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**QUALITY OF LIFE AND PSYCHOSOCIAL ADAPTABILITY
IN INDIVIDUALS WITH ANXIETY**

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LIST OF ABBREVIATIONS

- AFA – Anxiety that facilitates learning
AIA – Anxiety that impedes learning
SAE – Student academic environment adaptation
SAE3c – Satisfaction of needs for personal time management / extrinsic motivation
ASQ – Anxiety Scale Questionnaire
ASQ-Dcog – Cognitive dimension
ASQ-Dcom – Behavioural dimension
ASQ-DS – Somatic dimension
QoL – Quality of life
CG – Control group
EG – Experimental group
MLO-AM – Multilevel Personality Adaptability Questionnaire
MLOAMPPA – Personal adaptive potential
WHO – World Health Organization
UN – United Nations
QOLI – Quality of Life Inventory
LSQ – Life Quality Satisfaction
LSQ-PAr – Personal aspirations and achievements
LSQ-GI – Quality of life according to the general index
STAI – State-Trait Anxiety Inventory
STAI-X1 – State anxiety
STAI-X2 – Trait anxiety

CONCEPTUAL LANDMARKS OF THE RESEARCH

Topicality and importance of the addressed theme. The quality of life and psychosocial adaptability of individuals with anxiety are situated within a particularly relevant scientific context, characterised by the steady increase in the global prevalence of anxiety disorders and by the recognition of their major impact on individual and social functioning. The concept of quality of life covers a broader sphere than individual living standards, referring to all aspects of the conditions in which people live, respectively to all their needs and requirements. The WHO defines quality of life as individuals' 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. From a psychosocial perspective, until recently quality of life was approached exclusively from a material-economic standpoint (income, environmental conditions); at present, however, both nationally and internationally, it constitutes the object of numerous studies that also address dimensions of health and illness, in relation to job satisfaction, general well-being and functioning in the professional sphere. The assessment of quality of life from the perspective of individual and social components represents a reference point for ensuring the integration and harmonious development of the human individual under the changing conditions of contemporary society. At the macro level, quality of life presupposes, first, an understanding of the life situation of both the individual and the entire population; second, an understanding of how individuals relate to these life circumstances and of their subjective experiences; third, an understanding of how the various domains of life are evaluated and what the population's expectations and desires are in relation to them; and finally, how suitable public policies can be identified and formulated in order to improve the population's quality of life [8, p. 22]. According to studies, the analysis of the concept of quality of life from the linear dichotomous perspective of internal factors is carried out by adding personal physical aspects, referred to as individual factors. In the same context, external factors have mainly been associated with social factors that interface the individual's psychological aspects with societal aspects [32]. From the perspective of Marginean [6, pp. 25-30], quality of life is defined by taking into account eight dimensions: standard of living; health; education; personal activities, including working life; political participation and governance; association and social relations; environment; and economic and physical insecurity.

Taking into account the aforementioned aspects concerning the relationship between quality of life and health, the specialised literature emphasises that anxiety disorders affect not only emotional state, but also have extensive implications for quality of life, including domains such as physical and mental health, social relationships, occupational performance and general life satisfaction [28]. The WHO highlights that anxiety disorders are among the most frequent mental conditions, affecting hundreds of millions of people worldwide and contributing significantly to the global burden of disease [40]. In this context, the analysis of the relationship between anxiety, quality of life and psychosocial adaptability becomes not only timely, but essential for substantiating clinical interventions and public policies. Conceptually, anxiety is defined as an emotional state characterised by tension, worry and physiological activation, having both adaptive functions and dysfunctional potential when it becomes excessive or persistent [18]. In individuals with anxiety, numerous empirical studies have demonstrated a significant decrease in quality of life compared with the general population, even in the absence of other comorbidities [33]. This decrease is determined by the avoidance of situations perceived as threatening, by limited social participation and by cognitive distortions associated with anxiety.

On the other hand, psychosocial adaptability, in the conceptions of several authors, refers to the individual's capacity to cope with the demands of the social environment, to maintain functional relationships and to regulate behaviour flexibly. According to contemporary theoretical models, adaptability involves coping processes, emotional regulation and resilience [31]. In the context of anxiety, these processes are often disrupted, leading to difficulties in social integration and to deficient functioning in multiple areas of life.

From a scientific perspective, the topic is also relevant in light of the existing gaps in the specialised literature. Although there are numerous studies that analyse anxiety or quality of life separately, research integrating these variables with psychosocial adaptability is relatively limited; therefore, the present thesis brings original contributions by exploring these relationships within an integrative framework. The increasing prevalence of anxiety disorders, their impact on global functioning and the need for effective interventions fully justify the approach to this issue. Integrating the concepts of quality of life and psychosocial adaptability offers a complex and innovative perspective capable of contributing to the development of knowledge in the field.

Positioning the topic within the international, national and regional concerns of the research community and within an inter- and transdisciplinary context; presentation of the results of previous research.

In describing the essential concepts of the thesis, we analysed the perspectives of national and international research. With reference to these perspectives, we emphasise that we also studied the contents that outline and concretise them: - quality of life - subjective well-being; physical and mental health; social relationships; career satisfaction and professional achievement; material resources and standard of living; - psychosocial adaptability - cognitive flexibility; resilience; social skills; emotional regulation; - individual with anxiety - state and trait anxiety; positive and negative anxiety, etc. Some studies assume existing relationships between quality of life and psychosocial adaptation. In this context, we also refer to the word associations presented by Colby with regard to the concept of quality of life, where it is presented as adaptive potential. The authors emphasise that the level of psychosocial adaptability is influenced by the individual's adaptive resources and by the characteristics of the concrete environment in which the satisfaction of basic needs takes place, within a positive context. This is possible only when the results of the individual's actions are consistent with the requirements of society. The adaptive resources of personality represent a set of psychosocial and individual traits that determine the person's capacity to adapt in specific social situations [apud 20].

Established authors in the fields of clinical and health psychology have highlighted the importance of a multidimensional approach to anxiety. Barlow (2002) emphasises the role of biological and psychological vulnerabilities in the development of anxiety disorders [21], while Beck and Clark (1997) highlight the role of cognitive processes in the maintenance of anxiety [22]. Integrating these perspectives with the analysis of psychosocial adaptability allows a deeper understanding of how individuals manage anxious experiences. In addition, the concept of resilience, closely related to psychosocial adaptability, has become a central focus in recent research. Studies by Connor and Davidson (2003) show that individuals with high levels of resilience have a better quality of life, even in the presence of high levels of anxiety [24]. This finding supports the need to identify factors that facilitate adaptation and enhance quality of life.

Relating the theme “quality of life and psychosocial adaptability of individuals with anxiety” to university education highlights a series of intersections and scientific foundations implicitly reflected in the Education Code of the Republic of Moldova and in Romanian educational legislation. Although these normative acts do not directly address anxiety as a clinical object, they integrate modern principles from adult developmental psychology, health psychology and university pedagogy, which indirectly support the importance of quality of life and psychosocial adaptability among students.

With reference to the niche of this research, we emphasise that, internationally, the issue of anxiety and its impact on quality of life has been intensively investigated in recent decades, particularly in the context of the increasing prevalence of anxiety disorders. WHO-coordinated studies show that anxiety significantly affects daily functioning and subjective well-being, being correlated with decreases in quality of life across all its domains [40]. Research conducted by Olatunji and collaborators demonstrates that individuals with anxiety disorders present significantly lower levels of quality of life compared with the general population [33].

At the same time, Hofmann et al. underline the efficacy of cognitive-behavioural interventions in reducing anxiety symptoms and increasing global functioning [28], which indicates a clear direction for intervention, but does not sufficiently address the component of psychosocial adaptability as a mediating mechanism. From the perspective of psychosocial adaptability, the international literature is grounded in theories of stress and coping, which define adaptation as a dynamic process of appraisal and management of environmental demands [31]. Subsequently, research on resilience complemented this theoretical framework, highlighting the role of protective factors in maintaining mental health under conditions of stress and anxiety [24].

At national and regional levels, interest in this topic is increasing, yet it remains relatively limited compared with the international literature. In the Republic of Moldova, research in the field of psychosocial adaptation has been developed especially in educational contexts and in relation to personality development. For example, O. Paladi highlights the role of value orientations in the process of psychosocial adaptation in adolescents, emphasising the interdependence between individual and social factors [11]; S. Rusnac and N. Musienko emphasise the role of social competences and their impact on students' evaluation of quality of life, also analysing the influence of university programmes on improving these competences, with the consequence of facilitating the process of social adaptation [10; 14]. In Romania, research on anxiety and quality of life is more frequent in the fields of clinical and health psychology. Studies highlight the impact of anxiety on social and professional functioning, as well as its relationship with variables such

as social support, perceived stress and coping strategies. However, integrating these dimensions into a unitary explanatory model remains insufficiently developed. In this context, the topic of the thesis is aligned with the current concerns of the scientific community in the region, contributing to the extension of the conceptual and methodological framework through the integrative approach to the three central variables: quality of life, psychosocial adaptability and anxiety. Nevertheless, a critical analysis of the literature reveals that most studies address the variables quality of life, anxiety and psychosocial adaptability separately, without proposing integrative models that explain the relationships between them. This gap justifies the need for the proposed research, which undertakes to investigate the complex relationships among these variables and to develop a psychological intervention programme aimed at reducing anxiety through the enhancement of psychosocial adaptability and quality of life.

The need to address the topic is grounded in the existence of theoretical and applied gaps in the knowledge of the psychological and social mechanisms involved in the quality of life and psychosocial adaptability of individuals with anxiety, despite the increased incidence of anxiety disorders in contemporary society. Existing approaches are often fragmentary and insufficiently correlated with the individual, relational and contextual factors that influence daily functioning, social integration and subjective well-being in this population category. In the context of socio-economic transformations, professional pressures and changes in the dynamics of interpersonal relationships, anxiety becomes a major vulnerability factor, significantly affecting psychosocial adaptability and the perception of one's own quality of life. Based on the arguments indicated, **the research problem** consists in formulating answers to the following questions: What are the relationships between quality of life and psychosocial adaptability in individuals with anxiety? What are the particularities of quality of life, psychosocial adaptability and anxiety according to psychosocial factors? What is the efficacy of the psychological intervention programme used to reduce anxiety through the enhancement of psychosocial adaptability and quality of life?

The aim of the research consists in identifying the relationship between quality of life and psychosocial adaptability in individuals with anxiety; and in developing and validating a psychological intervention programme for reducing the level of anxiety through the enhancement of psychosocial adaptability and quality of life.

Research objectives: (1) to analyse and synthesise the specialised literature on quality of life, psychosocial adaptability and anxiety; (2) to establish and analyse the levels of development of quality of life, psychosocial adaptability and anxiety, and to determine their particularities according to psychosocial factors; (3) to identify the correlations between quality of life, psychosocial adaptability and personality anxiety; (4) to establish the particularities of quality of life and psychosocial adaptability in individuals with distinct levels of anxiety; (5) to develop and validate a psychological intervention programme for reducing the level of anxiety through the enhancement of psychosocial adaptability and quality of life.

Synthesis of the research methodology and justification of the research methods. Achieving the aim and objectives of the research at the diagnostic and intervention stages required the use of several research methods: **Theoretical methods:** analysis and synthesis of the specialised literature concerning the research problem; the hypothetico-deductive method of interpreting and evaluating research results. **Empirical methods:** - Psychosocial survey; - *Quality of Life Inventory - QOLI*; - *Questionnaire for assessing satisfaction with quality of life* (R.S. Elliot, N. Vodopianova); - *Adaptability Questionnaire, MLO-AM* (A.G. Maklakov, S.V. Chermyanin); - Questionnaire of adaptation to the student environment and academic demands (AMSSA Questionnaire, S. Rusnac et al.); - *Adaptability / flexibility test* (A. Chelcea); - *State-Trait Anxiety Inventory, STAI*, Spielberger; - Test for *self-assessment of thoughts in social interactions* (developed by Glass et al.); - *Academic anxiety assessment questionnaire* (Alpert-Harber); - *ASQ Questionnaire for anxiety assessment* (Lehrer and Woolfolk); - *Free association method* (free evocation); - *Aromatesting* (complementary research instrument - investigation from the perspective of psychoaromatherapy). **Mathematical and statistical methods** (SPSS-26): quantitative and qualitative analysis; t-test for two independent samples (Independent-Samples T-Test); verification of the assumption of equality of variances: Levene's Test; primary test: ANOVA for independent samples; post-hoc test: Tukey HSD for comparing means between groups; Pearson correlation and Pearson linear correlation coefficients (r); backward stepwise multiple regression; Wilcoxon test; Mann-Whitney test.

General research hypothesis. We assume that there is a relationship between quality of life, psychosocial adaptability and personality anxiety; that the level of anxiety significantly influences quality of life and psychosocial adaptability, these relationships being modulated by psychosocial factors; and that psychological interventions can reduce anxiety and enhance psychosocial adaptability and quality of life.

Scientific novelty and originality. This thesis represents one of the first studies concerning the

relationship between quality of life, psychosocial adaptability and personality anxiety, adopting a *complex* investigative approach (quantitative and qualitative), an *interdisciplinary* approach (in relation to other psychological sciences: personality psychology, social psychology and educational psychology through the analysis of psychosocial factors), and an *applied* approach, through the development, implementation and validation of the efficacy of a psychological intervention programme. The investigative approach aims to determine the relationships between quality of life, psychosocial adaptability and personality anxiety; to identify students' perceptions of the concepts of quality of life and psychosocial adaptability; to identify the particularities of quality of life, psychosocial adaptability and anxiety according to psychosocial factors, as well as the particularities of quality of life and psychosocial adaptability in individuals with distinct levels of anxiety.

Theoretical significance of the research concerns the completion of the theoretical-scientific framework with syntheses from the specialised literature on the issues of quality of life, psychosocial adaptability and anxiety. These refer to the types and particularities of quality of life, and to the specific particularities of psychosocial adaptability and anxiety. The author's own contributions to the structuring of theoretical syntheses are specified by presenting and analysing recent studies on the research topic that contributed to outlining a *theoretical explanatory model of the relationship of quality of life with psychosocial adaptability and anxiety*; and to developing working definitions for quality of life, psychosocial adaptability and anxiety in the context of the present thesis. The results of this research consolidate the theoretical aspects of general psychology.

