



BSc in Psychology

Relationship Between Anxiety Symptoms and Physical Activity Among Adolescent Girls in Iceland

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Foreword

Submitted in partial fulfillment of the requirements of the BSc Psychology degree, Reykjavik University, this thesis is presented in the style of an article for submission to a peer-reviewed journal.

Abstract

The main focus of this study is anxiety symptoms among adolescent girls and what effect physical activity may have on anxiety symptoms. Mixed methods research design was used in this study. Quantitative research was used to measure whether frequency of physical activity is linked to the girls' anxiety symptoms. Data from Icelandic Centre for Social Research and Analysis (ICSRA), *Youth in Iceland 2016* was used. Participants were a random sample of total 2000 elementary school students in 8th -10th grade in Iceland. The hypothesis was that girls that are physically inactive report more anxiety symptoms than the girls that are more physically active. The results provided that girls that participate in organized sports 1-3 times a week or 4 times or more a week report significant less anxiety symptoms than those who are physically inactive. There was no significant difference between participating 1-3 times a week and 4 times or more a week. Qualitative research was used to examine professionals' experiences of adolescent girls' anxiety symptoms. Participants were two coaches and one educational- and vocational counselor. All of them had experienced girls' anxiety through their work. In conclusion, physically active girls report better mental health than physically inactive girls.

Key words: adolescent girls, anxiety symptoms, physical activity, organized sports participation.

Útdráttur

Markmið rannsóknarinnar er að skoða kvíðaeinkenni hjá unglingsstúlkum og hvaða áhrif hreyfing hefur á kvíðaeinkennin. Blandað rannsóknarsnið var notað í þessari rannsókn. Í meginhluta verkefnisins var notast við úrtak úr spurningakönnun Rannsókna og greiningar, *Ungt fólk 2016*. Úrtakið samanstóð af 2000 nemendum í 8.-10. bekk grunnskóla landsins. Skoðað var hvort tíðni hreyfingar hefði áhrif á kvíðaeinkenni stúlkanna og var tilgáta rannsóknarinnar sú að þær stúlkur sem eru óvirkar í hreyfing greini frá fleiri kvíðaeinkennum en þær stúlkur sem eru virkar í hreyfingu. Niðurstöður rannsóknarinnar sýndu að þær stúlkur sem tóku virkan þátt í líkamlegri hreyfingu 1-3 sinnum í viku eða 4 sinnum í viku eða oftar greindu frá marktækt færri kvíðaeinkennum en þær stúlkur sem voru óvirkar í hreyfingu. Í eigindlega hluta verkefnisins var upplifun fagfólks á kvíðaeinkennum unglingsstúlkna skoðuð. Þátttakendur voru tveir þjálfarar og einn náms- og starfsráðgjafi. Allir viðmælendur höfðu orðið varir við kvíðaeinkenni unglingsstúlkna í gegnum störf sín. Það má álykta að þær stúlkur sem hreyfi sig greini frá betri andlegri heilsu en þær stúlkur sem hreyfi sig ekki.

Lykilord: Unglingsstúlkur, kvíðaeinkenni, hreyfing, skipulögð íþróttaiðkun.

Relationship between anxiety symptoms and physical activity among adolescent girls in Iceland.

Sports participation among children and adolescents (13-18 years old) has been increasing in Iceland the last decades, both in organized sports and non-organized sports (Íþrótta- og Ólympíusamband Íslands, 2013; Guðmundsdóttir et al., 2016). Participation in sport is assumed to have good effects on social, physical and psychological development (Eime, Young, Harvey, Charity, & Payne, 2013) but parallel increasing in physical activity in Iceland, anxiety symptoms have also been increasing, particularly among adolescent girls (Guðmundsdóttir et al., 2016). Regarding to that, one can wonder whether these adolescent girls are taking part in sports activities or not and if so, whether participation in organized sports has better effects on mental health of adolescents than being physically inactive.

