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Hope and Anxiety Disorders among Young Adults and Adults

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***Abstract**:* This paper focused on how hope can play a key role in the treatment of anxiety disorders among young adults (18-25 years) and adults (26-40 years) with the help a mixed-method approach. Clinical interventions of 200 participants were analysed quantitatively to develop a relationship between anxiety severity and dispositional hope. These observations revealed that hope and anxiety are inversely proportional to each other in both groups though, strongly associated among adults. After conducting t-tests on individual samples, it was observed that adults displayed a substantially high hope to anxiety score ratio than younger adults. For qualitative analysis, 60 participants were asked for semi-structured interviews which analysed thematically. This resulted in identification of six key themes which included *Initial Hope and Hesitation*, *Hope through Therapeutic Connection*, and *Hope as Resilience During Setbacks.* The interviews revealed that adults think hope is stable and internally affixed whereas young adults consider it as situational and therapy induced. When these findings were interpreted, it was observed that there is a convergence in the hope recognition as a protective psychological element whereas a divergence in its conceptualization during the development stage. These findings display how hope acts as a critical mechanism for anxiety recovery which can be considered as therapeutic among different age groups and develop hope-enhancing interventions.

Keywords: *Hope, anxiety disorders, young adults, adults, psychotherapy, developmental differences, mixed-methods research, thematic analysis, clinical interventions*

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1. Introduction

Overview of Anxiety Disorders

Anxiety disorders are a group of psychiatric conditions which includes both mental symptoms such as constant worry, intensive arousal and physical symptoms which may severely impair functioning in different domains including personal, academic and occupation (American Psychiatric Association [APA], 2022). Moreover, these are classified as Social Anxiety disorder (SAD), Generalized Anxiety Disorder (GAD), Panic Disorder, Specific Phobias, Obsessive-Compulsive Disorder (OCD), and Post-Traumatic Stress Disorder (PTSD).

Classification and Impact

The characteristic condition for GAD includes excessive and uncontrollable worry across multiple domains of life whereas (Stein et al., 2020) SAD is characterised by profound fear of judgement in social settings (Spence &Rapee, 2016). Panic Disorder is characterised by unanticipated panic attacks which are accompanied with palpitations and fear of dying (Craske & Stein, 2016). These types of conditions are often severe and associated with depression and substance use which can contribute to disability, relationship strain, and ruining quality of life (Grant et al., 2018).

Prevalence and Age-Based Differences

Approximately 31.1% of adults globally are affected by anxiety disorders, specifically among young adults aged 18-25 (NIMH, 2021). With ageing, rates decline slightly but anxiety is constant in adults, specifically among individuals who experience chronic stress (Twenge et al., 2019; Kotov et al., 2017).

Risk Factors and Models

Factors such as heredity (30-50%), Neurological imbalance and hyperactive amygdala can contribute to susceptibility towards anxiety (Stein et al., 2017; Etkin et al., 2009). Various psychological factors such as low self-esteem, catastrophizing and trauma results in vulnerability (Clark & Beck, 2010) which further amplify through academic pressure, relationship trauma etc.

According to the Cognitive-Behavioural Model, anxiety is explained as a byproduct of maladaptive thinking and avoidance cycles (Clark & Beck, 2010). Moreover, Prominent models include the Biological model, which focuses on genetic and neurochemical backbone (Goldstein et al., 2015); the Psychodynamic Model, which bridges anxiety to unconscious conflicts (Freud, 1936; Fonagy & Target, 2002) and the Evolutionary Perspective, which

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proposes that anxiety is a non threatening, overactive survival mechanism (Nesse & Ellsworth, 2009).

Hope in Psychological Research

Definition and Components

Hope is defined a cognitive-motivational system which involves future orientation across different life domains and comprises of interlinked elements:

- **Agency Thinking**: It is the capacity to initiate and achieve goals by sustaining motivation.
- **Pathways Thinking**: It is the ability to prepare methods and strategies to achieve goals (Snyder et al., 1991; Snyder, 2002).

Unlike optimism (general expectancy for positive outcomes; (Scheier & Carver, 1985) or self-efficacy (confidence in task-specific abilities; Bandura, 1997), hope is a combination of motivation and strategic planning, which allows individuals to flexibly adapt to certain challenges (Rand &Cheavens, 2009).

Trait vs. State Hope

Trait hope is defined as a steady personality configuration that evaluates the long term goal with resilience and perseverance (Gallagher & Lopez, 2009).

State Hope is defined as an emotionally driven and motivational based condition which is extremely context sensitive and oscillates with different environmental and therapeutic factors (Gallagher & Lopez, 2009).

Hope and Mental Health

High hope is affiliated with life satisfaction, better well-being and decreased psychological distress among various populations. It acts as a defence against stress and emotional instability which helps in enhancing resilience and promotes therapy adherence (Gallagher et al., 2013).

- **Neurobiological Regulation**: The activation of dopaminergic receptors can result in hopeful thinking which reduced induced helplessness and enhanced motivation (Martin et al., 2022).
- **Cognitive Flexibility**: Individuals with hopefulness can think for alternative strategies in situations like adversity, decreased overthinking and negative self-judgement (Clark & Beck, 2010).
- **Emotional Regulation**: Hope enhances the tolerability towards distress and lowers avoidant coping which promotes reappraisal (Snyder, 2002).