The applied value of the research lies in the study of quality of life, psychosocial adaptability and anxiety; in identifying the particularities of the thesis's basic concepts from the perspective of psychosocial factors: country of origin of the experimental subjects (cultural perspective), gender, background environment, level of studies, university cycle, year of study, age, use of essential-oil aromas, and types of essential oils used; in identifying students' perceptions regarding quality of life and psychosocial adaptability; in developing *the explanatory praxiological model regarding the relationships of quality of life with psychosocial adaptability and anxiety*; in identifying *the personality profile with different levels of anxiety from the perspective of quality of life and psychosocial adaptability*; and in developing and validating the psychological intervention programme *Reducing the level of anxiety through the enhancement of psychosocial adaptability and quality of life*. The experimental data will be useful to researchers, psychologists, psychotherapists, students and other persons interested in this subject.

Approval of the scientific results. The results of the theoretical-experimental research were presented, discussed and validated in the meetings of the Department of Psychology within Moldova State University, as well as at national and international scientific conferences and in scientific journals. The obtained results are published in 9 scientific papers.

Summary of the thesis sections. The thesis comprises annotations, an introduction, 3 chapters, general conclusions, 155 pages of main text, a bibliography consisting of 255 titles, and 15 appendices. The text of the thesis is illustrated by 53 tables and 18 figures.

Keywords: quality of life, psychosocial adaptability, anxiety, state anxiety, trait anxiety, psychoaromatherapy, psychosocial factors.

CONTENT OF THE PhD THESIS

The Introduction argues the topicality and importance of the addressed theme, its integration into international and national concerns, as well as the relevance of previous research results. The aim, objectives, research problem and instruments used are presented, highlighting the relevance of investigating the dimensions of quality of life and psychosocial adaptability in individuals with anxiety. The summary of the thesis sections is reflected, and the general structure and content of the work are presented.

Chapter 1. Theoretical foundations of quality of life, psychosocial adaptability and anxiety contains subchapters that explain the basic concepts of the thesis. In the first subchapter, Historical incursions into the concept of quality of life, the concept of quality of life is presented and analysed from a historical perspective through several disciplines. The World Health Organization defines quality of life as individuals' perception of their own situation in the social context, taking into account the cultural values of the environment in which they live, as well as their needs, standards and personal aspirations [38]. Quality of life defines a concept through which living conditions, the standard of living, and the population's standard and style of life can be assessed in all their complexity [15, p. 92].

I. Marginean states that concerns regarding quality of life did not arise from the very logic of scientific development, but were imposed on it from outside, representing the response to a particular crisis of growth specific to contemporary society [7-9]. In Farquhar's conception, quality of life is the most

multidisciplinary term in current use. In the author's views, the concept of quality of life is studied from the perspective of several disciplines: psychology, philosophy, medicine, economics, environmental sciences and sociology [apud 15, p. 92]. In the Republic of Moldova, quality of life has been approached especially from an economic perspective (A. Cojuhari, S. Gorobievschi) and a sociological perspective (T. Danii). According to the latter researcher, quality of life represents a socio-economic concept through which the living conditions, standard of living, standard and lifestyle of the population of the Republic of Moldova can be assessed in all their complexity [12; 15]. In Romania, in 1990, the Research Institute for Quality of Life was established, with the objectives of conducting research in the field of quality of life in the context of the political, economic and social transformations after 1989, and of developing methodologies for assessing the level of quality of life. Multidisciplinary contributions from economics, sociology, medicine, psychology and political science have enabled the refinement of the concept and its operationalisation through increasingly sophisticated indicators, capable of capturing both objective living conditions and individual perceptions and evaluations. Within this framework, contemporary theories of well-being, such as the capabilities approach or multidimensional evaluation models, underline that the level of quality of life cannot be reduced to material prosperity, but reflects the freedom, opportunities and capacity of individuals to build a valued life. Thus, the concept of quality of life is asserted as an essential reference point for scientific research and for the substantiation of public policies, offering a relevant analytical framework for understanding and improving the living conditions of the population in contemporary societies. From a psychosocial perspective, quality of life is profoundly influenced by processes of adaptation and social integration. The transactional model of stress and coping developed by Lazarus and Folkman highlights that cognitive appraisal of life situations and the coping strategies used directly influence the perception of quality of life [31]. This perspective is essential for understanding the relationship between quality of life and psychosocial adaptability, suggesting that individuals do not react passively to living conditions, but interpret and manage them actively. Complementing the historical incursion, contemporary psychological literature emphasises that "quality of life" cannot be understood exclusively through objective indicators, but requires an approach centred on the individual's subjective experience.

The chapter **Definitions, models, factors and dimensions of quality of life** presents an exhaustive analysis of the specialised literature concerning scientific research and explanatory models of the concept. The defining elements of quality of life are analysed in accordance with the perspectives of foreign and local authors. According to I. Marginean, quality of life is defined through a set of factors that include the physical, economic, social, cultural, political and health conditions in which people live. It also refers to the nature and content of the activities carried out, the social relations and processes in which individuals participate, access to goods and services, consumption patterns, as well as mode and lifestyle. The assessment of these aspects is made in relation to the population's expectations, including subjective perceptions of satisfaction or dissatisfaction, happiness or frustration, and the extent to which the results of activities fulfil these expectations [8]. Several authors have proposed definitions of the concept of "quality of life"; however, there is no universally agreed definition. Lawton [30, p. 350] proposed a detailed and surprisingly current description of the concept 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 yet 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, both normative and objective and subjective indicators are used to measure the individual's physical, social and emotional functioning.

The researcher I. Marginean (1991), in a study published in the journal "Calitatea vietii" [Quality of Life], presents a list of word associations related to this concept, proposed by various authors. Among these are: - the conditions necessary for happiness - McCall (1975); - subjective satisfaction - Terhune (1973); - adaptive potential - Colby (1987); - the extent to which a person fulfils his or her goals in life - Cella, Cherin (1987); - the meaning of one's life for each person - Zamfir (1993); - the subjective importance attributed to life - Jolles, Stalpers (1978). Quality of life also refers to physical, psychological and social well-being, and the capacity to carry out ordinary tasks in daily existence [apud 6]. At the theoretical level, the analysis of the concept of quality of life has led to a definitional rapprochement between this construct and the notion of subjective well-being, due to the integration within their conceptual sphere of life satisfaction and positive and negative emotions. 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 status, level of education and others [29]. Harper and Power,

in 1998, provided a more theoretical definition of the notion of “quality of life”, a definition also adopted by the WHO, stating that “Quality of life is the individual's perception of his or her position in life in the context of the culture and value systems in which he or she lives and in relation to his or her goals, expectations, standards and concerns”. All these definitions offer researchers a general understanding of the concept of quality of life; nevertheless, they do not clarify how the various factors included in quality-of-life definitions interact to construct a coherent framework in which this concept can be understood and applied [37, p. 557]. As can be seen from the definitions presented above, there is no universal consensus among researchers regarding a single definition of quality of life. It is not surprising that some researchers have avoided proposing a clear definition of this concept. An analysis conducted by Gill and Feinstein [27, p. 622], which randomly reviewed studies on quality of life, showed that only 15% of them provided an explicit definition.

As a principle, the WHO proposed measuring quality of life in six distinct domains, namely: physical health, psychological health, independence, social relationships, environment, and personal beliefs / spirituality / religion. Each of these domains assesses a particular dimension of the human being, as follows: the physical health domain evaluates physical symptoms, including pain and discomfort, energy level and fatigue, as well as the quality of sleep and rest. The psychological domain analyses the intensity of positive emotions, thinking, learning, memory and concentration abilities, self-esteem, body image, and the experience of negative feelings such as depression and anxiety. The European Commission evaluates nine dimensions of quality of life, each dimension having its own sub-dimensions: 1) material living conditions; 2) productive or main activity; 3) health; 4) education; 5) leisure and social interactions; 6) physical and economic safety; 7) governance and fundamental rights; 8) natural and living environment [2]. The theoretical models presented, from classical to contemporary ones, underline the need for a holistic approach that includes both the objective dimensions of existence and subjective evaluations of life satisfaction, happiness and personal meaning.

In the subchapter **Psychosocial adaptability: theoretical approaches**, the authors' conceptions regarding psychosocial adaptability are presented, which we consider to be related to quality of life. In general, when describing the adaptation process, it is necessary to follow the changes that occur in personality with reference to 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 is achieved, it is essential to analyse the interactions between the individual and others, as well as the individual's relations with the entire social environment, which imposes numerous demands. A set of social factors, in continuous interaction, influences the individual's level of adaptation [4]. Moreover, we consider that, from the perspective of contemporary societal approaches, the quality of life of the personality is directly related to psychosocial adaptability. We also refer to the word associations presented by Colby (1987) concerning the concept of quality of life, where it is presented as adaptive potential.

Compared with biological adaptation, psychosocial adaptation has several distinct characteristics: 1. Psychosocial adaptation is achieved mainly through adjustment to a continuously changing environment, which requires shifting the focus of research from the state of adaptation to the characteristic of personality adaptability. 2. The process of psychosocial adaptation has no clear boundaries and unfolds throughout the entire course of human ontogenetic development. 3. Psychosocial adaptation is distinguished by a remarkable individualisation and uniqueness of adaptive modalities. 4. An essential aspect of psychosocial adaptation is the high degree of implementation of the function of active transformation, both of the personality and of the environment. 5. The process of psychosocial adaptation is rather an equal interaction between parties than a simple accommodation of the individual to the environment. 6. The main purpose of psychosocial adaptation is not exclusively adaptation, but the individual's self-realisation. In this context, recent research places particular emphasis on the impact of rapid social changes in recent years on quality of life, psychosocial safety and individuals' social integration [1]. This approach reflects the importance of valuing human and social capital in analysing strategic directions of adaptation.

Popescu-Neveanu classifies adaptation into three types: sensory, psychological and social. Psychological adaptation is understood in the sense proposed by J. Piaget, while social adaptation refers to the individual's adjustment to the environment in accordance with the behavioural patterns specific to that environment and to maintaining a balance between social assimilation and accommodation [apud 11]. O. Paladi [11] defines psychosocial adaptation as a process of interaction between the individual and the environment, which involves adjusting individual value orientations according to predominant social values. This adaptation presupposes the integration of regulatory factors into the formation of a system of personal values that supports the development of the individual's adaptive potential and effective

accommodation to new living conditions. Studies carried out by Russian researchers [apud 11] focus on personality adaptability as a dynamic trait rather than a fixed state of adaptation. Adaptability, in the present context, is linked to the characteristics of motivational needs and allows the cohesion of personality to be maintained in the face of external changes. The development of social competences aimed at adaptive behaviour creates the premises for maintaining mental health and ensuring a high level of quality of life [17]. Better adaptability to changing environmental conditions is ensured by a high level of social competences. The absence of social competences necessary for the human individual to interact harmoniously with society leads to disturbances in interpersonal relationships [34], loss of external support provided by the surrounding environment, difficulties in goal setting, which in turn will substantially affect quality of life.

The concept of anxiety: definitions, theories. In this research, we analysed various studies concerning the concept of anxiety. According to the WHO, the number of people affected by anxiety and depressive disorders is continuously increasing. WHO experts mention that “a problem of major proportions” regarding the significant future increase in adults with mental health problems will arise if urgent measures are not taken to help children and adolescents who currently present manifestations of anxiety. Throughout the evolution of psychology as a science, anxiety is most often described as: 1. a vague, diffuse affective state of unrest and pressure, unmotivated, without a specified object or disproportionate to the objective factors that categorically determine it, and producing discomfort; 2. a stable personality trait or tendency to perceive the surrounding world as a threat and imminent danger [3; 4; 13; 16; 35; 36 et al.].

Ch. Spielberger defines state anxiety as a transient response to a stressful situation, a response that involves feelings of tension, fear and various physiological changes. Trait anxiety is a stable personality characteristic that predisposes the person to the state of anxiety when under the influence of stress. Ch. Spielberger demonstrates that those who manifest state anxiety also show trait anxiety. In his works, R. Martens supports Ch. Spielberger's ideas and emphasises that state anxiety is the concrete or usual emotional level, characterised by a feeling of apprehension and tension, associated with activation of the organism and having a negative effect on behaviour. Trait anxiety is the predisposition to perceive certain stimuli in the environment as threatening or non-threatening and to respond to them with different levels of state anxiety [35-36]. According to researchers C. Tudose and F. Tudose, anxiety is frequently encountered throughout life and contributes to activating the body's alert mechanisms and preparing for action. Thus, when facing a new situation, anxiety helps the individual adapt better. The same approach can be identified in the ideas of E. Muntean and T. Sirbuletu. For them, anxiety as an emotion at a normal level is adaptive and necessary for survival. Through its mechanisms, it directs attention and the organism towards anticipating, overcoming or preventing situations that endanger us, mobilising cognitive and somatic resources for overcoming problems, obstacles or achieving goals. However, when the associated fear is overwhelming and continuous, the energy expenditure mobilised far exceeds the benefits obtained.

According to several psychologists, the appearance and development of anxiety cause a series of changes that occur in the organism of the person experiencing it, in his or her way of thinking and in behaviour [35-36 et al.].

Distinguishing anxiety from fear, as well as differentiating adaptive anxiety from maladaptive anxiety, represents an essential aspect emphasised by many authors. In its moderate forms, anxiety has a functional and adaptive role, contributing to the mobilisation of cognitive and behavioural resources necessary for confronting new or potentially dangerous situations. However, when the intensity, duration and frequency of anxious manifestations exceed the individual's self-regulation capacity, anxiety becomes a disruptive factor, with negative consequences for academic, professional and relational performance and for quality of life. The typologies of anxiety reflected in this thesis derive from the psychometric instruments administered, which are explained by empirically validated theoretical models that conceptualise anxiety as a multidimensional phenomenon, differentiated according both to its stability over time and to its functional role or modes of manifestation.