Prevalence, onset and difference between genders of anxiety disorders

In the recent past mental illness, such as depression and anxiety, has been increasing worldwide (Goodyer, Croudace, Dunn, Herbert, & Jones, 2010), including Iceland (Kristjánsson, Sigfússon, Sigfúsdóttir & Pálsdóttir, 2012). Most frequently these psychological disorder develop through adolescence but anxiety disorders are most common among children and adolescents (Davey, 2014). According to Davey (2014) 15-20% of all individuals develop any anxiety disorder before adulthood and at any given time, about 5% of adolescents have an anxiety disorder. If an adolescent has an early onset of any psychological disorder, he has a risk of continuity and recurrence of the disorder into the adulthood and also a high probability of combination of two or more diagnoses (Goodyer et al., 2010). When talked about anxiety symptoms among adolescents it means that they do not meet the criteria for an anxiety disorder but suffer from some of the symptoms. Therefore, it can be

estimated that higher percentage of adolescents are suffering from anxiety symptoms without having the diagnosis for an anxiety disorder.

There is markedly emerging difference between the genders in the incidence of psychological disorders (Davey, 2014; Derdikman-Eiron et al., 2012; Goodyer et al., 2010) where females are twice as likely to experience an anxiety disorder than males (Davey, 2014; Lewinsohn, Lewinsohn, Gotlib, Seeley, & Allen, 1998). However, little is known about why this difference occurs (Lewinsohn et al., 1998).

The relationship between physical activity and anxiety symptoms

Many studies have indicated that physical activity and exercise have good effects on emotional well-being (Ahn & Fedewa, 2011; Bunker, 1998; Steiner, McQuivey, Pavelski, Pitts, & Kraemer, 2000). Furthermore, adolescents that take part in any physical activity report lower levels of some mental disorder, including anxiety symptoms. Physical activity does not only reduce anxiety symptoms, it also has a buffering effect prior to any onset of mental disorders (Bunker, 1998).

A meta-analysis, that included 73 studies, examined the relationship between physical activity and children's mental health. The results showed overall small but significant effects of physical activity on mental health, that is increased level of physical activity reduced anxiety, depression, emotional disturbance and psychological distress in all children, including those who are obese or overweight. The effects were greatest in randomized controlled trials with mixed combination of both aerobic and resistance exercise while moderate intensity exercise showed the greatest effects in non-randomized controlled trials (Ahn & Fedewa, 2011).

A study conducted on approximately eleven thousand European adolescents examined physical activity, sports participation and associations with anxiety, depression and well-being. When looked at the results for anxiety symptoms, the least

active adolescents reported the highest score on anxiety symptoms compared to adolescents that were somewhat active and the most active. Furthermore the individuals that participated in organized sports reported lower anxiety levels and higher well-being compared to those who do not participate in an organized sports (McMahon et al., 2016). Many other studies have reported similar results (Steptoe & Butler, 1996; Ströhle, 2009; Tammelin, Nayha, Hills, & Jarvelin, 2003).

Mental health among Icelandic adolescents

An Icelandic study, conducted on 14 and 15 years old adolescents on four time points (1997, 2000, 2003 and 2006), examined their anxiety and depression symptoms along with their use of mental health services such as social workers, psychologists or psychiatrists. The data was collected by ICSRA among all students in 9th and 10th grade in Iceland. The results showed significant increasing in anxiety symptoms for both girls and boys from 1997 to 2006. Adolescents visits to healthcare specialists once or more also increased significantly. Over the same period, regular visits to psychologists and psychiatrists, that is six times or more in one year, increased significantly among girls only (Sigfusdottir, Asgeirsdottir, Sigurdsson, & Gudjonsson, 2008).