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- **Protection Against Depression and Suicidality**: Hope helps in reduction of helplessness which is a crucial factor in case of suicide and depression (Beck et al., 1975; Kleiman et al., 2013).

Hope as a Predictor of Therapeutic Outcomes

Hope is seen as a predictive factor which has the ability to improve therapy results and lower the severity of disturbing symptoms of mental health disorders. It is often reported that people with higher levels of hope adhere to their treatment plan better and subsequently report fewer symptoms relating to disorders (Snyder, 2002; Gallagher et al., 2020).Hope is fluid and therefore can be built though setting small and achievable goals considering it is a state component (Cheavens et al., 2006).

Mechanisms Linking Hope and Anxiety Reduction

Hope works as a psychological and ever-evolving buffer against anxiety by various mechanisms:

- **Neurobiological Pathways**: Fear can induce a paralysis for functioning which can be reduced by a Dopamine-driven reward system which keeps the sensitivity active and helps an individual to strive forward (Martin et al., 2022).
- **Cognitive Flexibility**: Negative and catastrophic thinking can be lowered by adaptive thought patterns which promote problem-solving skills (Clark & Beck, 2010).
- **Resilience**: It has been observed that during chronic anxiety, hope initiates the ability to bounce-back from impediments and emphasises emotional steadiness (Gallagher et al., 2013).

1.1 ***Research Gaps and Rationale***

According to previous research, hope plays an important role in mental health but still requires some gaps to be fulfilled and is mostly focused on depression, not anxiety(Gallagher & Lopez, 2009). Moreover, there are limitations to portray how hope affects differently among young adults and adults. Most of the studies were based on a single methodology, like surveys which didn't look into personal experiences. This study focuses on such gaps by giving a comparison between hope and anxiety levels among young adults and adults by exploring how people hope impacts during therapy using both qualitative and quantitative (stories and themes) data.

1.2 ***Aim***

The present study aimed To study the relationship and formulate theme analysis between

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hope and anxiety disorders among young adults (18-25 years old) and adults (26-40 years old) undergoing critical interventions.

1.3 *Objectives*

1. To find out the difference on the level of hope and anxiety disorders among young adults and adults undergoing clinical interventions
2. To measure the relationship between hope and anxiety disorders among young adults and adults undergoing clinical interventions.
3. To find out relevant themes with the help of interview schedule in relation to hope and anxiety disorders among young adults and adults undergoing clinical interventions

1.4 *Hypotheses*

1. There will be significant relationship between hope and anxiety disorders among young adults undergoing clinical interventions.
2. There will be significant relationship between hope and anxiety disorders among adults undergoing clinical interventions.
3. There will be significant difference on the level of hope among adults and young adults undergoing clinical interventions
4. There will be significant difference on the level of anxiety among young adults and adults undergoing clinical interventions
5. There will be significant theme analysis in regard to hope and anxiety disorder among young adults and adults undergoing clinical interventions.

2. Methodology

2.1 *Research Design*

The **mixed method research design** was applied for the study. The quantitative aspect aimed to derive a statistical relationship between hope and anxiety disorders and the qualitative component analysed the experiences and derivatives of hope affecting the severity anxiety symptoms during clinical intervention. The design ensures a comprehensive understanding of the relationship between the variables and how it can be generalised for deep insights.

2.2 *Variables*

The independent variable chosen for the study was the levels of hope

The dependent variable chosen for the study was severity of anxiety symptoms

2.3 *Sample*

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Sample Size

Responses were collected from 200 participants out of which 100 participants were from the young adults group and the remaining 100 (18-25 years) were from the adults (26-40 years) group. Furthermore, 60 participants were interviewed after providing consent for the qualitative segment of the study. Both age groups had 30 participants each for the interview.

Sampling Technique

The non probability sampling method i.e. purposive sampling was selected for the study. It was used for the participants meeting the set criteria of being diagnosed with any form of anxiety disorder and seeking clinical intervention for the same by any mental health professional.

Inclusion Criteria

- Age must be between 18–40 years
- Clinical diagnosis of any form of anxiety disorder (GAD, SAD, or Panic Disorder,etc)
- Currently under clinical intervention relating to the diagnosis (psychotherapy, pharmacotherapy, or both)
- Ability to provide informed consent
- Able to speak/read English or Hindi for interview purposes

2.4 *Setting*

The survey research was conducted across the various OPD of mental health hospitals or clinics located in Delhi-NCR on the anxiety diagnosed patients that were consistently involved in therapy. Such a vast setting ensured that the responses by the participants obtained were derived from a diverse socio-economic population.