Particularities of quality of life, psychosocial adaptability and anxiety in the student's personality is the subchapter that concludes the theoretical approach of the thesis. Quality of life represents a construct that integrates subjective perceptions regarding physical, psychological and social well-being, as well as cognitive evaluations of life satisfaction. Among students, this concept acquires specificity due to the transition to adult life, characterised by identity restructuring, academic pressures and complex social adjustments. Determinant factors include individual variables (personality, coping, resilience), contextual variables (university climate, social support, socio-economic conditions) and cultural variables [26; 39]. At the same time, students constitute a population category with increased vulnerability to manifestations of stress, anxiety and depression, phenomena that can significantly affect the subjective perception of quality

of life and general functioning. These aspects underline the importance of interventions aimed at promoting mental health and well-being in the university environment [23 et al.]. The university transition involves separation from family, reorganisation of social networks and assumption of responsibilities. The concept of “emerging adulthood” describes this stage as one of exploration and instability [18]. Effective adaptation to the university environment is an essential predictor of quality of life: adaptation difficulties increase stress and negative symptomatology, while social integration and active involvement increase satisfaction. Psychosocial adaptability represents the capacity to efficiently integrate academic, social and personal demands while maintaining psychological balance. It influences quality of life, mental health and academic performance [26; 39] and is correlated with adjustment and socio-emotional competence [20]. Anxiety is frequently associated with low self-esteem, manifested through lack of confidence and self-devaluation. This leads to relational difficulties, depression and social anxiety, characterised by fear of negative evaluation. Affected persons display self-criticism, fear of rejection and a tendency towards social comparison, which amplifies anxiety. Social isolation appears progressively, and negative perceptions of self and others maintain the vicious circle of anxiety. Social anxiety affects interpersonal relationships, friendships and romantic relationships, reducing satisfaction and intimacy [29; 38].

In this context, we note that the analysis of the specialised literature demonstrates the existence of studies that present the particularities of quality of life, psychosocial adaptability and anxiety separately. Moreover, the conception of the initiated research outlines the theoretical explanatory model (Figure 1) that is to be used in the thesis.

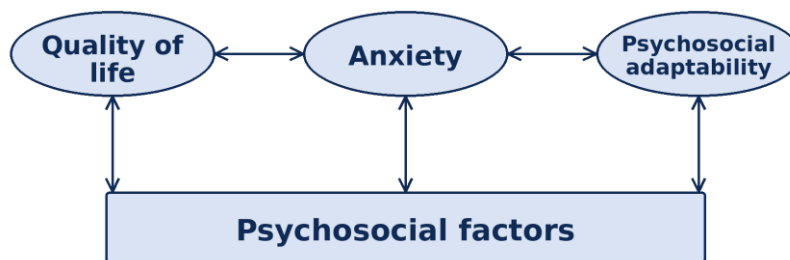


Fig. 1. Theoretical explanatory model of the relationship of quality of life with psychosocial adaptability and anxiety [personal contribution]

The hypothetical theoretical explanatory model of the relationship between quality of life, psychosocial adaptability and anxiety proposes a systemic and interactive perspective on students' psychological functioning. Within this hypothetical model, the three constructs are interdependent and mediated by various psychosocial factors.

Anxiety is conceptualised as a variable with a bidirectional role, influencing both psychosocial adaptability and quality of life. Increased levels of anxiety affect cognitive processes, emotional regulation and social behaviours, reducing the individual's capacity to respond effectively to academic and relational demands. Thus, anxiety diminishes psychosocial adaptability by favouring avoidance, isolation and hypervigilance towards social evaluation. At the same time, the perception of a low quality of life (dissatisfaction, persistent negative affect, feelings of inadequacy) can amplify vulnerability to anxiety, generating a negative self-regulatory vicious circle.

Psychosocial adaptability functions in the model as a mediating mechanism between anxiety and quality of life. Students who possess developed socio-emotional competences, resilience and effective coping strategies are able to attenuate the impact of anxiety on daily functioning. Effective adaptation to the university environment (social integration, autonomy, sense of competence) contributes to increased life satisfaction and to maintaining psychological balance.

Quality of life, in turn, influences adaptability through the way the individual evaluates his or her resources and perspectives. A positive perception of one's own life strengthens motivation, involvement and cognitive flexibility, facilitating adjustment to challenges. Psychosocial factors represent the foundation of the model, having the role of predictors and moderators of the relationships between variables. Social support and a positive academic climate reduce the impact of anxiety and support adaptation, whereas risk factors may accentuate imbalances. Overall, the model highlights the circular and multidimensional dynamics of the relationship between anxiety, psychosocial adaptability and quality of life in students.

We consider the following essential ideas formulated in **the conclusions, subchapter 1.6**, to be important:

1. Quality of life represents a dynamic and integrative construct, resulting from the interaction of psychological, social, economic and cultural factors, whose varied definition reflects the complexity of human well-being. From a psychological perspective, it expresses the subjective evaluation of one's own existence, influenced by life satisfaction, emotional state, personal meaning and adaptive capacity, in correlation with objective conditions. The historical evolution of the concept highlights the transition from philosophical and economic approaches to holistic models supported by multidisciplinary indicators. Thus, quality of life goes beyond material prosperity, reflecting the freedom, opportunities and capacity of individuals to build a meaningful life, constituting an essential reference point for research and policies oriented towards well-being and providing a coherent framework for developing effective interventions in the promotion of contemporary sustainable mental and social health. For the present thesis, *we consider the following definition appropriate*: **quality of life** represents a multidimensional and subjective construct that reflects the individual's cognitive and affective evaluation of his or her own existence in relation to emotional well-being, psychological functioning, level of life satisfaction, capacity to adapt to environmental demands, and fulfilment of personal needs, values and aspirations within the specific socio-cultural context. It integrates both the person's internal experiences (emotions, perceptions) and interaction with external factors (social relationships, roles), emphasising that psychological well-being is not determined exclusively by material conditions, but by the way in which the individual uses personal resources and capacities to live a life perceived as fulfilled and meaningful.

2. The analysis of the concepts of psychosocial adaptation and psychosocial adaptability highlights their dynamic, complex and complementary character in explaining the individual-environment relationship. Psychosocial adaptation is conceived as a continuous process of active interaction, oriented not only towards maintaining functional balance, but also towards personality development and self-realisation. It involves successive stages, with emotional, cognitive and behavioural changes, and is deeply dependent on the specific social context. By contrast, psychosocial adaptability reflects the individual's internal potential to cope with changes, being associated with psychological resources such as social competences, value orientations, emotional intelligence and coping strategies. The specialised literature emphasises the close relationship between adaptability and quality of life, demonstrating that a high level of adaptability favours mental health, social integration and subjective well-being. Thus, psychosocial adaptability emerges as an essential indicator of optimal functioning in contemporary society. We consider that, in the context of the present thesis, **psychosocial adaptability** represents the individual's dynamic capacity to regulate cognitive, emotional and behavioural reactions in relation to the demands of the social environment, through the efficient use of personal and social resources, in order to maintain psychological balance, social integration and optimisation of quality of life. In the context of anxiety (state and trait), it is manifested through the flexibility of coping strategies, distress tolerance and appropriate management of negative emotions, having a protective and facilitative role for subjective well-being.

3. Anxiety emerges as a complex psychological construct, manifested both as a transient state dependent on the situation and as a relatively stable personality trait. The analysis of definitions highlights common elements such as anticipation of a diffuse danger, insecurity, physiological activation and a feeling of helplessness. In its moderate forms, anxiety has an adaptive role, mobilising the individual's resources; however, when it becomes excessive and persistent, it significantly affects functioning and quality of life. In this context, we developed a *working definition* according to which **anxiety** is defined as a 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 transient state dependent on context (state anxiety) and as a relatively stable personality trait (trait anxiety), which predisposes the individual to interpret situations as threatening; the intensity, frequency and duration of anxious manifestations determine their adaptive or maladaptive character, influencing self-regulation capacity, psychosocial functioning and the overall level of quality of life. Based on the theoretical framework and the psychometric instruments used in the thesis, chapters two and three address anxiety, with emphasis on the distinction between state and trait anxiety according to Spielberger's model. At the same time, the empirical analysis integrates the functional valences of anxiety, highlighting both facilitating and debilitating forms in the academic context. Likewise, the cognitive, somatic and behavioural components of anxiety are examined, as well as its manifestations in social interactions, by reference to positive and negative anxiety, thereby outlining an integrative, applied and differentiated approach to the studied phenomenon.

Chapter 2. **Quality of life and psychosocial adaptability in individuals with anxiety: diagnostic study** includes the subchapters that describe the actions carried out in the diagnostic experiment. Thus, in

subchapter 2.1. **Design and methodology of the diagnostic research**, the research aim, objectives and hypotheses are presented, along with a detailed description of the psychometric instruments used in the research and justifications for the selection of the research instruments.

The aim of the research consists in identifying the relationship between the level of quality of life and psychosocial adaptability of students with anxiety. In this context, we refer to the detailed study of the particularities of quality of life, psychosocial adaptability and anxiety according to psychosocial factors. The research aim was reflected in objectives such as: - establishing and analysing the levels of development of quality of life, psychosocial adaptability and anxiety, and determining their particularities according to psychosocial factors; - identifying the correlations between quality of life, psychosocial adaptability and personality anxiety; - establishing the particularities of quality of life and psychosocial adaptability in individuals with distinct levels of anxiety.

In accordance with the research aim and objectives, the following stages were carried out from the outset for the practical undertaking: selection and implementation of psychometric instruments for diagnosing the particularities of quality of life, psychosocial adaptability and anxiety; interpretation and entry of results into the Excel database; qualitative and quantitative analysis of the research results.

We consider it important to specify the particularities of quality of life, psychosocial adaptability and anxiety according to psychosocial factors. Thus, we indicate below all the variables between which differences were analysed: country of origin of the experimental subjects; gender; background environment; level of studies, university cycle, year of study; age; use of essential-oil aromas; types of essential oils used.

In this context, **the operational hypotheses of the research** were formulated. In order to increase the methodological coherence and logical clarity of the approach, the hypotheses were restructured by grouping them according to the main factors: (A) relationships between central psychological variables, (B) socio-demographic and educational factors, (C) specific lifestyle and health factors.

A. Hypotheses regarding the relationships between the fundamental psychological variables: 1. The level of quality of life correlates negatively with anxiety (state and trait, as well as its cognitive, somatic and behavioural dimensions) and positively with psychosocial adaptability. 2. Psychosocial adaptability and quality-of-life factors have a negative predictive role regarding maladaptive forms of anxiety (debilitating, negative anxiety) and a positive or moderate predictive role regarding adaptive forms of anxiety (facilitating, positive anxiety).

B. Hypotheses regarding the influence of socio-demographic and educational factors: 1. There are significant differences in the level of psychosocial adaptability, quality of life and anxiety depending on the variables (country of origin; gender; background environment; level of studies, university cycle (Bachelor's/Master's) and distribution by years of study (Bachelor's: year I, II, III; Master's: year II); age (18-21 years, 22-34 years, over 35 years); use of essential-oil aromas (users/non-users of aromas); types of essential oils used (lavender/bergamot/ylang-ylang/several types/others/not used)), students with higher levels of educational maturity and life experience presenting better adaptability and lower levels of anxiety.

C. Hypotheses regarding the influence of lifestyle and health factors: 1. The use of self-regulation strategies (including aromatherapy) is associated with higher levels of psychosocial adaptability and quality of life, and with lower levels of anxiety.

We next present the blocks of psychometric instruments that describe the basic variables: quality of life, psychosocial adaptation and anxiety.

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

Research variables	Psychometric instruments
<i>1. Block of psychometric instruments describing quality of life</i>	- <i>Quality of Life Inventory;</i> - <i>Questionnaire for assessing satisfaction with quality of life (R.S. Elliot, adapted by N. Vodopianova);</i>
<i>2. Block of psychometric instruments describing psychosocial adaptation</i>	- <i>Adaptability Questionnaire, MLO-AM (A.G. Maklakov, S.V. Chermyanin);</i> - <i>Questionnaire of adaptation to the student environment and academic demands (AMSSA Questionnaire, S. Rusnac);</i> - <i>Adaptability / flexibility test (A. Chelcea);</i>
<i>3. Block of psychometric instruments describing anxiety</i>	- <i>State-Trait Anxiety Inventory STAI, Spielberger;</i> - <i>Test for self-assessment of thoughts in social interactions (Glass et al.);</i> - <i>Academic Anxiety Assessment Questionnaire (Alpert-Harber);</i> - <i>ASQ Questionnaire for anxiety assessment (Lehrer and Woolfolk)</i>

The selection of the research instruments used in the present thesis 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 dimension of the investigated phenomena.

The description of the sample is presented in detail in subchapter 2.2. **Characteristics of the research sample.** The sample consisted of **420 subjects**, selected voluntarily and anonymously, according to the ethical principles of psychological research, all of whom were students enrolled in higher education institutions in Romania and the Republic of Moldova: from 2 university-level education institutions, one institution in Bucharest and one institution in Chisinau Municipality. The diagnostic research was carried out between October 2024 and May 2025. The subjects were informed about the aim of the research and the content of the psychometric instruments used, and their consent to participate was requested. Test administration was accompanied by explanations regarding the completion procedure. Participation in the research was exclusively voluntary, and it was specified that all data and responses were confidential. The sample meets the necessary conditions to be representative.

In subchapter 2.3. **Results of the diagnostic study: perceptions regarding quality of life and psychosocial adaptability**, the qualitative analysis of free-association data concerning the concepts “quality of life” and “psychosocial adaptability” in students' perceptions is presented.

In subchapter 2.4. **Levels of manifestation of quality of life, psychosocial adaptability and anxiety (according to psychometric instruments)**, the analysis of the results is presented for: the block of psychometric instruments describing quality of life; the block of psychometric instruments describing psychosocial adaptability; and the block of psychometric instruments describing anxiety. We next present a sequence of the results obtained regarding the levels of development of the variables.

The block of psychometric instruments describing quality of life. By administering the **Quality of Life Questionnaire** (Michael B. Frisch), we determined the level of development of quality of life (general index) through the following components: *health; self-esteem; goals and values; money; work; play; learning; creativity; helping; love; friends; children; relatives; home; neighbourhood; community.* The results for the general quality-of-life index are presented in Figure 2.