Organized sport participation among adolescents

Zambon et al. (2010) conducted a study on fifteen-year-old adolescence from six countries across Europe and North-America and examined contribution of club participation, including organized sports participation. The adolescents that participate in organized sports report better health and life satisfaction. The same results were found on Icelandic adolescents (Vilhjalmsson & Thorlindsson, 1992). To throw a basketball into the basket or kicking football into the goal does not have constructive effects itself but the other things that define organized sports, for

example socializing and pedagogic values probably have more effects (Coakley & Pike, 2009; Halldórsson, 2014). A massive increase has been in participation in organized sport among youths in Iceland the last few years, but also the adolescents practice more. Participation in organized sports are highest among children in 7th grade and start to decrease steadily from that point but on the other hand participation in sport outside sport clubs seem to increase (Halldórsson, 2014).

Physical activity and sports participation among adolescents in Iceland

Sports in Iceland are in a certain way unique. The participation is high, there is great variety and the coaches are well educated (Halldórsson, 2017).

A cross-sectional survey data, conducted on 14-15 years old Icelandic adolescents during the years 1992, 1997, 2000 and 2006, analyzed trends in participation in sports club and physical activity (Eithsdottir, Kristjansson, Sigfusdottir, & Allegrante, 2008). The survey was conducted on population-based cohorts of fourteen and fifteen-year old students in 8th and 9th grade of all schools in Iceland. The results showed overall 6.3% increasing in vigorous activity from 1992 to 2006, with a total of 45,4% vigorous active adolescents in 2006. Vigorous physical activity refers to engage in moderate intensive activity at least four times a week or more. Thereof the boys were more active, 52.6%, than the girls, 38.5%. At the same time a greater increase in inactive adolescents has been in 2006 than 1997, with total of 23% inactive adolescents in 2006. Inactive refers to those who participate less than once a week in a vigorous physical activity. In 2006, 25,7% of girls and 20% of boys were inactive.

When looked at participation in sports clubs among Icelandic adolescents it increased by 15.5% from 1992 to 2006, representing 31.7% in 2006. Of those who participated in sports club the boys were 36.3% in 2006, compared to 21.5% in 1992,

and the girls were 27.3% in 2006, compared to 12.8% in 1992 (Eithsdottir et al., 2008).

Another study conducted on Icelandic students in college, aged approximately 16-20 years old, showed that more individuals that are inactive reported that their mental health was fairly good or bad compared to those who practice once to three times a week or four times or more often a week. Individuals that are inactive are more likely to smoke daily than those who participate in an organized sport or non-organized sport (Halldorsson, Thorlindsson, & Sigfusdottir, 2014; Guðmundsdóttir, Sigfússon, & Sigfúsdóttir, 2014)

The hypothesis of present study was one, that girls that are physically inactive report more anxiety symptoms than the girls that are more physically active.

Method

Participants

The quantitative part of the present study used data from the Icelandic Centre for Social Research and Analysis (ICSRA), *Youth in Iceland 2016* (Guðmundsdóttir et al., 2016). The research was a population study, where the study tried to cover most of the sampling frame within the population, but is not based on traditional sample. The study was a cross-sectional study and was conducted on students in 8th-10th grade in all elementary schools in Iceland for students that attended school that day. The research total response rate was 86%. In this study, a sample of 2000 answers from participants, randomly chosen from the overall research data, will be used. Thereof, answers from 959 boys and 1018 girls but 23 did not reveal their gender. Participants did not get paid or any reward for their participation in the study and were at the age of 14-16 when the study was conducted.

The qualitative research was based on phenomenological approach, that is subjective experience of participants (Willig, 2013). Data from three interviews was used, one woman and two men, and one participant observation. The participants sampling was both systematic and convenience. Criterion for participation was that all participants had to have years of experience of working with adolescent girls.

Halla Gísladóttir – has worked as an educational- and vocational counselor at university level for nine years and has been director since 2014.

Hilmar Hilmarsson – has been coaching for 35 years, both handball and football. He has coached children in football, and all from children up to adults in handball. Furthermore, he has coached the women's national team in handball and a women's team at the highest level in Norway. Overall he has more experience of coaching girls.

Ívar Marinósson – has been coaching football for almost 26 years, from children up to adults as well as national teams. Throughout his career he has more often coached girls.