2.5 *Measures*

Instrument	Developer	Constructs Measured	Format & Scoring	Reliability/Validity
Adult Hope Scale (AHS)	Snyder et al. (1991)	Agency and pathways (goal-directed thinking)	12 items (8 scored, 4 fillers); 8-point Likert (1 = definitely false to 8 = true); score range: 8–64	α = .86 strong construct and convergent validity
Beck Anxiety Inventory (BAI)	Beck et al. (1988)	Somatic and cognitive anxiety symptoms	21 items; 4-point scale (0 = not at all to 3 = severely); score range: 0–63	α = .92 high discriminant validity

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Semi-Structured Interview Schedule	Self-constructed	Subjective experiences of hope and therapy	10 open-ended questions; in-person or telephonic; 15–25 minutes per interview	Validated by field experts

2.6 ***Procedure***

The study obtained an approval from the Ethics Committee on an institutional level and aimed to follow all ethical guidelines possible. Before beginning with the survey, participants were asked for their consent and if they selected yes then the survey questions were displayed. A total of 200 participants were selected to be a part of the study for quantitative analysis and filled both questionnaire i.e. Adult Hope Scale (AHS) and Beck Anxiety Inventory (BAI). Furthermore, for the conduction of the interviews a second consent was retained. 60 participants provided 'Yes' for conducting an in-person or video call interview and were asked 10 questions in a semi-structure format. For the scoring of the quantitative counterpart official guidelines set in the manual for AHS and BAI were followed. A thematic analysis was applied on the transcribed data of the 60 interviews conducted by following Braun and Clarke's (2006) six-step method. Lastly, triangulation of results was performed for analysing whether the data support or contrast each other.

2.7 ***Ethical Considerations***

- The research ethics board provided clearance from the university's ethics committee.
- Respondents were briefed on their privileges which included anonymity, confidentiality, and voluntary participation.
- All respondents signed the consent forms before undertaking any quantitative or qualitative questions.
- Data confidentiality was maintained and was only used for academic purposes.

3. Results

This section presents the merged results from all quantitative and qualitative phases of the study. Quantitative analysis examined possible relationships and differences between groups of participants based on their scores on hope and anxiety using Pearson correlation and independent samples t tests. The qualitative analysis refined thematic analysis of participants across different age groups to capture the experience and internalization of hope while undergoing therapy for anxiety.

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3.1 *Quantitative Findings*

3.1.1 Correlation Between Hope and Anxiety

Pearson product–moment correlations were calculated separately for young adults (18–25 years) and adults (26–40 years) to examine the relationship between hope and anxiety.

Table 1: *Correlation Between Hope and Anxiety Among Young Adults (18–25 Years)*

Variable	N	r	p
Hope	100	–.29**	.003
Anxiety	100		

Note. *p*< .01. A significant negative correlation was observed between hope and anxiety among young adults.

Table 2: *Correlation Between Hope and Anxiety Among Adults (26–40 Years)*

Variable	N	r	p
Hope	100	–.38**	< .001
Anxiety	100		

Note. *p*< .01. The correlation was stronger in adults, indicating a moderate inverse relationship.

3.1.2 Group Differences in Hope and Anxiety

Independent samples t-tests were conducted to compare hope and anxiety scores between the two age groups.

Table 3: *Independent Samples t-Test: Hope Scores Between Age Groups*

Group	N	M	SD	*t*	df	*p*
Young Adults	100	42.02	10.10	–7.12	198	< .001**
Adults	100	50.58	6.53			

Note.*p*< .01. Adults reported significantly higher levels of hope.

Table 4: *Independent Samples t-Test: Anxiety Scores Between Age Groups*

Group	N	M	SD	*t*	df	*p*
Young Adults	100	26.41	10.35	2.15	198	.033 *

Adults	100	23.39	9.68			

Note. $p < .05$. Young adults exhibited significantly higher anxiety scores, although the effect size was modest.

3.2 *Qualitative Findings: Thematic Analysis*

Braun and Clarke's (2006) six-phase framework was applied to analyze semi-structured interviews of 60 participants, 30 from each age group. All participants across both age groups were found to exemplify the same six overarching themes.

3.2.1 Themes in Young Adults (18–24 Years)

Table 5a: *Emergent Themes Among Young Adults (n = 30)*

Theme	Description	Participants (n)	Illustrative Quote
Initial Hope and Hesitation	Tentative optimism mixed with fear of disappointment	27	"I was hopeful... but scared I'd be disappointed again."
Hope through Therapeutic Connection	Validation from therapist fostered belief in recovery	26	"I had a new hope that I wasn't alone."
Progress and Small Wins	Tangible improvements increased confidence in therapy	23	"I went to a group event without panicking."
Hope as a Catalyst for Engagement	Hope led to increased effort in sessions and assignments	20	"I started doing the breathing exercises."
Hope as Resilience During Setbacks	Hope helped during relapses and maintained motivation	22	"After a panic attack, I reminded myself..."
Evolution of Hope Over Treatment	Hope shifted from fragile to stable with time	30	"Now I feel like I really can manage my anxiety."

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3.2.2 Themes in Adults (25–40 Years)

Table 5b: *Emergent Themes Among Adults (n = 30)*

Theme	Description	Participants (n)	Illustrative Quote
Initial Hope and Hesitation	Guarded optimism based on prior failed treatments	29	"I wasn't convinced this would work either."
Hope through Therapeutic Connection	Therapist belief restored internal confidence	28	"My therapist's belief kept me going."
Progress and Small Wins	Functional improvements (work, parenting) reinforced hope	27	"I sat through a meeting calmly."
Hope as a Catalyst for Engagement	Greater belief led to active participation	22	"I took therapy more seriously..."
Hope as Resilience During Setbacks	Hope prevented withdrawal during emotional setbacks	25	"Even when I regressed, I told myself to hang on."
Evolution of Hope Over Treatment	Hope evolved into empowerment and mastery	30	"Therapy helped me believe in myself again."