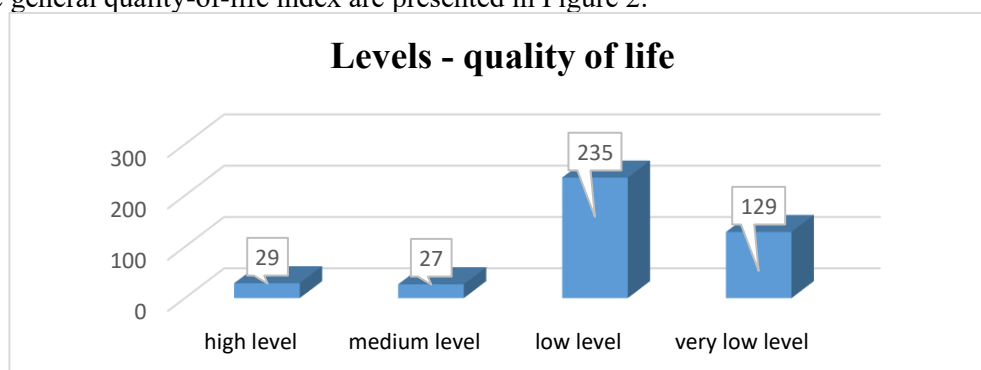


Fig. 2. Level of development of the general quality-of-life index (QOLI)

Figure 2 presents the frequency distribution for the levels of quality of life reported by participants, according to the scores obtained in the QOLI inventory. Percentages are calculated both in relation to the entire sample (Percent) and in terms of valid shares for each category (Valid Percent), with the cumulative percentage highlighted (Cumulative Percent). The results indicate a strongly imbalanced distribution, oriented towards the lower levels of quality of life: - A high level of quality of life was reported by 29 participants (6.9%), suggesting a very small minority with a globally positive perception of their own existence; - A medium level is present in 27 participants (6.4%), denoting an even smaller segment located in a zone of relative balance between satisfaction and dissatisfaction; - A low level characterises 235 participants (56.0%), representing the majority of the sample. This indicates that negative perceptions of quality of life predominate significantly, with possible clinical and social implications; - A very low level is found in 129 participants (30.7%), a worryingly high proportion suggesting marked deterioration of the psychosocial state and an increased probability of associations with emotional, cognitive or adaptive difficulties. Analysing the cumulative percentages, it can be observed that approximately 69.3% of respondents fall into the low and very low levels, which confirms the general tendency towards a negative perception of quality of life in the investigated sample.

Another psychometric instrument administered was **the Questionnaire for assessing satisfaction with quality of life**, developed by *R.S. Elliot and adapted by N. Vodopyanova.* According to this

instrument, we determine 9 subscales/domains and the general quality-of-life index. The subscales are: *work (career)*; *personal aspirations and achievements*; *health*; *communication with friends (close persons)*; *social support*; *optimism*; *psychological balance*; *self-control*; *emotional states*. The integrated analysis of the LSQ domains highlights a generally relatively favourable profile, but one marked by significant vulnerabilities. The domains “Work/Career” and “Personal aspirations and achievements” register the highest levels of satisfaction, most respondents reporting positive perceptions, which indicates good professional integration and a sense of personal progress. These dimensions function as protective factors for emotional balance and psychosocial adaptability. By contrast, the “Health” domain reveals a less favourable distribution, with a majority situated at low and medium levels, suggesting a fragile perception of physical and psychological well-being. Interpersonal relationships and social support show predominantly positive trends; however, the considerable proportions of medium and low levels indicate the existence of risk areas regarding social integration and emotional support. Internal psychological dimensions, such as optimism, psychological balance, self-control and emotional states, reveal pronounced vulnerability, with most participants situated in intermediate or deficient zones. The general score confirms this heterogeneous profile: although there is a consistent core of positive adaptation, a fragile balance predominates, exposed to the influences of stress and anxiety, which underlines the need for systematic psychological interventions.

The block of psychometric instruments describing psychosocial adaptability. The **Adaptability Questionnaire**, MLO-AM, developed by A.G. Maklakov and S.V. Chermyanin, determines the adaptive capacity of personality based on psychosociology and on certain physiological characteristics reflecting general neuro-cardio-psyche and social developmental features. By analysing the results obtained, we identified essential elements for each of the test scales. The results suggest that the investigated sample presents a moderate-to-fragile adaptability profile, with a considerable proportion of participants in the psychosocial risk zone (almost 40% with low potential). This distribution has major implications: it underlines the direct link between anxiety and adaptive potential; confirms that psychological interventions should target the development of coping competences, resilience and emotional self-regulation; and shows that the limited segment with high adaptive potential may constitute a model group for identifying protective factors.

Neuropsychic stability is a fundamental indicator of mental health and psychosocial functioning. The results reveal a problematic profile of the “Moral norms” dimension: the partial evaluation level predominates (93.3%), which denotes an incomplete understanding of social norms and roles; only a very small minority (2.1%) demonstrate mature moral consciousness and solid social integration; the 4.5% group that cannot assess its place and role in the collective indicates a particular vulnerability to psychosocial maladaptation. This distribution underlines the need for educational and psychosocial interventions focused on developing moral awareness, understanding social norms and assuming responsibilities, and promoting cohesion and social integration.

Another questionnaire administered to the experimental subjects was **the Questionnaire of adaptation to the student environment and academic demands**, developed by S. Rusnac together with other researchers. This is an instrument for assessing the impact of the micro-, meso- and macrosocial changes faced by young people in the process of entering the academic environment.

The questionnaire contains 3 scales that describe: satisfaction of socio-communicative needs; satisfaction of ecosocial needs; satisfaction of socioeconomic needs; satisfaction of needs for communication with relatives and friends; satisfaction of needs for communication with faculty colleagues; satisfaction of needs for communication with teaching staff; satisfaction of needs for professional identification; satisfaction of needs for professional training; satisfaction of needs for personal time management. The integrated analysis of adaptation at the macro-, meso- and microsocio levels highlights a complex profile of comfort/discomfort, marked by relative balance, but also by significant vulnerabilities. At the macrosocial level, satisfaction of socio-communicative and ecosocial needs indicates a polarisation between high and medium adaptation, suggesting that although solid relational resources exist, an important proportion of participants experience difficulties in social and community integration. The socioeconomic dimension appears as a major source of instability, with most participants situated at medium or low levels, which amplifies the risk of stress and anxiety. At the mesosocial level, communication with relatives, friends, colleagues and teaching staff reflects predominantly medium functioning, characterised by functional but insufficiently consolidated relationships, which may limit emotional support and academic integration. At the microsocio level, most participants show good professional identification, yet difficulties persist in professional training and time management, indicating a fragile balance between aspirations and personal resources. Thus, the results underline that psychosocial adaptability is supported

by important protective factors, but remains vulnerable to the influence of social, economic and personal stressors, highlighting the need for interventions oriented towards personal development.

To identify the level of adaptability, we also used the **Adaptability / Flexibility Test** developed by A. Chelcea. The results are presented in Figure 3.

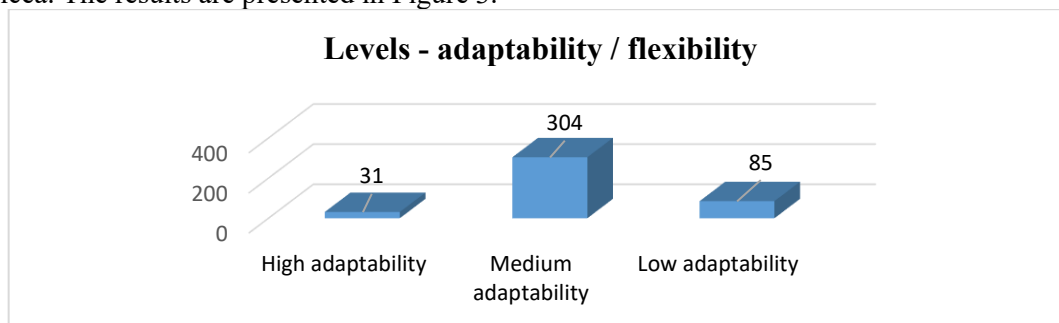


Fig. 3. Score distributions on the Adaptability / Flexibility Test

This dimension reflects the level of cognitive and behavioural flexibility, that is, individuals' ability to adjust their reactions, strategies and attitudes according to environmental demands. It has a central role in psychological resilience and in maintaining emotional balance when faced with stress.

According to the cumulative distribution, approximately 92.6% of participants are situated at low or medium level, which confirms that high psychological flexibility is very rare in the sample. Moreover, only 7.4% reach increased levels, which indicates the group's reduced capacity to cope with major changes. The results indicate a general tendency towards cognitive and behavioural rigidity, with most respondents (72.4%) at a medium level and an important segment (20.2%) with low adaptability. This picture suggests psychosocial vulnerability in the face of changes and life transitions; increased risk of anxiety intensification in new or unpredictable contexts; and the importance of personal development programmes focused on increasing cognitive flexibility, learning adaptive coping strategies, and promoting resilience through cognitive restructuring and emotional self-regulation exercises.

The block of psychometric instruments describing anxiety. To identify the level of anxiety, we used the **State-Trait Anxiety Inventory, STAI**, developed by Spielberger. The results are presented in Figure 4.

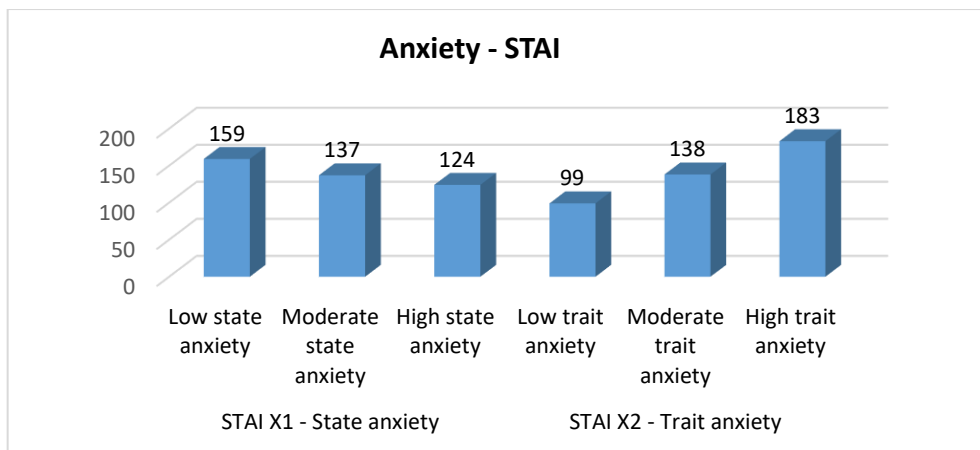


Fig. 4. Score distributions for anxiety according to STAI

STAI X1 - State anxiety. The data in Figure 4 reflect the levels of momentary (reactive) anxiety, that is, the intensity of anxious experiences felt by participants in specific and immediate situations. This dimension evaluates the transient emotional state, distinct from trait anxiety (X2), and is directly influenced by the individual's current context. Distribution by levels: - Low state anxiety is reported by 159 participants (37.9%). They are in a relatively good emotional balance zone, characterised by low levels of psychological tension, rare or low-intensity anxious reactions, and sufficient emotional-regulation resources. This group constitutes a protective factor in the sample, with a reduced risk of maladaptation. - Moderate state anxiety: present in 137 respondents (32.6%). These individuals experience variable psychological tension, oscillating between calm and unease. They may manifest anxious reactions in demanding situations and possess functional but sometimes fragile coping mechanisms; they are situated in an unstable balance zone, predisposed to amplification of anxiety under stress. - High state anxiety: reported by 124 persons (29.5%), that is, almost one third of the sample. This group reflects a critical level of emotional vulnerability, characterised by intense and persistent restlessness, predisposition to excessive reactions to stressor stimuli,

as well as difficulties in concentration, sleep and maintaining psychological balance. According to Spielberger's theory, state anxiety reflects transient emotional reactions activated according to context. A low level indicates good emotional control and resilience. A moderate level suggests average anxious reactivity, natural but with potential for amplification under pressure. In the present context, a high level signals an increased risk of psychological imbalance, being associated with adjustment disorders, affected academic performance and interpersonal difficulties.

Regarding the cumulative distribution, it is identified that approximately 70.5% of participants are in the low or moderate zone, which shows that the majority of the sample manifests controllable state anxiety. However, almost one third (29.5%) experience high anxiety, which constitutes a concerning segment with pronounced vulnerability to stress and emotional imbalance. The results show a heterogeneous picture, with a relatively balanced distribution across low, moderate and high anxiety levels. Thus, the low-anxiety group (37.9%) indicates adaptive resources and emotional balance. The moderate-anxiety group (32.6%) confirms the presence of a "normative" anxious state, but with a risk of intensification. In this case, the high-anxiety group (29.5%) suggests a significant proportion of the sample experiencing pronounced psychological distress, with clinical and social implications. These data confirm that momentary anxiety represents a real problem for almost one third of the participants, which justifies the need for psychological interventions for emotional regulation and stress reduction.

STAI X2 - Trait anxiety. Figure 4 highlights the levels of anxiety as a general predisposition, that is, the frequency and intensity with which participants tend to experience anxiety in everyday life, independently of the immediate context.

Distribution by levels: - Low trait anxiety: reported by 99 participants (23.6%). This group presents a reduced predisposition to perceive situations as threatening; emotional stability and psychological resilience; and a lower probability of developing clinical anxiety disorders. They constitute the most psychologically protected segment of the sample. - Moderate trait anxiety: present in 138 persons (32.9%). These participants manifest a functional and relatively normative level of anxiety, occasional but manageable anxious reactions, and an intermediate zone between balance and vulnerability, dependent on situational factors. - High trait anxiety: reported by 183 participants (43.6%), that is, almost half of the sample. These individuals present an accentuated predisposition to restlessness, tension and excessive concerns; high vulnerability to chronic stress; and increased risk of developing anxiety disorders and psychosocial adaptation difficulties. According to Spielberger's model, trait anxiety reflects a relatively stable personality disposition. According to the author, a low level is associated with emotional stability and effective self-regulation, a moderate level indicates "normal" anxious reactivity with an adaptive role in demanding situations, and a high level suggests hypersensitivity to stress, being correlated with cognitive difficulties (e.g., low concentration), vulnerability to depression and adjustment disorders, and decreased quality of life.

In the present case, the results of the cumulative distribution indicate that approximately 56.4% of participants manifest moderate or high trait anxiety, which suggests that predisposition to restlessness and emotional tension is dominant in the sample. At the same time, 43.6% are at a high level, which constitutes a concerning segment from the perspective of psychological and clinical risk. Thus, the results indicate a high prevalence of trait anxiety among participants, with significant implications. Almost half of the respondents (43.6%) present a chronic predisposition towards anxiety, which affects their psychosocial adaptability and quality of life. Only one quarter (23.6%) have a low level, confirming that emotional resilience is rare in the sample. These data suggest an urgent need for psychological intervention programmes (counselling, relaxation techniques, cognitive coping training) to reduce anxious vulnerability and support psychological balance.

To identify the level of anxiety, we used the **Test for self-assessment of thoughts in social interactions**, developed by Glass et al. Depending on the score obtained, the person may hold one or both subscales of social anxiety. **Positive anxiety subscale.** This scale measures the level of social anxiety with adaptive potential, that is, that form of unease which, although present, can stimulate vigilance, motivation and attention in social interactions. It does not have only a negative connotation, but can function as a resource for social integration when at a moderate level. Distribution by levels: - Increased level of social anxiety: reported by 28 participants (6.7%). They present emotional hyperactivation in social contexts, which can disturb communication and spontaneity, induce avoidance behaviours, and increase the risk of isolation and psychological distress. - Moderate level of social anxiety: present in 275 respondents (65.5%), that is, the vast majority of the sample. - Low level of social anxiety: reported by 117 participants (27.9%).