Participant observation – Inga Dóra Sigfúsdóttir had a lecture titled Anxiety – sleep and social media. In the lecture she relied on data from ICSRA.

Procedure

Youth in Iceland was conducted by ISCRA in February 2016. Anonymous questionnaires were administered to students in 8th -10th grade in all elementary schools in Iceland that attended school that day. ISCRA sent an authorization letter to all parents to notify parents of the questionnaire since it is a legal obligation because the students are under the age of eighteen. If parents would not like their

children to participate in the study they were asked to contact employees of ICSRA through mail or phone. Teachers and research assistants distributed the questionnaire according to certain predetermined instructions. Unmarked envelope was attached to each questionnaire and when participants had finished filling out the questionnaire they put it in a blank envelope and closed it. Participants were asked to fill out the questionnaire of their best conscience and ask for help if needed. To maintain absolute anonymity, the participants were asked not to write their names or identification number on the questionnaire.

The interviews took place between 16th February and 2nd of Mars 2017 and were recorded with a mobile device. The length of the interviews was between 24 and 45 minutes.

Instruments and measures

For the quantitative part this research used a detailed questionnaire from ICSRA to collect data. The questionnaire contained 88 questions in varied number of parts on 31 pages. The subject of the questions was education, culture, leisure activities, sports participation, health behavior, health indicators and wellbeing and future vision of participants. The present study used 4 questions, focusing on gender, anxiety symptoms and physical activity (Appendix A).

Gender was coded 0 = boys and 1 = girls.

Physical activity was measured by one question, “How often do you participate in sports (practice or compete) with a sports club?” The answers were 6 on Likert scale, from “almost never” to “almost every day”. For analysis, the answers “almost never” was defined as physical inactive and was coded as 1, “1 a week”, “2 a week” and “3 times a week” was defined as 1-3 times a week and was coded as 2 and “4-6 times a week” and “almost every day” was defined as 4 times or more often

and was coded as 3. Number of girls that are physical inactive are 381 or 37.4% of all the girls, 219 girls or 21.5% participate in sports 1-3 times a week and 375 girls or 36.8% participate in sports 4 times or more often.

Anxiety symptoms was measured by three questions, where the participants were asked how often they felt mental or physical discomforts in the past week. These items were a) headache, b) stomach pain and c) nervousness. The answer options were “almost never”, “rarely”, “occasionally” and “often”. The questions were computed into one variable, anxiety symptoms. The scores were on the range from 0 to 9 where 0 means almost never reporting any anxiety symptoms and 9 means often reporting all of anxiety symptoms mentioned. The anxiety scale was labeled into three categories. Category 1 refers to the answer option “almost never” and was coded as 1, category 2 refers to the answer options “rarely” and was coded as 2 and category 3 refers to the answers options “occasionally” and “often” and was coded as 3. 58.48% of the girls fall into category 1, 27.58% of the girls fall under category 2 and 13.94% fall under category 3.

Cronbach’s Alpha was 0,710 and therefor the internal validity of the scale was within acceptable limits.

The qualitative interviews were semi-structured. The question framework for participants can be seen in Appendix B.

Research design and analysis

Mixed methods research design was used in this study. Research data was analyzed using IBM-SPSS Statistics 24. Descriptive statistic was used for data analyzes. ANOVA were used to test the hypothesis and Chi-square test was conducted. The assumptions of the ANOVA were tested in appropriate ways. A

criterion of $\alpha = .05$ was used in significance tests. All tables were made in Microsoft Excel.

The interviews were transcribed verbatim into computer and notes used to analyze the data.