3.2.3 Cross-Age Comparison of Thematic Features

Table 5c: *Comparative Summary of Themes Across Age Groups*

Feature	Young Adults (18–24)	Adults (25–40)
Entry Hope Levels	Tentative, first-time therapy users	Guarded, shaped by past failures
Small Wins Domain	Social/academic	Work/family
Therapist's Role	Mirror of growth and validation	Restorer of eroded self-belief
Setback Coping Style	External reassurance required	Internally driven resilience
End-State of Hope	Generalized confidence	Deep empowerment and long-term trust

3.3 *Integration of Quantitative and Qualitative Data*

When both the data streams were integrated, it confirmed that hope has a direct influence on anxiety level as well as therapy engagement. According to quantitative analysis,

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it was established that hope and anxiety are inversely related to each other; however, qualitative data showcased that how can be built, challenged and altered during therapy. Moreover, it was revealed that young adults developed hope within the therapy process whereas adults experienced rehabilitation of hope which helped them achieve long term goals.

3.4 *Hypothesis Testing Summary*

Table 6: *Summary of Hypothesis Testing*

Hypothesis	Description	Result
H1	Significant relationship between hope and anxiety among young adults	Supported
H2	Significant relationship between hope and anxiety among adults	Supported
H3	Significant difference in hope levels between young adults and adults	Supported
H4	Significant difference in anxiety levels between young adults and adults	Supported
H5	Emergence of significant themes on hope and anxiety across both age groups	Supported

Note. All of the hypotheses were confirmed, either through quantitative measurements or thematic analysis.

4. Discussion

This paper examines the effects of hope on anxiety for younger adults (aged 18-25) and adults (aged 26-40) undergoing some form of clinical treatment. Incorporating both qualitative and quantitative methods, the relationship between hope as a personality trait and the severity of anxiety is analyzed alongside the progression of hope during psychotherapy. The ensuing discussion is based on these outcomes combining quantitative and qualitative approaches alongside developmental, theoretical, and clinical aims.

4.1 *Hope and Anxiety: Quantitative Associations*

A significant negative correlation was identified between hope and anxiety for both young adults ($r = –. 2922$, $p =. 003$) and adults ($r = –. 3830$, $p < .001$) which aligns with Hypothesis 1 and 2 stating that greater dispositional hope correlates with reduced anxiety symptoms—supporting earlier discoveries that recognize hope as a safeguarding psychological element (Cheavens et al., 2005; Gallagher et al., 2020; Snyder, 2002).

The cognitive model of hope given by Snyder in the year 2002 consists of two domains:

1. Agency which focuses on goal directed energy and
2. Pathways which highlights the capacity to orchestrate and produce strategies.

When the components are combined together, the theory emphasises on psychological resilience that generates strength and motivation for an individual to navigate the distressed experiences. In substantiation from cognitive model of hope(Snyder, 2002), many previous researches have indicated the impact of hope on emotional reactivity (Sung et al., 2019) which enables therapeutic advancement in anxiety disorders (Gallagher et al., 2020).

From the obtained results, age specific clinical intervention can be suggested for different anxiety disorders. Young adults shall seek advantages from therapies containing short term goals coupling with external validation. Whereas, adults shall need clinical interventions that uplifts their hope from within that has been affected due to chronic stress of unsuccessful therapeutic efforts. Such demarcations highlight the pressing requirement of clinical interventions in mental health field based on distinctions in developmental stage (Lopez et al., 2004; Twenge et al., 2019).

4.2 *Developmental Differences in Hope*

Hypothesis 3 is supported with the result exhibiting that adults have registered greater levels of hope as compared to young adults with a large impact size. This outcome brings into line research conducted previously that states hope is reinforced by age-related advancements in emotional management and lifespan viewpoint (Charles & Carstensen, 2010) in addition to the gathering of problem-solving knowledge that underpin agency thinking (Krause, 2007).

Academic stressors, occupational vagueness and interpersonal uncertainty often reduces the sense of control and ability to outline a future in young adults (Arnett, 2000; Twenge et al., 2019). In our sample, the participants aged between 18-25 years reported near to the baseline hope but established ability for development through clinical intervention in the field of mental health which sits well with the results conferred from previous research stating that hope matures during adolescence and early adulthood (Lopez et al., 2004).

Young adults will benefit from therapeutic interventions such as positive feedback, motivational interviewing, and visual goal mapping. On the other hand, adults will strive in therapy that strengthens long-term self-efficacy and rearranges life obstacles as opportunities for rehabilitative resolution. Such therapeutic suggestions underpin the tailored tailoring interventions to developmental stages.