Negative anxiety subscale. This scale reflects how social anxiety becomes an obstacle in communication, relationships and adaptability, exceeding its adaptive role and entering the zone of

psychological vulnerability and interpersonal dysfunction. Distribution by levels: - Low level of social anxiety: reported by 215 participants (51.2%). - Moderate level of social anxiety: present in 172 respondents (41.0%). - Increased level of social anxiety: reported by 33 participants (7.9%). This group is vulnerable and faces major communication and relationship difficulties, pronounced tendencies to avoid social situations and a high risk of isolation, lowered self-esteem and psychosocial adaptation difficulties.

In the same context, to identify the level of anxiety we **administered the Academic Anxiety Assessment Questionnaire**, developed by R. Alpert and R. Haber. In this questionnaire, the items selected according to the criterion of academic performance highlight two subscales through which anxiety that impedes the acquisition of knowledge and anxiety that facilitates the acquisition of knowledge in students are evaluated.

Anxiety that impedes the acquisition of knowledge. This scale measures the role of anxiety in the educational process, distinguishing between anxiety that has a facilitating effect (stimulates attention and the mobilisation of cognitive resources) and anxiety that has a maladaptive effect (blocks the acquisition and consolidation of knowledge). According to the results, we obtained the following: - Low anxiety (helps learning): reported by 23 participants (5.5%). - Moderate anxiety: present in 388 respondents (92.4%), constituting the vast majority of the sample. - Increased anxiety (blocks learning): reported by 9 participants (2.1%), a small but vulnerable segment.

Anxiety that facilitates the acquisition of knowledge. This scale evaluates the positive function of anxiety in learning: the extent to which a certain level of emotional tension stimulates concentration, vigilance and academic performance. The distribution in this case is the following: - Low anxiety (does not help learning/demobilises): reported by 12 participants (2.9%). - Moderate anxiety: present in 344 respondents (81.9%), constituting the majority of the group. - Increased anxiety (facilitates learning): reported by 64 participants (15.2%). This picture supports the idea that anxiety is not only a vulnerability, but can function as an adaptive mechanism when present at a controllable level.

The ASQ Questionnaire for anxiety assessment, developed by Lehrer and Woolfolk, offers the opportunity to highlight several dimensions of anxiety: somatic, behavioural, cognitive, and a global anxiety score obtained by summing partial scores. *ASQ - General score* reflects the global level of anxiety experienced and expressed by participants, by integrating manifestations at bodily, cognitive, emotional and behavioural levels. Distribution by levels: - Low score: reported by 262 participants (62.4%). - High score: reported by 18 participants (4.3%). We emphasise here that the results for ASQ - General score show a predominantly balanced profile, with the majority (62.4%) at a low level, suggesting psychological resilience; one third (33.3%) at a moderate level, with emotional and cognitive vulnerability; and a minority (4.3%) at a high level, facing severe anxiety with an impact on health and quality of life. Thus, although severe anxiety is relatively rare, the distribution confirms that approximately 1 in 3 participants experiences anxiety at a significant level, which justifies the implementation of preventive psychological counselling programmes and the development of adaptive coping strategies.

Subchapter 2.5 presents the particularities of quality of life, psychosocial adaptability and anxiety according to psychosocial factors. Thus, in accordance with the aim of the research, we identified the particularities of respondents' quality of life, psychosocial adaptability and anxiety according to psychosocial factors (the socio-demographic variables analysed according to the survey factors): differences for the research sample according to the criterion of *country of origin* (cultural perspective) (*Romania / Republic of Moldova*); *gender* (*male / female*); *background environment* (*urban/rural*); *level of studies, university cycle and distribution by years of study* (*Bachelor's: I, II, III; Master's: II*); *age* (*18-21 years, 22-34 years, over 35 years*); *use of essential-oil aromas*; *types of essential oils used*.

At the end of this chapter, subchapter **2.6. The relationship of quality of life with psychosocial adaptability and anxiety** is presented. In the thesis, our objective was to determine the relationship of quality of life with psychosocial adaptability and anxiety in students. To achieve this objective, we analysed all variables according to the psychometric instruments used in the thesis.

In order to present the analysis of correlations between quality of life, psychosocial adaptability and anxiety in students, we will present several methodological considerations. The present analysis uses Pearson correlations to examine the bivariate relationships between the main psychological constructs investigated: quality of life (QOLI), life satisfaction (LSQ), psychological adaptability (MLO-AM), academic motivation (AMS) and anxiety (STAI, ASQ, Glass, Alpert). The sample consisted of 420 participants, and the data were analysed through the pairwise procedure, treating missing values as excluded and applying two-tailed tests. The significance level was set at $p < 0.01$ for high relevance.

Pearson coefficients (r) were interpreted according to Cohen's convention: $r < 0.30$: weak effect; $0.30 \leq r < 0.50$: moderate effect; $r \geq 0.50$: strong effect.

The results presented up to this point highlight a coherent psychological profile that refers to the basic concepts of the research: quality of life, psychosocial adaptability and anxiety. The particularities illustrating the implications of the studied dimensions in the manifestation of quality of life outlined the praxiological model graphically presented in Figure 5.

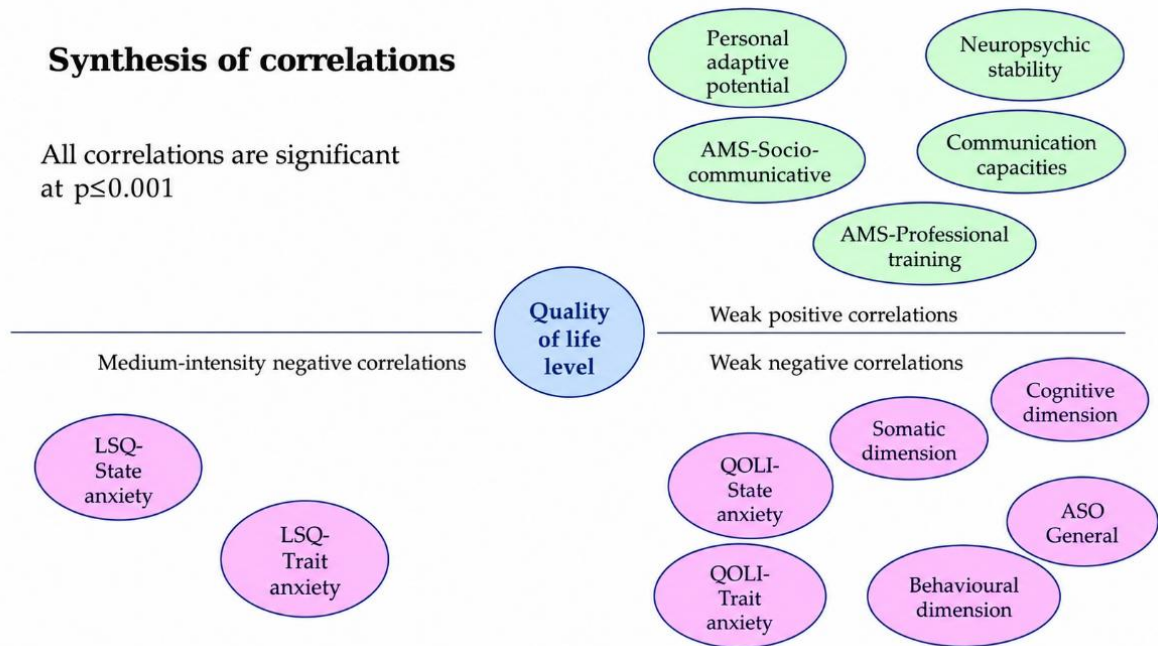


Fig. 5. Explanatory praxiological model regarding the relationships of quality of life with psychosocial adaptability and anxiety [personal contribution]

The research within the diagnostic experiment followed the logic of the steps described in the first chapter of the thesis, according to which *the theoretical explanatory model of the relationship of quality of life with psychosocial adaptability and anxiety* was summarised. In this context, the detailed analysis of the statistical results obtained allowed the identification of **the explanatory praxiological model regarding the relationships of quality of life with psychosocial adaptability and anxiety**.

The results highlight a coherent psychological profile: quality of life / subjective well-being, adaptability and intrinsic motivation are interconnected and oppose, as a psychological function, chronic anxiety and stress. These findings are aligned with: - Self-Determination Theory (SDT) - which explains the role of autonomous motivation in maintaining well-being; - the diathesis-stress model - which explains vulnerability to anxiety; - the resilience model - adaptability as a protective resource. In conclusion, the correlation matrix reveals significant relationships among quality of life, adaptability, academic motivation and anxiety, suggesting an integrated psychological network.

Multivariate regression analysis for predicting trait anxiety (STAI X2). Hypothesis / Clarification: which of the studied factors influence anxiety: quality of life (QOLI), life satisfaction (LSQ), adaptability (MLO-AM), academic motivation (AMS), personal flexibility, as well as their subscales. 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. The 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) LSQ.Se - Negative emotional states; 2) LSQ_Sg - Global life satisfaction; 3) MLOAMPPA - Personal adaptive potential; 4) MLO-AM Moral norms; 5) AMS3c - Time management; 6) Adaptability / flexibility test.

These predictors mainly reflect the individual's intrinsic resources: emotional regulation, cognitive adaptability, autonomous functioning and moral coherence.

The results obtained within the research allowed both the outlining of the explanatory praxiological model and the identification of a student personality profile with different levels of anxiety from the perspective of quality of life and psychosocial adaptability (Fig. 6).

Synthesis of regressions/correlations

Adjusted coefficient of determination (adjusted R^2):

- weak, $R^2 < 0.10$;
- medium, R^2 between 0.10 and 0.30;
- strong, $R^2 > 0.30$.

STAI
 $R^2 = .046$

Glass - Positive
anxiety $R^2 = .020$

Alpert - Facilitating
anxiety $R^2 = .027$

Weak/positive associations with Facilitating/Positive Anxiety

Negative predictors for Debilitating/Negative Anxiety

STAI X1 (State
anxiety) $R^2 = .539$

ASQ General
score $R^2 = .392$

ASQ
Behavioural
 $R^2 = .245$

ASQ
Cognitive
 $R^2 = .449$

ASQ
Somatic
 $R^2 = .346$

Glass Negative
anxiety $R^2 = .338$

Alpert - Anxiety
that impedes
 $R^2 = .038$

Fig. 6. Personality profile with different levels of anxiety from the perspective of quality of life and psychosocial adaptability [personal contribution]

We note that **the personality profile with different levels of anxiety from the perspective of quality of life and psychosocial adaptability** has, as its theoretical-applied foundation, the models presented in Figure 1 - *the theoretical explanatory model of the relationship of quality of life with psychosocial adaptability and anxiety* - and Figure 5 - *the explanatory praxiological model regarding the relationships of quality of life with psychosocial adaptability and anxiety*.

Thus, the particularities of **the profile of students with a high level of anxiety** are outlined by direct reference to the variables investigated in the research. We note that students with a high level of anxiety (STAI - increased state anxiety and trait anxiety; ASQ - high global score) record low QOLI scores (quality of life) and reduced levels of global satisfaction in LSQ, especially in the dimensions of emotional states, optimism and psychological balance. Within MLO-AM, they present diminished adaptive potential, low neuropsychic stability and partial integration into the collective (fragile internalisation of 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 thought, we emphasise that **the profile of students with a low level of anxiety** (STAI and ASQ - low or lower-moderate level) denotes high QOLI scores and high levels of global satisfaction in LSQ, especially in optimism, positive emotional states and social support. Within MLO-AM, they manifest increased adaptive potential, good neuropsychic stability, effective communication capacities and adequate internalisation of moral norms. Academic adaptation is high in the dimensions of professional identification and professional training, and 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 effective psychosocial integration.

The experimental study of quality of life, psychosocial adaptability and anxiety in students highlights conclusions that present innovative dimensions and substantiate the characteristics of these concepts. Moreover, the analysis of the results presented in this chapter allows us to outline the following conclusions:

1. The conceptual approach of the diagnostic experiment followed the explanatory model presented in the theoretical chapter, which denotes that there is a relationship between quality of life, psychosocial adaptability and personality anxiety.

2. The analysis of the levels of manifestation of the investigated variables highlights a complex and, in certain respects, vulnerable profile of quality of life in the studied sample. The data obtained through QOLI indicate a distribution markedly oriented towards low and very low levels of quality of life, almost 70% of participants reporting a globally negative perception of their own existence. This result suggests the

presence of significant psychosocial risk factors, with potential implications for adaptability, mental health and daily functioning. By contrast, the domain analysis carried out through the LSQ questionnaire reveals a differentiated picture. Domains such as career, personal aspirations, communication with friends and social support register consistent shares of high satisfaction levels, outlining the existence of relevant external and relational resources. These dimensions may function as protective factors, supporting personal identity, the sense of belonging and self-realisation. However, intrapsychic variables - optimism, psychological balance, self-control and emotional states - are predominantly characterised by medium or low levels, indicating fragile emotional self-regulation and increased vulnerability to stress and anxiety. Although the general LSQ score reflects a relatively balanced distribution, with a significant segment of participants at a high level, the majority are situated in a zone of moderate and unstable satisfaction. Overall, the results outline the picture of a population with functional external resources, but with precarious psychological balance, which underlines the need for interventions aimed at consolidating emotional self-regulation competences, developing optimism and strengthening psychosocial resilience.

3. The integrated analysis of the psychometric instruments used to assess psychosocial adaptation highlights a predominantly moderate but fragile profile of the investigated sample. The data obtained through MLO-AM indicate that almost 40% of participants present low adaptive potential and a reduced level of neuropsychic stability, suggesting vulnerability to stress, difficulties in emotional self-regulation and increased risk of maladaptation. The majority are situated at medium levels, reflecting relatively adequate functioning, yet unstable in the face of intense demands. Communication capacities are predominantly medium, and the dimension of moral norms is dominated by a partial evaluation of one's role in the collective, indicating incompletely consolidated social integration. By contrast, the questionnaire of adaptation to the student environment reveals important resources at the professional level: professional identification and professional training register high shares of high adaptation, suggesting vocational clarity and motivation for development. Nevertheless, domains such as time management, communication with colleagues and teaching staff, and satisfaction of socioeconomic needs indicate areas of discomfort and vulnerability. The results of the Adaptability/Flexibility Test confirm this tendency: increased flexibility is rare, with most participants manifesting a medium or low level. Overall, the outlined profile reflects functional but fragile adaptation, requiring interventions aimed at consolidating resilience, cognitive flexibility and emotional self-regulation competences.