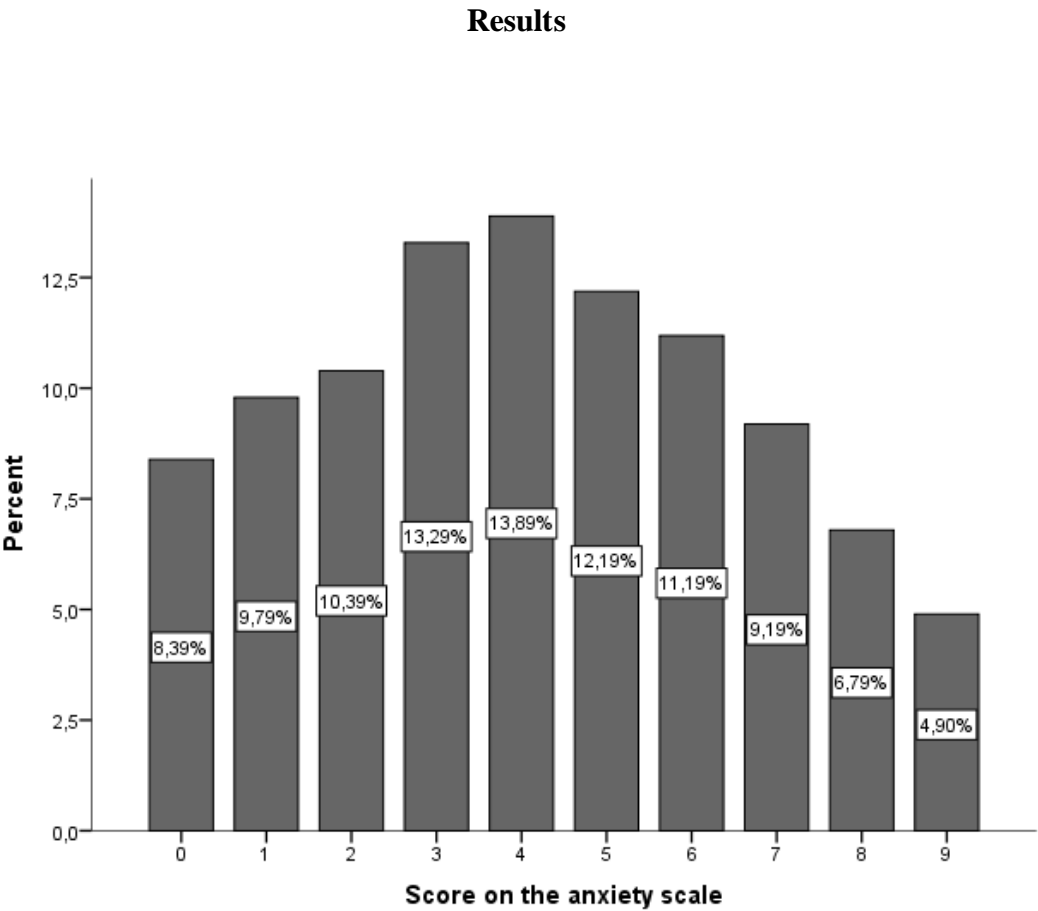


Figure 1. Frequency distribution of participants score on the anxiety scale

Figure 1 shows participants total score on the anxiety scale. Total number of responses was 1001. Participants mean score on the anxiety scale was 4.17 (SD = 2.54). The lowest score was 0 and the highest score was 9. Most of the girls scored from 3-5, meaning that they experienced anxiety symptoms occasionally.

Table 1 shows number of participants, mean of the total score and standard deviation for the anxiety scale after the participants were split into three groups after their physical activity, either almost none, 1-3 times a week or 4 times or more often a week. Girls that participated in organized sport 4 times a week or more reported the lowest mean for anxiety symptoms.

Table 1

Descriptive statistics for the physical activity groups

Physical activity	N	Mean	Standard deviation	Minimum	Maximum
Almost never	376	4.79	2.63	0	9
1-3 times a week	217	4.00	2.39	0	9
4 times or more a week	371	3.66	2.42	0	9

The Kolmogorov-Smirnov test was used to test for normality of the distribution in the samples. The test was significant and therefore the criterion for this assumption was not met. Instead, histogram showed that the distribution within groups was normally distributed.