4.3 *Qualitative Perspectives: The Experience of Hope in Therapy*

Thematic analysis was conducted on the transcribed interview data which demonstrates how hope progresses all through psychotherapy. Six themes were identified in

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the data set that were presented repeatedly thus supporting Hypothesis 5. Themes were: *Initial Hope and Hesitation*, *Hope through Therapeutic Connection*, *Progress and Small Wins*, *Hope as a Catalyst for Engagement*, *Hope as Resilience During Setbacks*, and *Evolution of Hope Over Treatment* which were applied to both age clusters. These themes provide a complex knowledge of how hope is developed during clinical interventions and its function in promoting therapeutic involvement and recovery.

A large chunk of the participants, especially the young adults began with their clinical interventions (psychotherapy) with fragile and cautious hope. In comparison, adults are mindful of their level of hope because of their entanglement with failure. Such results emphasise on the great value of therapeutic alliance which further yields hopefulness and faith in change among the patients of both age groups (Frank & Frank, 1991; Yalom, 1995).

Theory of self-efficacy (Bandura, 1997) states that wins reported during the early stage of developmental progress improves the conviction of evolvement in an individual. The theory lies parallel with qualitative findings that exhibits a momentum and improved clients' observed effectiveness such as by managing a panic episode or speaking in front of an audience particularly for youth.

Another theme showcased hope as a motivator for therapeutic engagement by citing that participants became more punctual and interested in therapy as their levels of hope increased. This suggests that hope can serve as a predictive factor as well as a consequence for efficient clinical intervention (Gallagher & Lopez, 2009). The analysis is in line with Fredrickson's (2001) broaden-and-build theory, which states that positive emotions increase cognitive flexibility and stress tolerance those who had internalized optimism were more robust throughout setbacks. A transformative change in level of hope from uncertain and cautious hope to an optimistic and durable faith for adjusting their anxiety symptoms and life obstacles was reported by the participants during the culmination of therapy. This result showcases how hope can develop and modify itself through individual experiences and relationships which aligns with hope theory (Snyder, 2002) and literature evidence highlighting the impact of emotional recovery during clinical intervention (Bryan et al., 2019; Cheavens et al., 2006).

4.4 *Developmental Nuances in Thematic Expression*

Across the age groups of young adults and adults the representation of hope contrasted even though the main six themes were alike. On one hand the young adults obtained the reference of hope from small and early wins along with positive feedback initiated by the therapist, whereas the adults restored their faith in hope by recovering from life’s failure by being steadily present in the healing process.

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These variations in development were detectable in:

- **Domains of progress:** Social and scholastic accomplishment gave younger clients hopefulness, while modifications in the job and household life offered adults hope.
- **Therapist's role:** For young adults the therapist acted like a mirror for their growth whereas for adults therapists were the restorers of belief in their sense of self.
- **Coping with setbacks:** While young adults relied on external reinforcement the adults persevered through higher levels of self-resilience.
- **End-state of hope:** While young adults showcased a simplified belief toward life transformations, the adults exhibited sense of trusting in oneself and improving daily functions

This variation maintains the belief that while hope functions throughout ages as a therapeutic catalyst, its age-related perspective models how it is assembled and repeated.

4.5 *Integration of Quantitative and Qualitative Data*

The quantitative and qualitative analysis confirms that hope does indeed play an important role in the treatment of anxiety disorders. While quantitative data established the significant inverse relationship between levels of hope and severity of anxiety symptoms, the qualitative data explore the variations in understanding hope by continuously facing the challenges and breakthroughs experienced during clinical intervention.

A core theme that was pointed out during the thematic analysis was Hope as a resilient factor which was in line with the statistical data derived through correlation stating an inverse relation between level of hope and severity of anxiety symptoms. This draws a parallel with Fredrickson (2001) and Rutter (2012), who explains resilience is built by anchoring on to the future. In addition the repetitive emphasis on small wins and progressing towards development of hope and optimism by positive and constructive feedback sustaining the Bandura (1997) model of self-efficacy. It is important to note that divergence also occurred for the two analysis methods. The quantitative counterpart understood hope as a fixed, dispositional concept, the qualitative analysis took hope to be as free-flowing and complex concept especially for young adults. Such divergence syncs with the literature construct of state hope being more vulnerable to circumstantial and social factors within psychotherapy in contrast to trait hope (Tong et al., 2010).

To summarize, hope came out to be an important factor in anxiety recovery and it was both statistically and narratively verified. Generally, adults start therapy having a greater amount of hope and it has a stronger inverse correlation with anxiety. Young adults are more prone to suffering but demonstrate a great amount of hope transformation through therapy.

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The quantitative findings were significant, whereas qualitative data captured hope as something developmental, multi-faceted, and relational.

5. Conclusion

This study examined the effect of hope in altering the severity of anxiety disorders among young adults (18–25 years) and adults (26–40 years) undergoing psychotherapy through a mixed-methods research design. A thorough understanding is provided by integrating the stoicness of quantitative assessments along with qualitative narration of hope manoeuvres through various developmental stages and aids to the therapeutic result.

5.*1 Summary of Findings*

The study addressed three primary objective across the both age groups of young adults (18-25 years) and adults (26-40 years): (1) to find out the differences on the level of hope and anxiety disorders, (2) to measure the relationship between hope and anxiety among clinical populations, and (3) to find out relevant themes with the help of interview schedule in relation to hope and anxiety disorder for set population undergoing clinical intervention.