4. The integrative analysis of the block of psychometric instruments describing anxiety highlights a heterogeneous profile, characterised by the coexistence of significant adaptive resources and relevant emotional vulnerabilities. The results obtained through STAI indicate that although most participants manifest state anxiety at low or moderate levels (70.5%), almost one third present high levels, suggesting increased exposure to situational distress. More concerning is the fact that trait anxiety has a high prevalence, with 43.6% of respondents recording increased levels, reflecting a stable predisposition towards restlessness and hypersensitivity to stress. At the social level, anxiety manifests predominantly at a moderate level, with an adaptive role, most students managing to maintain functional balance in interactions. However, a limited segment presents maladaptive forms, with risk of avoidance and isolation. In the academic context, anxiety mainly has a facilitating role, supporting performance at a moderate level according to the optimal activation model, although there are isolated cases in which it becomes blocking. The ASQ results confirm a reduced prevalence of severe anxiety at the global level, but highlight cognitive and behavioural impairment in a significant proportion of the sample. Corroborated with medium levels of responsibility and psychological tension, the data suggest a fragile balance, susceptible to destabilisation under conditions of prolonged stress, which justifies preventive interventions oriented towards developing resilience and emotional self-regulation.

5. Overall, the analysis of differences according to psychosocial factors outlines a differentiated profile of quality of life, psychosocial adaptability and anxiety among the investigated students, highlighting the complex interaction between individual resources and the social context. From a cultural perspective, students from Romania present higher levels of quality of life, adaptive coping and academic integration, whereas students from the Republic of Moldova report higher levels of anxiety (state, trait and academic), but also superior adaptive flexibility, possibly with a compensatory role. Gender differences are moderate: women perceive higher social support and increased socio-communicative satisfaction, while men manifest more positive emotional states and more pronounced facilitating anxiety. The background environment indicates an adaptive advantage for students from urban areas (professional orientation, psychological stability, academic integration), whereas those from rural areas present higher academic and behavioural anxiety. Academic progression and age reflect a process of psychological maturation: Master's students and students over 35 years old demonstrate more effective coping, emotional stability and reduced

anxiety compared with students in the initial years and those aged 18-21, who manifest increased anxious vulnerability. Marital status appears as a protective factor: married students record superior personal satisfaction, adaptability and emotional stability, as well as reduced debilitating anxiety. High academic performance is associated with optimism, effective integration and lower levels of anxiety, suggesting a virtuous circle between self-efficacy and emotional regulation. By contrast, the presence of a previous anxiety diagnosis constitutes a major vulnerability factor, correlated with low quality of life, deficient adaptation and persistent anxious symptomatology. The use of aromas and essential oils is selectively associated with reduced situational anxiety, increased optimism and better stress tolerance, without influencing stable anxious predispositions. In general, the results support the need for differentiated interventions, sensitive to cultural context, age, relational status and clinical vulnerabilities, in order to optimise adaptation and mental health in the university environment.

6. The correlational and regression analysis carried out on the sample of 420 students confirms the existence of a systemic relationship between quality of life, psychosocial adaptability and anxiety. Pearson correlations ($p < .01$) highlight strong associations between quality of life (QOLI) and life satisfaction (LSQ), as well as significant negative relationships between quality of life and state and generalised anxiety (STAI, ASQ). Psychological adaptability (MLO-AM) correlates positively with life satisfaction and negatively with anxiety, confirming its protective role. Autonomous academic motivation (AMS) is associated with the perception of facilitating anxiety, while debilitating anxiety negatively affects extrinsic involvement. The backward stepwise regression analysis for predicting trait anxiety (STAI X2) identified several major predictors - negative emotional states, global life satisfaction index, adaptive potential, moral norms, time management and flexibility - explaining 54.1% of variance. The results convergently support the diathesis-stress model, self-determination theory and the resilience model, outlining a profile in which intrinsic resources of emotional regulation and adaptation support quality of life and reduce anxious vulnerability.

7. The results presented in this chapter outlined **the personality profile with different levels of anxiety from the perspective of quality of life and psychosocial adaptability**. This profile has as its theoretical-applied foundation two models: *the theoretical explanatory model of the relationship of quality of life with psychosocial adaptability and anxiety* (this theoretical model is hypothetical) and *the explanatory praxiological model regarding the relationships of quality of life with psychosocial adaptability and anxiety*.

In Chapter 3, **The formative framework for reducing the level of anxiety through the enhancement of psychosocial adaptability and quality of life**, the general provisions of the methodology for reducing the level of anxiety through the enhancement of psychosocial adaptability and quality of life are described, the structural dimensions of the Psychological Intervention Programme are presented, as well as the stages of its implementation. We emphasise that the formative experiment planned within the research has the following aim: *implementation / validation of the psychological programme for reducing the level of anxiety through the enhancement of psychosocial adaptability and quality of life*.

In accordance with the results obtained in the diagnostic experiment, we identified that, out of the total number of 420 students interviewed, a large number of subjects showed **high anxiety** according to **the State-Trait Anxiety Inventory, STAI**, Spielberger: - High state anxiety (STAI X1 - State anxiety) - 29.5% (124 subjects); moderate state anxiety (STAI X1 - State anxiety) - 32.6% (137 subjects); - high trait anxiety (STAI X2 - Trait anxiety) - 43.6% (183 subjects) and moderate trait anxiety (STAI X2 - Trait anxiety) - 32.9% (138 subjects). In order to substantiate Chapter 3, we took into account all the results of the psychometric instruments obtained within the diagnostic study. In this regard, we note that the results presented for the questionnaires administered in the diagnostic experiment show that the number of surveyed students with high anxiety, low adaptability and low quality of life is large.

Twenty-eight undergraduate students from Romania, from Hyperion University, Bucharest, agreed to participate in the formative experiment. The students were assigned to 2 groups, namely the experimental group with 14 students and the control group with 14 students, that is, with the same number of subjects. We mention that all 14 persons attended the sessions organised for the purpose of reducing anxiety by enhancing adaptability in order to increase quality of life; therefore, the number of students in the groups was not modified throughout the formative experiment. It is also important to state that subjects were selected who showed interest and expressed their desire to participate in the programme *Reducing the level of anxiety through the enhancement of psychosocial adaptability and quality of life*. The sessions were held at the premises of Hyperion University in Bucharest.

The formative programme aims to reduce anxiety and enhance psychosocial adaptability; these will

determine a high level of perceived quality of life. The psychological intervention programme for reducing the level of anxiety through the enhancement of students' psychosocial adaptability and quality of life took into account that the accumulation of knowledge about the concepts of anxiety, psychosocial adaptability and quality of life, the analysis of problematic situations in solving various educational objectives, and confrontation with real situations highlighted through psychological techniques that familiarise the subject with the listed concepts reveal elements through which anxiety is reduced. The experiment envisaged producing cognitive restructuring through consistent positive justifications and the subjects' assumption of responsibility.

The content and structure of the psychological intervention programme aimed at reducing the level of anxiety through the enhancement of students' psychosocial adaptability and quality of life, as well as the formative activities, take into account the psychological characteristics of anxiety, emphasising the need for involvement in enhancing the factors with which it is directly related.

Research hypothesis specific to the formative experiment. We assume that the implementation of a psychological programme contributes to reducing the level of anxiety through the enhancement of psychosocial adaptability and quality of life.

The psychological intervention programme *Reducing the level of anxiety through the enhancement of psychosocial adaptability and quality of life* includes in its structure 14 complex sessions with well-determined objectives, each lasting 90 minutes. The structure of the psychological intervention programme *Reducing the level of anxiety through the enhancement of psychosocial adaptability and quality of life* is as follows:

1) Anxiety, psychosocial adaptability, quality of life - characteristics of the concepts: Session 1. Introduction, mutual acquaintance and establishing the working framework. Characteristics of the concepts of anxiety, psychosocial adaptability and quality of life in psychology. Session 2. Psychoeducation about anxiety and basic coping mechanisms. Session 3. Anxiety. Cognitive restructuring - identifying and challenging anxious thoughts. Session 4. Anxiety. Relaxation and emotional regulation techniques (practical psychoaromatherapy).

2) Psychosocial adaptability - a facilitating factor for reducing anxiety and stress: Session 5. Communication skills and assertiveness - adaptability in relationships. Session 6. Stress management and problem solving. Session 7. Flexibility and adaptation to change - "training" adaptability. Session 8. Enhancing psychosocial adaptability by improving self-esteem and self-image. Session 9. Managing uncertainty and risk tolerance.

3) Quality of life - a facilitating factor for reducing anxiety: Session 10. Quality of life - satisfaction with quality of life - in relation to psychosocial adaptability. Session 11. Balanced lifestyle and healthy stress management (focus on quality of life). Session 12. The role of social support - connection and help-seeking (social anxiety). Session 13. Strengthening acquired skills and managing relapses. Session 14. Evaluation of results, feedback and closure of the process. Closing of the programme - retesting and parting.

The formative training sessions were organised during the period 16 October 2025 - 04 December 2025. The activities, lasting 1 hour and 30 minutes, took place twice a week. After completion of the programme in the experimental group, retesting was carried out in both the experimental and control groups.

According to the steps indicated in this paragraph, we will next present the aspects indicated in the first research direction: **the results for students in the experimental group (EG) test and students in the experimental group (EG) retest.** The comparative-level results for the experimental group test and experimental group retest concerning the changes recorded in the means of quality of life identified after administering 1) **the Quality of Life Inventory - QOLI** - a method for measuring the synthesising concept of life satisfaction/quality of life. The results for Quality of Life - the QOLI Questionnaire (Quality of Life Inventory) are presented in Figure 7.

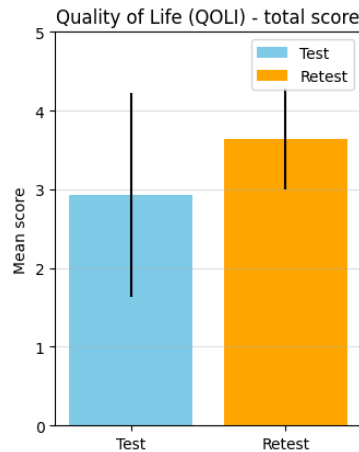


Fig. 7. Dynamics of the total quality-of-life score (QOLI), test-retest, EG

The mean QOLI score increased significantly from 2.93 (test) to 3.64 (retest), indicating an improvement in general life satisfaction ($p = 0.047$). Initially, this score fell within a medium level of satisfaction, characteristic of persons who are generally satisfied but do not fully fulfil their goals in all life domains. After the intervention, the score reached the threshold of the *high level* of satisfaction (above 3.6) - a level associated with very happy and fulfilled persons, resistant to stress and capable of achieving most of their personal goals.

This increase suggests that the intervention programme had a positive effect on participants' quality of life, as they reported a more pronounced general state of well-being and fulfilment. We observe that at retest no participant obtained a very low QOLI score (below 0.8), which indicates the absence of states of extreme unhappiness or the clinical risk associated with very low QOLI scores. Overall, the experimental group moved from moderate to high satisfaction in daily life, reflecting a substantial beneficial impact of the intervention on quality of life.

For **the LSQ Questionnaire**, increasing trends in satisfaction are indicated in most evaluated domains. A significant improvement can be observed in **the group's global adaptive potential (PAP)**, the mean score increasing from 1.29 to 1.57 ($p = 0.046$). For **the AMS Questionnaire**, the results indicate significant specific progress in certain aspects of academic adaptation. The most important change was observed in communication with relatives and friends: the mean of subscale 2a increased from 2.21 to 2.50 ($p = 0.046$), suggesting that after the intervention, students improved their connections with family and friends outside the faculty.

Psychological anxiety - STAI Inventory (State and Trait Anxiety). Following the programme, current state anxiety (STAI X1) decreased significantly, from a mean score of 1.71 at test to 1.21 at retest ($p = 0.020$). Similarly, stable trait anxiety (STAI X2) also recorded a notable decrease, from 1.93 to 1.57 ($p = 0.025$). These results indicate *the efficacy of the psychological intervention in reducing anxiety*, both at the immediate level (current emotional state) and as a general predisposition. In practical terms, participants reported feeling much less anxious in current life situations during the retest period, and also presented a lower general tendency to experience anxiety in various contexts. The specialised literature confirms such an effect: *scores on the state anxiety scale tend to decrease following relaxation techniques or therapeutic interventions*, reflecting the reduction of subjectively experienced tension and fears. In the present case, the reduction of state anxiety suggests that, at the end of the programme, subjects were calmer and less tense than at the initial moment (possibly due to the acquisition of emotional regulation and coping strategies). The decrease in trait anxiety is particularly encouraging, as *it indicates deeper changes in the participants' emotional patterns*. They seem to have acquired mechanisms through which to reduce their long-term anxious reactivity. Thus, persons who initially had a moderate predisposition towards worry and tension reached, after the intervention, a level close to *low anxiety* (X2 scale ~ 1.57 , compared with the theoretical minimum of ~ 1.0). According to interpretation grids, their *trait-anxiety* scores could now be situated below the normative population average, which signifies a state of relative calm and better management of daily stress.

In this regard, *the improvement of both anxiety components* demonstrates the considerable impact of the programme. The intervention - which included relaxation techniques, cognitive restructuring of worrying thoughts and problem-solving training - led to a decrease in both acute anxiety symptoms and participants' long-term anxious tendencies. They feel more in control of themselves in potentially stressful

situations and manifest greater emotional self-control, which contributes to their general well-being.

Thoughts related to social anxiety - Glass Questionnaire. In addition to STAI, which measures global anxiety, the change in thought patterns associated with social anxiety was also evaluated. Following the intervention, significant favourable changes were found in both directions: negative thoughts decreased, and positive thoughts increased in social situations. **Anxiety in the academic context - Alpert-Haber Questionnaire.** The mean AIA score decreased slightly from 2.14 to 2.07, and the AFA score remained unchanged (2.21 both at test and retest), both changes being statistically non-significant ($p > 0.3$ and $p = 1.00$, respectively). In other words, *the level of anxiety related to academic performance remained constant.* **ASQ Questionnaire** - as in the case of general anxiety, *the decrease in ASQ scores indicates improvement*, that is, lower sensitivity to anxiety symptoms (the subject no longer perceives them as so dangerous). After the programme, significant decreases were observed in two of the dimensions and in the global score. *Somatic sensitivity* decreased from 1.29 (test) to 1.00 (retest), reaching the minimum possible level ($p = 0.046$).