Levene's test for equality of variances was found to be violated for present analysis, $F(2, 961) = 3.69$, $p = 0.025$, and there for the assumption for homogeneity of variance was not met. Therefore, the Welch F -ratio was reported, $F(2, 563.95) = 19.06$, $p < 0.001$.

An analysis of variance showed that the effect of physical activity was significant, $F(2, 961) = 19.726$, $p < 0.001$. That means that physical activity affects the girls' anxiety symptoms. Bonferroni post hoc test was used and revealed significant differences between no physical activity and physical activity 1-3 times a week, $p = 0.001$ and no activity and physical activity 4 times a week or more, $p >$

0,001. There was no significant difference between physical activity 1-3 times a week and physical activity 4 times or more a week, $p = 0.329$.

A chi-square test of independence was calculated comparing the frequency of physical activity and anxiety symptoms. A significant interaction was found, $\chi^2(2, N = 1801) = 13.672, p = 0,001$. Table 2 shows in crosstabs categorized anxiety scale measured with physical activeness. Adolescent's girls that were physically active were more likely to fall under category 1 of the anxiety scale.

Table 2

Categorized anxiety scale measured with physical activeness

		Physical inactivity	Physical activity	Total
Categorized anxiety scale	1	148	1133	1281
	2	63	293	356
	3	31	133	164
Total		242	1559	1801

Qualitative interviews

Nowadays the debate in the community has been about the increasing of anxiety symptoms among adolescent girls. The debate about mental health is more open now than it was few years ago and more and more people step forward and disclose their mental illness. Inga Dóra, Ívar og Halla all agreed on having noticed the increasing of anxiety symptoms the last few years. When asked about a possible explanation for the increased anxiety symptoms, Halla named that there was a great speed in the community and there is a lot of comparison, especially through social

media. Also, a disruption of sleep, diet and regular exercise can have negative effects on mental health.

Inga Dóra has done research on youth in Iceland for about 20 years and in her lecture said: „When looked at the specific group of girls that show most anxiety, it has increased very much last years “. From 2003 until now the group has expanded from barely 6% up to 16,8%. Behind this percentage are about 600 girls in 9th and 10th grade. When looked further in the data, it showed „strong association between social media use and mental health “. The more time adolescent girls spent on social media the more likely they were to experience sudden fear, feeling nervous, sad and crying easily. Another factor had strong association with anxiety, the sleep. „There are substantial association between hours of sleep and anxiety, the less sleep, the higher rate of adolescents that are high on the anxiety scale. The sleep and social media use are closely related.

Gender difference in coaching

When asked if they experienced any difference in coaching girls and boys, Ívar and Hilmar both agreed on that. In short, Hilmar said that the boys were rather simple and narrow while the girls are more all over. Hilmar did not agree on the myth that it is more difficult to coach girls than boys, but Ívar said that “it is different and is more difficult for the coach’s patience”. Hilmar and Ívar both talked about certain problems that occur in the girls’ teams that don’t occur in the boys’ teams and Hilmar talked about “the small things that get big”. Following, Hilmar talked about that girls could be wondering about things for months while the boys finish talking things over in the shower after trainings. Hilmar considered that the reason why boys and girls cope so differently with problems lies in the upbringing. Furthermore, when asked about the age when these kind of problem start to occur, he said that it would start

earlier for girls than boys, or around the age of 13-15. They both agreed that coaches of girls need to be aware of themselves and the environment and in Hilmar's opinion the most difficult problems are not the ones that have something to do with the sport, rather something external.

One of the main difference of coaching girls and boys, Ívar and Hilmar said that it was the way that they talk to the girls. They do not talk to the girls like they talk to the boys. Hilmar talked about that it is important to think about what to say before you speak to the girls. Also, it is not possible to say all the same things to all the girls, like for the boys. It is more of personal meetings in the girls 'teams.