In quantitative analysis an inverse relationship was emerged for the correlation of hope with anxiety severity but with a stronger correlation present amongst the adults (r = –.3830) in contrast to young adults (r = –.2922). It was interesting to note that hope acts a resilient force that is developed by experiences of life failure and goal directed schemas in adults as they scored higher on hope levels whereas the younger lot reported higher levels of anxiety symptoms.

Qualitatively, six core themes emerged: *Initial Hope and Hesitation*, *Hope through Therapeutic Connection*, *Progress and Small Wins*, *Hope as a Catalyst for Engagement*, *Hope as Resilience During Setbacks*, and *Evolution of Hope Over Treatment*. All themes in combination demonstrated that hope is an experiential construct bound in relationships, influenced by one's therapeutic journey, the level of support from the therapist, and the surrounding context of development. Adults described hope as something anchored and framed internally, whereas young adults perceived hope as something evolving and externally constructed.

As a whole, the findings highlight that hope functions as a predictor for treatment outcomes and concurrently acts as a treatment tool, illustrating its fluidity.

5.2 *Clinical Implications*

The results from this study suggest that there is further understanding required for developmentally appropriate levels of hope-based therapy, as therapies differ by age group.

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For adults, therapy may focus on reinvigorating hope from prior mastery experiences, while younger adults may benefit from therapist-directed affirmation aimed at goal and flexible schema-setting. Therapist's active validation and reframing alongside narrative tracking fosters hope dramatically. Further enhancement of patient hope may result from the addition of strength-oriented treatment modalities, motivational interviewing, and engagement-focused strategies derived from narrative therapy frameworks designed to reduce anxiety for both groups. Interventions aimed at enhancing agency and pathway thoughts (Snyder, 2002) are more likely to be effective in clinically-stifling, anxiety-laden, negative, fear dominated, withdrawal-filled environments. These contexts increase hope as the supporting factor for transdiagnostic treatment. These processes aid in the regulation of emotions, motivation, and the cultivation of resilience.

5.3 *Limitations*

This study is subject to several limitations. The cross-sectional sample lacks the ability to make conclusions regarding causation or the direction of the relationship between hope and anxiety. Drawn from urban clinical settings, the sample may not adequately represent rural or non-clinical populations, which limits generalizability and the external applicability of the findings. As reliable self-report measures can be, they do present some form of bias. More qualitative data from other participants could better represent the experiences of broader populations, though the smaller sample may not fully encompass those experiences. Furthermore, the lack of therapists' perspectives means potential triangulation of hope operating processes within clients was overlooked.

5.4 *Recommendations for Future Research*

Future studies can focus on the longitudinal research design for evaluating the effect of hope in decreasing the level of anxiety symptoms along with explaining the contrasts across different therapeutic approaches available for treatment in anxiety disorders such as CBT, ACT and/or mindfulness. Furthermore, a glance can also be given to different cultural, gender based and socio-economic factors for increasing the validity of the inverse relationship between hope and anxiety. Researchers can also examine any behavioural indicators of hope present in an individual which could alter the accuracy of future analysis.

References

Ai, A. L., & Carretta, H. (2020). Optimism/hope associated with low anxiety in patients with advanced heart disease controlling for standardized cardiac confounders. *Journal of*

Health Psychology, *25*(13-14), 2236–2245.https://doi.org/10.1177/1359105319864633

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders (5th ed., text rev.)*. American Psychiatric Publishing.

Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469–480.https://doi.org/10.1037/0003-066X.55.5.469

Bandura, A. (1997). *Self-efficacy: The exercise of control*. W. H. Freeman.

Bandelow, B., & Michaelis, S. (2015). Epidemiology of anxiety disorders in the 21st century. *Dialogues in Clinical Neuroscience, 17*(3), 327–335.https://doi.org/10.31887/DCNS.2015.17.3/bbandelow

Bartholomew, T. T., Joy, E. E., & Gundel, B. E. (2021). Clients' hope for counseling as a predictor of outcome in psychotherapy. *The Counseling Psychologist, 49*(8), 1126–1146.https://doi.org/10.1177/00110000211033255

Bartholomew, T. T. (2023). *A preliminary examination of therapist hope as a predictor of clients' distress over treatment*. *Journal of Counseling Psychology*, *70*(4), 388–395.https://doi.org/10.1037/cou0000664

Bayan, N. H., Farahani, M. J., Sedaghat, N., Mehrabi, S., & Ramezani, F. (2024). The effect of hope therapy on the management of hemodialysis outcomes: A review article. *Cureus, 16*(2), e54104.https://doi.org/10.7759/cureus.54104

Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. International Universities Press.

