relevant predictors of trait anxiety. In particular, high levels of life satisfaction and psychosocial adaptability had a protective role against anxious manifestations, whereas emotional vulnerability and deficient self-regulation were associated with increased levels of chronic anxiety.

The study made it possible to outline two distinct personality profiles of students. Students with high anxiety show low levels of quality of life, difficulties in academic adaptation, reduced flexibility and predominance of extrinsic motivation. By contrast, students with low anxiety display emotional resilience, increased life satisfaction, efficient psychosocial integration and developed adaptive skills. These differences confirm the importance of internal psychological resources in maintaining emotional balance and academic functioning.

The research supports the need to develop psychological intervention programmes aimed at increasing adaptability and developing effective strategies for managing stress and anxiety. The results also underline the importance of promoting mental health in the university environment through integrated approaches that target both the reduction of anxiety symptoms and the development of subjective well-being and emotional and social self-regulation skills.

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