When asked if they had been aware of the increasing of anxiety symptoms nowadays compared to 20 years earlier they did not agree. Hilmar said that the anxiety "had always been there. I think it is only talked about more now than before". On the other hand, he did not doubt that the girls felt more than the boys. The reason for that he thought to be the society, the boys are raised to be tough and confined while the girls are raised to be more open. Ívar, on the other hand, said that the anxiety "had increased the last years. It is more in the debate".

Discussion

The primary purpose of the current study was to investigate the effects of physical activity on anxiety symptoms of adolescent girls. The secondary purpose of the study was to hear professionals' opinions on adolescent girls' anxiety, whether they had experienced increasing of the girls' anxiety in the past years and whether they noticed any gender difference.

The results of the present study support the hypothesis, that girls that are physically inactive report more anxiety symptoms than the girls that are more physically active. With increased participation in organized sports, the girls reported

less anxiety symptoms than the girls that were physically inactive. This is in accordance to many other studies reporting similar results (Ahn & Fedewa, 2011; McMahon et al., 2016; Steptoe & Butler, 1996; Ströhle, 2009; Tammelin et al., 2003).

Sport participation in Iceland is highest among adolescents in 7th grade but decreases after that age (Íþróttá- og Ólympíusamband Íslands, 2013; Halldórsson, 2014). One can wonder whether the adolescents, particularly the girls, that report the most anxiety symptoms has dropped out of the sports. It may be an explanation to some part of the dropout in sports during this age. It can affect the comparison between the groups of physically active and physically inactive adolescents where the physically active adolescents report lower mean of anxiety symptoms simply because that the most anxious adolescents have dropped out.

Another interesting result was that the coaches reported gender difference in mode of speech, i.e. they said that they needed to speak differently to the girls than they do to the boys. They also talked about problems that occur on the girls' side that never occur on the boys' side. Why is it necessary to speak differently to the girls? Is it something in the upbringing or the society that causes this need? It can be wondered whether this different mode of speech can affect the girls and make them more vulnerable for e.g. anxiety. More research is needed on this field.

The present study had several limitations. One limitation is that the anxiety symptoms were only measured by three items. Clinically there are more symptoms that fall under symptoms of anxiety. On the other hand, these three symptoms have been used since the ICSRA studies was first conducted. Therefore, there is a great reliability between years. Another limitation is that the questions used to examine physical health only asked about how many times a week they participated in any kind of activity. It would be interesting to examine the time spent in exercising, and

whether more time of physical activity has different effects than less time of physical activity.

The study also had important strengths. The sample size was very large ($n = 2000$) and the data was population-based with total 86% response rate from all 8th-10th grades in elementary schools in Iceland. Therefore, the results are descriptive for most of Icelandic adolescents at the time that the study was conducted.

In conclusion, the results of present study indicated that girls that were physically active or participated in organized sports, reported fewer anxiety symptoms than girls that are physically inactive. When talked to coaches they reported that the main difference of coaching girls and boys were the approach and the mode of speech. Another difference was the problems that occur in the teams, that is, the problems that occur in the girls' teams almost never occur in the boys' teams. Furthermore, three of four mentioned that they had experienced increasing in girls' anxiety past years and all four agreed on that the debate in the society is more open about mental illness than it was few years ago.

It is important to continue to research anxiety symptoms among adolescent girls and examine various of factors that could affect the girls' mental health. Future research should focus on why this gender difference occurs. It would be interesting to interview both girls and boys. Knowing what affects the anxiety symptoms it is possible to try to prevent the onset of the symptoms.

Regarding to the results of present study, it may be concluded that physical activity has a buffering effect on anxiety symptoms. The results showed that physical activity, no matter how often per week, affected participants' mental health in a good way, i.e. they reported fewer anxiety symptoms than the participants that were

physically inactive. Therefore, it can be estimated that physically active individuals experience better mental health than individuals that are physically inactive.