Beck, A. T., Steer, R. A., & Carbin, M. G. (1988). Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review, 8*(1), 77-100.https://doi.org/10.1016/0272-7358(88)90050-5

Blatt, S. J., & Levy, K. N. (2003). Attachment theory, psychoanalysis, personality development, and psychopathology. *Psychoanalytic Inquiry, 23*(1), 102-150.https://doi.org/10.1080/07351692309349028

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101.https://doi.org/10.1191/1478088706qp063oa

Bryan, C. J., Rudd, M. D., & Wertenberger, E. (2019). Suicide prevention in primary care: Evidence-based approaches. *American Journal of Psychiatry, 176*(11), 936-947.https://doi.org/10.1176/appi.ajp.2019.18080837

Chan, S. C. Y., Ng, C. W., & Huang, Q. L. (2024). The role of hope in depressive and anxiety symptoms in emerging and older adults: A network approach. *Current Psychology, 43*, 31906–31919.https://doi.org/10.1007/s12144-024-06760-5

Cheavens, J. S., Feldman, D. B., Gum, A., Michael, S. T., & Snyder, C. R. (2006). Hope therapy in a community sample: A pilot investigation. *Social Indicators Research, 77*(1), 61-78.https://doi.org/10.1007/s11205-005-5553-0

Clark, D. A., & Beck, A. T. (2010). *Cognitive therapy of anxiety disorders: Science and practice*. Guilford Press.

Craske, M. G., & Stein, M. B. (2016). Anxiety. *The Lancet, 388*(10063), 3048-3059.https://doi.org/10.1016/S0140-6736(16)30381-6

Corrigan, J. A., & Schutte, N. S. (2023). The relationships between the hope dimensions of agency thinking and pathways thinking with depression and anxiety: A meta-analysis. *International Journal of Applied Positive Psychology, 8,* 211–255.https://doi.org/10.1007/s41042-023-00099-1

Davidson, J. R. (2017). Pharmacotherapy of generalized anxiety disorder. *Journal of Clinical Psychiatry, 78*(6), 839-848.https://doi.org/10.4088/JCP.16r10973

Erikson, E. H. (1982). *The life cycle completed*. New York, NY: Norton.

Etkin, A., Prater, K. E., Schatzberg, A. F., Menon, V., &Greicius, M. D. (2009). Disrupted amygdalar subregion functional connectivity and evidence of a compensatory network in generalized anxiety disorder. *Archives of General Psychiatry, 66*(12), 1361-1372.https://doi.org/10.1001/archgenpsychiatry.2009.104

Feldman, D. B., & Dreher, D. E. (2018). Can hope be changed in 90 minutes? Testing the efficacy of a single-session goal-setting intervention for college students. *Journal of Happiness Studies, 19*(6), 1861–1874.https://doi.org/10.1007/s10902-017-9901-4

Fonagy, P., & Target, M. (2002). Early intervention and the development of self-regulation. *Psychoanalytic Inquiry, 22*(3), 307-335.https://doi.org/10.1080/07351692209348990

Freud, S. (1936). *The problem of anxiety*. Psychoanalytic Quarterly.

Gallagher, M. W., & Lopez, S. J. (2009). Positive expectancies and mental health: Identifying the unique contributions of hope and optimism. *Journal of Positive Psychology, 4*(6), 548-556.https://doi.org/10.1080/17439760903157166

Gallagher, M. W., Marques, S. C., & Lopez, S. J. (2013). Hope and the academic trajectory of college students. *Journal of Happiness Studies, 14*(3), 1163-1180.https://doi.org/10.1007/s10902-012-9367-7

Gallagher, M. W., Long, L. J., Richardson, A., D'Souza, J., Boswell, J. F., Farchione, T. J., & Barlow, D. H. (2020). Examining hope as a transdiagnostic mechanism of change across anxiety disorders and CBT treatment protocols. *Behavior Therapy, 51*(1), 190–202.https://doi.org/10.1016/j.beth.2019.06.001

Goldstein, B. L., Kotov, R., Perlman, G., Hajcak, G., & Klein, D. N. (2015). Testing explanatory models of anxiety in a three-wave longitudinal study. *Journal of Abnormal Psychology, 124*(4), 804-816.https://doi.org/10.1037/abn0000056

Grant, B. F., Saha, T. D., Ruan, W. J., Goldstein, R. B., Chou, S. P., Jung, J., Zhang, H., Smith, S. M., Pickering, R. P., Huang, B., & Hasin, D. S. (2018). Epidemiology of DSM-5 drug use disorder: Results from the National Epidemiologic Survey on Alcohol and Related Conditions–III. *JAMA Psychiatry, 75*(2), 208-216.https://doi.org/10.1001/jamapsychiatry.2017.3222

Hammen, C. (2015). *Stress and depression: The life course perspective*. Springer.

Hofmann, S. G., Sawyer, A. T., Fang, A., &Asnaani, A. (2012). Emotion regulation in anxiety disorders. *Current Psychiatry Reports, 14*(3), 286-293.https://doi.org/10.1007/s11920-012-0272-2

Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2018). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*(6), 593-602.https://doi.org/10.1001/archpsyc.62.6.593

Kleiman, E. M., Beaver, J. K., & Alloy, L. B. (2013). The role of hope and optimism in risk for depressive symptoms: Buffering and interactive effects. *Cognition and Emotion, 27*(2), 314-332.https://doi.org/10.1080/02699931.2012.711088

Kotov, R., Krueger, R. F., Watson, D., Achenbach, T. M., Althoff, R. R., & Bagby, R. M. (2017). The hierarchical taxonomy of psychopathology (HiTOP): A dimensional alternative to traditional nosologies. *Journal of Abnormal Psychology, 126*(4), 454-477.https://doi.org/10.1037/abn0000258

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer.