Practically, participants are no longer afraid of the physical sensations of anxiety - if their heart beats faster or they feel surges of adrenaline, they no longer interpret these sensations as catastrophic signs (heart attack, fainting, etc.), which represents remarkable progress. *Behavioural sensitivity* also decreased significantly (from 1.64 to 1.36, $p = 0.046$), indicating that subjects reduced their fear that they would lose control or embarrass themselves in public because of anxiety. Cognitive sensitivity also showed a decreasing trend (1.93 to 1.71), although not statistically significant ($p = 0.257$); nevertheless, the direction indicates a slight reduction in the fear of "losing one's mind" or developing psychological problems because of anxiety. *The global ASQ score* decreased from 1.64 to 1.14 ($p = 0.020$), reinforcing the idea that participants are much less frightened by their own anxiety symptoms.

Adaptability / Flexibility (Chelcea). The scores on this scale showed small variations from test to retest, without statistically significant changes.

With reference to the elements presented for the experimental group at test-retest, we highlight several conclusions: the psychological intervention programme carried out over two months had a significant positive impact on participants' quality of life, anxiety and psychosocial adaptability.

Regarding the results for the control group at the test-retest stage, we emphasise the following aspects: in the control group, no significant changes were observed between the initial evaluation (test) and the re-evaluation (retest) for any of the instruments used. All statistical differences in means are non-significant ($p > 0.05$), which was expected in a group that did not benefit from any intervention. Minor increasing or decreasing trends in scores were inconsistent and of small magnitude: - **Quality of life (QOLI) and life satisfaction (LSQ)** remained stable, suggesting that participants' level of satisfaction with the various aspects of their lives did not change notably over two months without intervention. - **Personal adaptability (MLO-AM) and adaptation to the student environment (AMS)** did not show significant variations, indicating that students' adaptive skills remained constant in the short term in the absence of any training or counselling programme. - **Anxiety (STAI, ASQ, Alpert academic anxiety)** showed only minor fluctuations. In general, a very slight tendency towards a decrease in general anxiety (STAI) and performance-related anxiety (AIA), respectively a non-significant increase in social anxiety (Glass NA) and anxiety symptoms (ASQ), was observed; however, these tendencies cannot be differentiated from random variations. Overall, **the absence of significant changes** in the control group confirms that **the mere passage of time, unaccompanied by a structured intervention, did not produce notable improvements or deteriorations** in participants' quality of life, adaptation or anxiety level. This result supports the validity of the research design, in the sense that any significant changes observed in the experimental group (which participated in the psychological intervention programme) can be attributed to the intervention, and not to external factors or the passage of time.

The comparative analysis of retest data for the experimental group (EG) and the control group (CG) demonstrates the efficiency of the integrative psychological programme in achieving its main objectives: increasing quality of life and reducing anxiety among EG participants. Summarising the findings, we note that: - **Quality of life** (QOLI and multidomain satisfaction measured by LSQ) improved significantly in EG compared with CG. Participants who followed the programme report increased satisfaction in their lives, especially related to career, optimism, achievement of personal goals and global satisfaction. This indicates a holistic positive effect of the intervention on subjective well-being. - **Anxiety** (evaluated multidimensionally through STAI, ASQ, Glass scale) decreased substantially in the experimental group compared with the control group. EG shows much lower levels of state and trait anxiety, fewer physical and behavioural symptoms of anxiety, as well as a reduction in negative-thinking and worry tendencies. Simultaneously, the programme encouraged positive thinking and adaptive coping mechanisms

(e.g., reduction of avoidance), which contributed to the decrease in participants' experienced anxiety. - **Emotional and neuropsychic stability** (MLO-AM NP-S) increased in EG, suggesting greater resilience to stress and better emotional regulation after the intervention. EG participants also better satisfied their needs for **social relatedness and personal/professional achievement** (AMS data), elements closely linked to increased quality of life and reduced long-term anxiety. - For other aspects such as **general adaptability** or certain forms of academic performance anxiety, no notable effects of the programme were observed - which was predictable, since these variables were either outside the main area of intervention or require longer interventions in order to be influenced.

In conclusion, the quantitative retest data firmly support the efficacy of the integrative psychological intervention programme (self-regulation and aromatherapy) implemented in the experimental group. After completing the programme, EG participants enjoy a significantly improved quality of life and a reduced level of anxiety compared with persons in the control group. These empirical findings validate the general objective of the intervention and suggest that the integrative approach used (combining emotional self-regulation techniques with complementary strategies such as aromatherapy) represents an effective method. Participants in the experimental group probably acquired better skills for managing stress and emotions, and modified their perspectives and attitudes in a positive direction (more positive thoughts, fewer negative thoughts), which is reflected in the multiple improvements highlighted by the data. In the absence of similar changes in the control group, these benefits can be attributed to the implementation of the intervention programme. Therefore, the present results provide a solid argument in favour of the efficiency of the integrative programme for reducing anxiety through enhancing quality of life and psychosocial adaptability, allowing its wider application or its extension over longer durations to consolidate and maintain these therapeutic effects.

In summary, in **the conclusions to Chapter 3** of the thesis, we mention that:

1. This chapter not only validates a complex formative framework, but also highlights, in an integrative manner, the mechanisms through which the reduction of anxiety becomes the direct effect of optimising psychosocial adaptability and recalibrating the perception of quality of life. The data obtained in the diagnostic experiment are not simple descriptive findings, but indicate clear cause-effect relationships: the high prevalence of anxiety (STAI, ASQ, academic anxiety) correlates with low levels of adaptability (MLO-AM, flexibility, academic integration) and with a negative evaluation of one's own life (QOLI), suggesting a systemic imbalance between internal resources and environmental demands. In this context, the intervention programme becomes an innovative construction, grounded in transforming these dysfunctional relationships through an applied architecture in 14 sessions, in which psychoeducation, cognitive restructuring, emotional regulation and development of social competences act synergistically on the involved variables. The experimental design, based on comparison between the experimental and control groups and supported by rigorous statistical analyses (Wilcoxon, Mann-Whitney), not only tests the hypothesis, but confirms the significance of the intervention: the observed changes reflect not isolated occurrences, but structural effects in which cognitive change generates adaptability, which supports well-being. Thus, interpretation of the data goes beyond the descriptive level and reveals a functional model in which the reduction of anxiety appears as a result of reconfiguring the individual-environment relationship, demonstrating the applied and innovative value of the developed programme.

2. The test-retest comparative analysis for the experimental group highlights the significant impact of the intervention programme on the investigated variables. First, the significant increase in the global QOLI score and in the general LSQ score, especially in the optimism dimension, indicates a genuine improvement in life satisfaction and in the perspective on one's own existential path. Participants moved from a state of moderate satisfaction to a high one, without recording extremely low scores anymore, which reflects the consolidation of subjective well-being. At the adaptive level, MLO-AM results confirm an increase in personal adaptive potential, neuropsychic stability and internalisation of moral norms, suggesting better emotional self-regulation and more mature social integration. At the academic level (AMS), improved communication with family and time management reveal the development of functional resources essential for reducing university stress. The most consistent changes were recorded at the anxiety level: significant decreases in state and trait anxiety (STAI), reduction of sensitivity to anxiety symptoms (ASQ) and favourable cognitive restructuring (Glass) confirm the efficacy of the intervention in reducing emotional vulnerability. Overall, the data validate the efficacy of the programme in optimising psychological balance, increasing adaptability and consolidating students' quality of life.

3. The results obtained in the control group highlight the absence of significant changes between the test and retest stages for the investigated variables. Scores regarding quality of life (QOLI) and life satisfaction (LSQ) remained stable, with minor and statistically non-significant fluctuations. Personal

adaptability (MLO-AM) and adaptation to the student environment (AMSSA) likewise did not record relevant changes, indicating maintenance of the same functional level over time. At the emotional level, general anxiety (STAI), academic anxiety (Alpert-Haber), anxiety sensitivity (ASQ) and social cognitions (Glass) showed only small variations attributable to random fluctuations. Overall, the data confirm that, in the absence of psychological intervention, the mere passage of time does not determine significant changes.

4. The analysis of results at the retest stage clearly highlights the efficiency of the integrative psychological programme in the experimental group (EG) compared with the control group (CG). EG participants recorded significant improvements in quality of life, including increased career satisfaction, optimism and personal achievements, confirmed by QOLI and LSQ scores. Anxiety levels decreased, and the somatic and behavioural manifestations of anxiety were reduced, concomitantly with an increase in positive thinking (Glass, STAI, ASQ). Neuro-psycho-emotional stability and satisfaction of social and academic needs improved for MLO-AM and AMS. The results support the holistic positive impact of the psychological intervention programme on reducing anxiety / psychological distress in EG through the enhancement of psychosocial adaptability and quality of life.

5. The developed psychological intervention programme, entitled *Reducing the level of anxiety through the enhancement of psychosocial adaptability and quality of life*, proposed for reducing the level of anxiety, enhancing the level of psychosocial adaptability and increasing students' quality of life, was validated, demonstrating a positive impact. In this context, we emphasise that the research hypothesis was confirmed, according to which systematic intervention, theoretically grounded and applied under controlled conditions, contributes to the significant reduction of anxiety and to the increase of psychosocial adaptability, quality and satisfaction of life.

GENERAL CONCLUSIONS AND RECOMMENDATIONS

In conclusion, we present the scientific results identified in accordance with the topic, aim, objectives and hypotheses of the research:

1. *The theoretical-scientific substantiation of the relationship between quality of life, psychosocial adaptability and anxiety.* At the theoretical level, the conceptual framework regarding quality of life and psychosocial adaptability in individuals with anxiety was systematised and extended by integrating cognitive, behavioural and existential-humanistic perspectives. Quality of life is conceptualised as a multidimensional subjective evaluation of satisfaction in significant domains (personal, social, academic, professional), and psychosocial adaptability as a set of internal resources and behaviours that facilitate effective adjustment to environmental demands. Anxiety is analysed both as a transient state and as a stable trait, including cognitive, somatic and behavioural dimensions. An integrative explanatory model was developed, highlighting the predictive role of psychosocial adaptability (neuropsychic stability, personal adaptive potential, socio-communicative competences, self-regulation) on quality of life, as well as the mediating role of anxiety in this relationship. The model supports that high levels of anxiety negatively affect the perception of quality of life and the efficiency of adaptation, whereas psychosocial resources function as protective factors. The theoretical contribution consists in articulating a coherent framework that explains the interdependence between quality of life / subjective well-being and emotional regulation mechanisms in the university context (Chapter 1), [45; 47; 49].

2. *Identification of the particularities of quality of life and psychosocial adaptability according to psychosocial factors.* The particularities of quality of life, psychosocial adaptability and anxiety were identified from the perspective of psychosocial factors: country of origin; gender; background environment; level of studies, university cycle and year of study; age; use of essential-oil aromas; types of essential oils used. The comparative analysis highlighted statistically significant differences between subgroups. For example, women reported higher levels of social support and interpersonal communication, but also increased levels of trait anxiety. Master's students and older persons manifested more effective emotional self-regulation and reduced anxiety compared with undergraduate students. High academic performance was associated with increased optimism, higher global satisfaction and low levels of debilitating anxiety. These results confirm the influence of social context and demographic variables on psychosocial functioning, underlining the need for differentiated approaches in psychological interventions (Chapter 2), [42; 43].

3. *Development of the psychological profile of persons with different levels of anxiety.* Distinct psychological profiles were identified for persons with high versus low levels of anxiety, from the perspective of quality of life and psychosocial adaptability. Persons with high anxiety present low scores for global life satisfaction, psychological balance, optimism and self-control, concomitantly with increased levels of negative thoughts in social interactions and sensitivity to anxiety symptoms. Their adaptability is

characterised by moderate or low personal potential, reduced neuropsychic stability and difficulties in time management and academic integration. Conversely, persons with low anxiety manifest increased satisfaction in the domains of relationships, career and personal achievements, emotional stability, developed communication competences and effective self-regulation. Correlational analysis highlighted significant negative relationships between anxiety and quality of life, as well as positive relationships between adaptability and global satisfaction. The regression model demonstrated that negative emotional states, time management and adaptive potential explain a significant percentage of the variation in trait anxiety. Differentiated profiling offers an empirical basis for personalised interventions aimed at reducing emotional vulnerabilities and consolidating adaptive resources (Chapter 2), [47; 42].

4. *Determination of the relationships between anxiety, adaptability and quality of life.* The nature of the relationships between anxiety (state, trait, academic, social), psychosocial adaptability and quality of life was determined. Statistical analyses highlighted significant negative correlations between anxiety and global life satisfaction, as well as between anxiety and the dimensions of optimism, psychological balance and social support. Psychosocial adaptability (personal adaptive potential, neuropsychic stability, socio-communicative competences) correlated positively with quality of life and negatively with anxiety. Debilitating academic anxiety demonstrated inverse relationships with university integration, while facilitating anxiety had moderate positive associations with motivation and involvement. Predictive analysis indicated that adaptability and life satisfaction constitute significant predictors of anxiety level, confirming their protective role. The identified relationships support the proposed explanatory model and demonstrate the systemic interdependence between quality of life and emotional regulation mechanisms (Chapter 2) [41; 44].

5. *Development and validation of the psychological intervention programme for optimising quality of life and adaptability.* A psychological intervention programme was developed and implemented, oriented towards reducing anxiety and enhancing quality of life and psychosocial adaptability. The programme included components of psychoeducation, cognitive restructuring, emotional regulation techniques, training of socio-communicative skills and development of time-management competences. The experimental design with experimental group and control group demonstrated the efficiency of the intervention. Participants in the experimental group recorded significant increases in global life satisfaction, optimism and psychological balance, as well as improvements in academic adaptability and neuropsychic stability. At the same time, significant reductions in anxiety, negative social thoughts and sensitivity to anxiety symptoms were found. The control group showed no significant changes. The results validate the efficiency of the programme and confirm that structured interventions can produce positive changes at cognitive, emotional and behavioural levels, contributing to increased well-being and reduced anxious vulnerability (Chapter 3) [43].

We consider that the research conducted completes general psychology with new theoretical and experimental data regarding the relationship of quality of life with psychosocial adaptability and personality anxiety.