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Appendix B

Viðtalsrammi – Náms- og starfsráðgjafi

- Hversu lengi hefur þú starfað við náms og starfsráðgjöf?
- Hvaða nemendur leita helst til þín og hver er helsta ástæða þess að þau leiti til þín?
- Nýjustu gögnin frá Rannsóknnum og greiningu sýna að síðastliðin 4 ár hefur orðið mikil aukning á kvíða- og þunglyndiseinkennum hjá ungu fólki þá sérstaklega hjá stúlkum.
- Hefur þú orðið vör við aukningu á kvíða nemenda undanfarin ár?
- (Ef já) hverja telur þú vera helstu ástæðu fyrir þessari aukningu á kvíða?
- Staldrá vel við hér og hlusta vel – leita eftir og fylgja eftir svörum – hér mikilvægt að leggja ekki hugmyndir inn – heldur heyra hvað hún hefur að segja og þá fylgja eftir.
- Hversu stór hluti viðmælenda þinna glíma við kvíðavandamál?
- Kynjamunur – Hvernig birtist kvíði hjá stelpum? En stráku?
- Er það þín upplifun að stelpur leiti sér frekar aðstoðar heldur en strákar? Hvers vegna helduru að það sé
- Hvernig lýsir líðan nemenda sér eftir árstíðum, er vanlíðan meiri á einum tíma heldur en öðrum?
- Hversu mikil áhrif telur þú að samfélagsmiðlar hafa áhrif á líðan viðmælenda þína?
- Hverjar eru ráðleggingar þínar til nemenda sem glíma við kvíða?
- Upplifir þú að nemendur eru að leita sér aðstoðar? Telur þú að það sé stór hluti nemenda sem glími við kvíðaeinkenni en leiti sér ekki aðstoðar? Hvers vegna leita þau sér ekki aðstoðar?

Viðtalsrammi – Þjálfari

- Hver er reynsla þín sem þjálfari og hvaða íþrótt hefur þú þá helst verið að þjálf?
- Hvaða aldur hefur þú mest verið að þjálf?
- Hvort kynið hefur þú verið að þjálf meira?
- Hver er helsti munurinn á að þjálf stelpur og stráka?
- Hvað myndir þú segja um mýtuna um að það sé erfiðara að þjálf stelpur heldur en stráka?
- Hefur þú tekið eftir ákveðnum aldri þar sem hlutirnir fara að breytast á milli kynjanna?
- Hvað finnst þér um sálfræðilega þætti þegar kemur að þjálfun?
- Sem þjálfari, hefur þú hugað að þessum þáttum? (Hvernig þá?)

- Hefur þú, einhverntíman á þínum þjálfaraferli, upplifað að einhver iðkenda þinna sé að glíma við kvíða og leiti til þín? Hver voru þín fyrstu viðbrögð þegar sá einstaklingur leitaði til þín?
- Nýlega hefur umræðan í samfélaginu verið að kvíðaeinkennum hjá stelpum hafi aukist gríðarlega síðustu ár og hafa rannsóknir og greining staðfest það.
- Hefur þú tekið eftir einhverjum mun á iðkendum t.d. hvað kvíða varðar núna í dag og t.d fyrir 20 árum? Hvernig þá?
- Hvernig heldur þú að staðan sé á Íslandi varðandi þunglyndi eða kvíða hjá leikmönnum almennt?
- Undanfarin ár hafa annars lagið þekktir fótboltamenn stigið fram og sagt frá andlegum veikindum sem þeir hafa verið að glíma við. Heldur þú að það séu færri tilfelli þar sem strákar glími við einhvers konar andleg veikindi heldur en stelpur eða er þeim bara kennt að halda þessu útaf fyrir sig og ræða þetta ekki á meðan stelpur hafa tilhneigingu til að tala meira um hlutina út á við?
- Hvaða áhrif telur þú að stunda hópíþrótt hafi á líðan einstaklinga?
- Hvaða áhrif geta foreldrar haft á börnin sín með því að setja aukna pressu á þau varðandi að ná betri árangri o.s.frv.
- Hvað finnst þér um þetta tal um aumingjavæðinguna?
- Hvernig er líkamsímynd stúlkna sem þú hefur verið að þjálf?