Lumley, T., Diehr, P., Emerson, S., & Chen, L. (2002). The importance of the normality assumption in large public health data sets. *Annual Review of Public Health, 23*(1), 151–169.https://doi.org/10.1146/annurev.publhealth.23.100901.140546

Mangoulia, P., Kanellopoulou, A., Manta, G., Chrysochoou, G., Dimitriou, E., Kalogerakou, T., & Antoniadou, M. (2025). Exploring the levels of stress, anxiety, depression, resilience, hope, and spiritual well-being among Greek dentistry and nursing students

in response to academic responsibilities two years after the COVID-19 pandemic. *Healthcare, 13*(1), 54.https://doi.org/10.3390/healthcare13010054

Martin, E. I., Ressler, K. J., Binder, E., & Nemeroff, C. B. (2022). The neurobiology of anxiety disorders: Brain imaging, genetics, and neuropeptides. *Depression and Anxiety, 39*(2), 211-228.https://doi.org/10.1002/da.23100

Mielimaka, M., Kealy, D., Sochting, I., &Ogrodniczuk, J. S. (2024). Hope for all? Investigating the moderating effect of social inhibition on the association between hope and outcome in an integrative group therapy program. *Bulletin of the Menninger Clinic, 88*(3), 197–213.https://doi.org/10.1521/bumc.2024.88.3.197

National Institute of Mental Health. (2021). *Anxiety disorders*. Retrieved fromhttps://www.nimh.nih.gov/health/topics/anxiety-disorders

Nosrat Abadi, M., Yousofi Zadeh, D., Movahedi, S., & Hasani Kabutarkhani, F. (2017). The effect of group therapy based on a hope approach on mental well-being, anxiety, depression, and stress in female patients with multiple sclerosis. *International Journal of Philosophy and Social-Psychological Sciences, 3*(4), 1–7. *(Available from Science Arena)*.

Rand, K. L., &Cheavens, J. S. (2009). Hope theory. In S. J. Lopez & C. R. Snyder (Eds.), *The Oxford handbook of positive psychology* (2nd ed., pp. 323-333). Oxford University Press.

Rambod, M., Nassabeh, F., Salmanpour, M., &Pasyar, N. (2024). The mediation role of hope in the relationship of resilience with depression, anxiety, and stress in caregivers of children and adolescents with cancer. *Scientific Reports, 14,* Article 15817.https://doi.org/10.1038/s41598-024-65922-4

Scheier, M. F., & Carver, C. S. (1985). Optimism, coping, and health: Assessment and implications of generalized outcome expectancies. *Health Psychology, 4*(3), 219-247.https://doi.org/10.1037/0278-6133.4.3.219

Scheidegger, A., Gómez Penedo, J. M., Blättler, L. T., Aybek, S., Bischoff, N., &grosseHoltforth, M. (2024). How treatment motivation predicts favorable outcomes in interdisciplinary multimodal pain treatment among patients with chronic primary pain. *Journal of Clinical Psychology in Medical Settings, 31*(1), 48–57.https://doi.org/10.1007/s10880-023-09958-0

Shin, L. M., &Liberzon, I. (2010). The neurocircuitry of fear, stress, and anxiety disorders. *Neuropsychopharmacology, 35*(1), 169-191.https://doi.org/10.1038/npp.2009.83

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Shorey, R. C., & Stuart, G. L. (2017). Hope as a mediator of the association between perceived partner criticism and anxiety among women in substance use treatment. *Substance Use & Misuse, 52*(2), 168–175.https://doi.org/10.1080/10826084.2016.1221139

Snyder, C. R. (1995). Conceptualizing, measuring, and nurturing hope. *Journal of Counseling& Development, 73*(3), 355–360.https://doi.org/10.1002/j.1556-6676.1995.tb01764.x

Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry, 13*(4), 249-275.https://doi.org/10.1207/S15327965PLI1304_01

Spence, S. H., &Rapee, R. M. (2016). The etiology of social anxiety disorder: An evidence-based model. *Behaviour Research and Therapy, 86*, 50-67.https://doi.org/10.1016/j.brat.2016.06.007

Sulistiyani, L., Situmeang, L., Sinaga, M. R., &Payasan, L. G. (2023). The HOPE therapy effect toward depression, anxiety, and stress of tuberculosis patients with multi-drug resistance at Jayapura's healthcare center, Papua. *Journal of Nursing Practice, 8*(1), 35–43.https://doi.org/10.30994/jnp.v8i1.353

Tong, E. M. W., Fredrickson, B. L., Chang, W., & Lim, Z. (2019). Re-examining hope: The roles of agency thinking and pathways thinking. *Cognition and Emotion, 33*(7), 1304–1312.https://doi.org/10.1080/02699931.2018.1541907

Twenge, J. M., Cooper, A. B., Joiner, T. E., Duffy, M. E., & Binau, S. G. (2019). Age, period, and cohort trends in mood disorder indicators. *Journal of Abnormal Psychology, 128*(3), 185-199.https://doi.org/10.1037/abn0000410

World Health Organization. (2022). *International classification of diseases for mortality and morbidity statistics (11th rev.)* [ICD-11].https://icd.who.int/en