The conclusions of this research allowed the formulation of the following **recommendations:**

Recommendations for decision-makers in education:

- Grounding educational policies in the paradigm of promoting quality of life as a central indicator of academic performance and sustainable student development.
- Explicit integration of the development of psychosocial adaptability (emotional self-regulation, social competences, resilience) into university curricular standards.
- Development of national strategies for the prevention of anxiety among students through scientifically validated programmes.
- Establishment of mechanisms for periodic screening of anxiety and life-satisfaction levels in the university environment.
- Allocation of resources for psychological services centred on increasing neuropsychic stability and adaptive potential.

Recommendations for university management:

- Operationalisation of the concept of a healthy university through institutional policies supporting students' quality of life.
- Development of counselling centres for consolidating psychosocial adaptability and reducing anxiety.
- Implementation of transition and academic integration programmes to increase the sense of competence and belonging.
- Systematic monitoring of life satisfaction and academic adaptability.
- Employment of psychologists within universities to provide services to teaching staff and students.

Recommendations for educational psychologists:

- Assessment of anxiety (state, trait, academic) and quality of life.
- Development of programmes for enhancing psychosocial adaptability, emotional stability and social competences.
- Interventions focused on the cognitive restructuring of negative thoughts.
- Facilitation of support groups to increase the sense of belonging.
- Differentiated counselling according to the identified anxiety profile.
- Monitoring progress through indicators of life satisfaction and emotional balance.
- Collaboration with teaching staff for the early prevention of students' adaptive difficulties.

Recommendations for students:

- Awareness of the relationship between anxiety, psychosocial adaptability and quality of life.
- Practising emotional self-regulation strategies and adaptive coping.
- Developing planning and time-management competences to reduce academic stress.
- Seeking social and professional support when anxiety affects daily functioning.
- Setting realistic goals that support the balance between performance and well-being.
- Monitoring one's own life satisfaction and cultivating protective factors (optimism, supportive relationships, self-efficacy).

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ADNOTARE

Dragomir Diana-Elena. Calitatea vieții și adaptabilitatea psihosocială a persoanelor cu anxietate
Teză de doctor în psihologie, Chișinău, 2026.

Structura tezei: Lucrarea conține adnotări (în limba română, rusă și engleză), introducere, trei capitole, concluzii generale și recomandări, bibliografie din 255 titluri, 15 anexe, 155 pagini text de bază, 53 tabele și 18 figuri. Rezultatele obținute sunt publicate în 9 lucrări științifice.

Cuvinte-cheie: calitatea vieții, adaptabilitate psihosocială, anxietate, anxietatea de stare, anxietatea de trăsătură, psihoaromaterapie, factori psihosociali.

Scopul cercetării: constă în identificarea relației dintre calitatea vieții și adaptabilitatea psihosocială a persoanelor cu anxietate; elaborarea și validarea unui program de intervenție psihologică pentru diminuarea nivelului de anxietate prin prisma eficientizării adaptabilității psihosociale și a calității vieții.

Obiectivele cercetării: (1) analiza și sinteza literaturii de specialitate cu referire la calitatea vieții, adaptabilitatea psihosocială și anxietate; (2) stabilirea și analiza nivelurilor de dezvoltare calității vieții, adaptabilității psihosociale, anxietății și determinarea particularităților acestora în funcție de factorii psihosociali; (3) identificarea corelațiilor dintre calitatea vieții, adaptabilitatea psihosocială și anxietatea personalității; (4) stabilirea particularităților calității vieții, adaptabilității psihosociale a persoanelor cu niveluri distincte de anxietate; (5) elaborarea și validarea unui program de intervenție psihologică pentru diminuarea nivelului de anxietate prin prisma eficientizării adaptabilității psihosociale și calității vieții.

Noutatea și originalitatea științifică. Lucrarea dată reprezintă una dintre primele cercetări cu referire la relația dintre calitatea vieții, adaptabilitatea psihosocială și anxietatea personalității, având o abordare investigațională complexă (cantitativă și calitativă), interdisciplinară (în raport cu alte științe psihologice: psihologia personalității, psihologie socială, psihologie educațională prin analiza factorilor psihosociali) și aplicativă, prin elaborarea, implementarea și validarea eficienței unui program de intervenție psihologică. Abordarea investigațională vizează determinarea relațiilor dintre calitatea vieții, adaptabilitatea psihosocială și anxietatea personalității; identificarea percepțiilor studenților cu privire la conceptele de calitate a vieții și adaptabilitate psihosocială; identificarea particularităților calității vieții, adaptabilității psihosociale și a anxietății în funcție de factorii psihosociali precum și a particularităților calității vieții, adaptabilității psihosociale a persoanelor cu niveluri distincte de anxietate.

Semnificația teoretică a cercetării vizează completarea cadrului teoretico-științific cu sinteze din literatura de specialitate privind problematica calității vieții, adaptabilității psihosociale și anxietății. Acestea se referă la tipurile și particularitățile calității vieții, particularități specifice ale adaptabilității psihosociale și anxietății. Sunt concretizate contribuțiile proprii în structurarea sintezelor teoretice, prezentând și analizând în teză studii recente la tema cercetării care au contribuit la conturarea unui *Model teoretic explicativ al relației calității vieții cu adaptabilitatea psihosocială și anxietatea*; elaborarea definițiilor de lucru pentru calitatea vieții, adaptabilitatea psihosocială și anxietate, în contextul prezentei lucrări. Rezultatele cercetării date consolidează aspectele teoretice ale psihologiei generale.

Valoarea aplicativă a cercetării constă în studiul calității vieții, adaptabilității psihosociale și anxietății; identificarea particularităților conceptelor de bază a tezei din perspectiva factorilor psihosociali: țara de origine a subiecților experimentali (perspectivă culturală), gen, mediul de proveniență, nivelul de studii, ciclul universitar, anul de studii, vârstă, utilizarea aromelor uleiurilor esențiale, tipuri de uleiuri esențiale utilizate; identificarea percepțiilor studenților privind calitatea vieții și adaptabilitatea psihosocială; elaborarea *Modelului praxiologic explicativ privind relațiile calității vieții cu adaptabilitatea psihosocială și anxietatea*; identificarea *Profilului personalității cu diferit nivel de anxietate din perspectiva calității vieții și a adaptabilității psihosociale*; elaborarea și validarea programului de intervenție psihologică *Diminuarea nivelului de anxietate prin prisma eficientizării adaptabilității psihosociale și a calității vieții*. Datele experimentale vor fi utile cercetătorilor, psihologilor, psihoterapeuților, studenților, altor persoane interesate de subiectul dat.

Implementarea rezultatelor cercetării vizează validarea acestora prin prezentarea și publicarea lor în cadrul conferințelor științifice naționale și internaționale, publicarea în reviste de specialitate recunoscute; precum și în cadrul activităților de formare, a cursurilor universitare.

ANNOTATION

Dragomir Diana-Elena. Quality of Life and Psychosocial Adaptability in Individuals with Anxiety PhD thesis in Psychology, Chişinău, 2026.

Thesis structure: The work comprises annotations (in Romanian, Russian, and English), an introduction, three chapters, general conclusions and recommendations, a bibliography of 255 titles, 15 appendices, 174 pages of main text, 53 tables, and 24 figures. The findings have been published in 9 scientific papers.

Keywords: quality of life, psychosocial adaptability, anxiety, state anxiety, trait anxiety, psychoaromatherapy, psychosocial factors.

Research aim: to identify the relationship between quality of life and psychosocial adaptability in persons with anxiety; to develop and validate a psychological intervention programme aimed at reducing the level of anxiety by enhancing psychosocial adaptability and quality of life.

Research objectives: (1) analysis and synthesis of the specialised literature on quality of life, psychosocial adaptability and anxiety; (2) establishing and analysing the levels of development of quality of life, psychosocial adaptability and anxiety, and determining their characteristics in relation to psychosocial factors; (3) identifying the correlations between quality of life, psychosocial adaptability and anxiety as a personality characteristic; (4) establishing the characteristics of quality of life and psychosocial adaptability in persons with different levels of anxiety; (5) developing and validating a psychological intervention programme aimed at reducing the level of anxiety by enhancing psychosocial adaptability and quality of life.

Scientific novelty and originality. This thesis represents one of the first researches with reference to the relationship between quality of life, psychosocial adaptability and personality anxiety, having a complex investigative approach (quantitative and qualitative), interdisciplinary (in relation to other psychological sciences: personality psychology, social psychology, educational psychology through the analysis of psychosocial factors) and applicative, by developing, implementing and validating the efficiency of a psychological intervention program. The investigative approach aims to determine the relationships between quality of life, psychosocial adaptability and personality anxiety; identifying students' perceptions regarding the concepts of quality of life and psychosocial adaptability; identifying the particularities of quality of life, psychosocial adaptability and anxiety depending on psychosocial factors as well as the particularities of quality of life, psychosocial adaptability of people with distinct levels of anxiety.

Theoretical significance of the research concerns the completion of the theoretical and scientific framework through syntheses of the specialised literature on quality of life, psychosocial adaptability and anxiety. These refer to the types and characteristics of quality of life, and to the specific features of psychosocial adaptability and anxiety. The author's contributions to structuring the theoretical syntheses are specified by presenting and analysing recent studies on the research topic, which contributed to outlining an *Explanatory theoretical model of the relationship between quality of life, psychosocial adaptability and anxiety*; to developing the working definitions of quality of life, psychosocial adaptability and anxiety in the context of the present thesis. The results of this research strengthen the theoretical aspects of general psychology.

Applied value of the research lies in the study of quality of life, psychosocial adaptability and anxiety; the identification of the characteristics of the basic concepts of the thesis from the perspective of psychosocial factors: country of origin of the experimental participants (cultural perspective), gender, area of residence, level of education, university cycle, year of study, age, use of essential oil aromas, types of essential oils used; the identification of students' perceptions of quality of life and psychosocial adaptability; the development of the *Explanatory praxiological model regarding the relationships of quality of life with psychosocial adaptability and anxiety*; the identification of the *Personality profile with different levels of anxiety from the perspective of quality of life and psychosocial adaptability*; the development and validation of the psychological intervention programme *Reducing the level of anxiety by enhancing psychosocial adaptability and quality of life*. The experimental data will be useful to researchers, psychologists, psychotherapists, students and other persons interested in this topic.

Implementation of the research results aims at validating them by presenting and publishing them at national and international scientific conferences, by publication in recognised specialised journals, as well as within training activities and university courses.

АННОТАЦИЯ

Диана-Елена Драгомир. Качество жизни и психосоциальная адаптивность людей с тревожными расстройствами

Диссертация на соискание степени доктора психологии. Кишинэу, 2026

Структура диссертации. Диссертация включает аннотации (на румынском, русском и английском языках), введение, три главы, общие выводы и рекомендации, библиографию из 255 источников, 15 приложений, 155 страниц основного текста, 53 таблиц и 18 рисунков. Основные результаты исследования представлены в 9 научных публикациях.

Ключевые слова: качество жизни, психосоциальная адаптивность, тревожность, ситуативная тревожность, личностная тревожность, психоароматерапия, психосоциальные факторы.

Цель исследования: выявление взаимосвязи между уровнем качества жизни и психосоциальной адаптивностью людей с тревожными расстройствами, а также разработка и валидация программы психологического вмешательства, направленной на снижение уровня тревожности для улучшения психосоциальной адаптивности и качества жизни.

Задачи исследования: (1) анализ и синтез специализированной литературы по вопросам качества жизни, психосоциальной адаптивности и тревожности; (2) установление и анализ уровней развития качества жизни, психосоциальной адаптивности, тревожности и определение их особенностей в зависимости от психосоциальных факторов; (3) выявление корреляций между качеством жизни, психосоциальной адаптивностью и тревожностью личности; (4) установление особенностей качества жизни, психосоциальной адаптивности людей с различными уровнями тревожности; (5) разработка и валидация программы психологического вмешательства для снижения уровня тревожности с целью улучшения психосоциальной адаптивности и качества жизни.

Научная новизна и оригинальность результатов работы. Данная работа представляет собой одно из первых исследований, посвященных взаимосвязи между качеством жизни, психосоциальной адаптивностью и тревожностью личности, имеющее комплексный исследовательский подход (количественный и качественный), междисциплинарный (в контексте других психологических наук: психологии личности, социальной психологии, педагогической психологии посредством анализа психосоциальных факторов) и прикладной характер, путем разработки, внедрения и проверки эффективности программы психологического вмешательства. Подход направлен на определение взаимосвязей между качеством жизни, психосоциальной адаптивностью и тревожностью личности; выявление представлений студентов о понятиях качества жизни и психосоциальной адаптивности; определение особенностей качества жизни, психосоциальной адаптивности и тревожности в зависимости от психосоциальных факторов, а также особенностей качества жизни и психосоциальной адаптивности людей с различными уровнями тревожности.

Теоретическая значимость исследования: заключается в дополнении теоретико-научной основы синтезом специализированной литературы по вопросам качества жизни, психосоциальной адаптивности и тревожности. Речь идет о типах и особенностях качества жизни, специфических особенностях психосоциальной адаптивности и тревожности. В работе материализован собственный вклад автора в структурирование теоретических синтезов, представлен и проанализированы последние исследования по теме исследования, которые способствовали формированию объяснительной теоретической модели взаимосвязи между качеством жизни и психосоциальной адаптивностью и тревожностью; разработаны рабочие определения качества жизни, психосоциальной адаптивности и тревожности в контексте данной работы. Результаты данного исследования укрепляют теоретические аспекты общей психологии.

Практическое значение работы заключается в изучении качества жизни, психосоциальной адаптивности и тревожности; выявлении особенностей основных понятий диссертации с точки зрения психосоциальных факторов: страны происхождения экспериментальных субъектов (культурная перспектива), пола, среды происхождения, уровня обучения, университетского цикла, курса обучения, возраста, использования эфирных масел в качестве ароматизаторов, типов используемых эфирных масел; выявлении представлений студентов о качестве жизни и психосоциальной адаптивности; разработке объяснительной психологической модели взаимосвязи между качеством жизни и психосоциальной адаптивностью и тревожностью; Идентификация личностного профиля с различными уровнями тревожности с точки зрения качества жизни и психосоциальной адаптивности; разработка и валидация программы психологического вмешательства «Снижение уровня тревожности с точки зрения улучшения психосоциальной адаптивности и качества жизни». Экспериментальные данные будут полезны исследователям, психологам, психотерапевтам, студентам и другим лицам, интересующимся данной темой.

Внедрение результатов исследований осуществлялось через участие в национальных и международных научных конференциях; научных симпозиумах; публикаций в признанных специализированных журналах, а также в рамках учебной деятельности, университетских курсов.

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