

# Exploring the Role of Social Connectedness and Health Anxiety in Predicting Psychological Well-being

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## ABSTRACT

**Background:** Due to COVID-19 pandemic, social distancing was taken as one of the precautionary measure in India. Uncertainty about signs and symptoms, modes of transmission, and lack of definite treatment of COVID-19 have put the mental health of people in India at risk. This study was carried out to explore the role of connectedness, affiliation, and companionship factors of social connectedness and health anxiety in predicting psychological well-being and its components. **Method:** This study was carried out on 317 Indian adults recruited through convenience sampling method during July 2020 to November 2020. Hypotheses were tested using linear regression methods. **Results:** Companionship predicted 1.9% and 7.7% of variance in autonomy and environmental mastery, respectively. Affiliation predicted 6.7% variance in personal growth. Connectedness and companionship explained 26.8% variance of positive relationships with others and 16.1% of self-acceptance. Health anxiety predicted 6.3%, 6.8, 6.7%, 8.3%, and 9% variance of autonomy, environmental mastery, personal growth, positive relationship with others, and self-acceptance, respectively. **Conclusion:** "Connectedness" and "companionship" were the significant predictors of "positive relationships with others" and "self-acceptance." "Companionship" predicted "autonomy" and "environmental mastery," whereas "personal growth" was predicted by "affiliation." Health anxiety predicted all domains of psychological well-being except purpose of life.

**Keywords:** Companionship, Connectedness, COVID-19, Health anxiety, Psychological well-being

*Asian Pac. J. Health Sci.*, (2022); DOI: 10.21276/apjhs.2022.9.4S1.18

## INTRODUCTION

In the year 2020, the highly contaminating COVID-19 virus affected the humans across the globe. In the absence of definite treatment, preventive measures such as hand sanitization, wearing face mask, social distancing, home isolation, and work from home were recommended<sup>[1]</sup> which resulted in social disconnectedness.<sup>[2]</sup> Even though people were connected digitally, the affiliation needs were compromised. Students from Italian universities attributed their psychological distress to inability to see friends, family, uncertainty, and inability to perform physical activities during lock down.<sup>[3]</sup> Due to prolonged social disconnectedness, people reported experience of stress, anxiety, depression, sleep disturbances, and emotional exhaustion which affected psychological well-being.<sup>[4,5]</sup>

This uncertain conditions put the individuals with high health anxiety at high risk as they are more likely to be preoccupied with the "fear of illnesses." They pay excessive attention to bodily changes and misinterpret normal cough or cold or fever as the signs of COVID-19<sup>[6,7]</sup> which further increase their anxiety that may lead to PTSD and depression.<sup>[8]</sup> Social connectedness work as a protective factor against the health anxiety as it helps in reducing the physiological arousal<sup>[9]</sup> and preoccupation with bodily sensations.<sup>[10]</sup>

Researchers found that better social connectedness leads to better quality of life,<sup>[11]</sup> psychological well-being,<sup>[12]</sup> and reduced occurrence of depression.<sup>[13]</sup> Especially, the quality and quantity of the relationships are positively related with personal meaning, life satisfaction, and positive affect.<sup>[14,15]</sup> Whereas poor social connectedness leads to early mortality, depression, low life satisfaction, increased maladaptive behavior, and less purposeful relationships.<sup>[16]</sup>

Since the past few decades, humans were exposed to pandemics due to different contagious diseases which threatened their psychological well-being. However, there is paucity of research exploring how different factors of social connectedness affect different domains of psychological well-being. Thus, the present

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**How to cite this article:** Shaikh E, Pratika P, Exploring the Role of Social Connectedness and Health Anxiety in Predicting Psychological Well-being. *Asian Pac. J. Health Sci.*, 2022;9(4S1):112-116.

**Source of support:** Nil

**Conflicts of interest:** None

**Received:** 01/04/2022 **Revised:** 23/05/2022 **Accepted:** 19/06/2022

study was planned to fill the gap in the relationship between social connectedness and psychological well-being. Further, the role of health anxiety in predicting different domains of psychological well-being was also explored. The findings of this study are expected to use for planning the interventions to reduce the occurrence of health anxiety and promotion of psychological well-being.

## MATERIALS AND METHODS

### Objectives

The aim of the study was to explore the role of social connectedness and health anxiety in predicting psychological well-being.

### Hypotheses

1. Connectedness, affiliation, and companionship factors of social disconnectedness will predict psychological well-being and its different components.

2. Health anxiety will predict psychological well-being and its components.

**Sample**

Three hundred and seventeen Indian adults were recruited through convenient sampling method, out of which 80.44% females (n = 255). The data were collected through an online survey method from July 2020 to November 2020.

**Tools**

*Social connectedness scale*

This eight-item, 5-point Likert scale is developed by Lee and Robbins.<sup>[17]</sup> It is used to measure connectedness, affiliation, and companionship. The Cronbach alpha of the scale is.993.

*Short health anxiety inventory*

This is an 18-items inventory designed by Salkovskis, Rimes, Warwick, and Clark in 2002 to measure the health anxiety among adults.<sup>[18]</sup> The respondents are expected to select any one alternative out of four, based on their experience in the past 6 months.

*Ryff's psychological well-being scale*

This is a 42-items scale measures six components of psychological well-being; namely, autonomy, environmental mastery, personal growth, positive relations, purpose of life, and self-acceptance.<sup>[19]</sup>

[Table 1]. Before the regression analysis, outliers were identified using t-residual distributions and Pearson's correlations were conducted between social connectedness variables, health anxiety, and domains of psychological well-being [Table 2].

**Hypothesis 1: Connectedness, Affiliation, and Companionship Factors of Social Disconnectedness will Predict Psychological Well-being and its Different Components**

The first hypothesis was partially accepted as "companionship" was the only factor that contributed to the variance of the "autonomy" [Table 3]. This may be because people with high companionship do get more social support which increases their perceived control over life. Further, "companionship" was the only predictor of "environmental mastery" as the increased social and emotional support received from the companion helps them to manage challenges resulting from uncertainty and meet the demands resulting from lockdown.

In this study, "affiliation" was found to be the predictor of "personal growth" which states that being affiliated with others can promote personal growth. People who have good relationships not only receive feedback about their strengths but also get the encouragement to pursue their goals. The "positive relationship with others" was successfully predicted by "connectedness" and "companionship." Being connectedness with others makes the relationships more meaningful<sup>[14]</sup> and the resulting support received in adverse conditions promotes psychological well-being in people with high connectedness.<sup>[12]</sup> "Connectedness" and "companionship" were also the significant predictors of "self-acceptance." Self-acceptance depends on what friends, family, and society think about us. People with high connectedness with others feel that others have accepted them and meaningful relationships with others provide cues that people like us which, in turn, increase the self-acceptance in people with high companionship.<sup>[17]</sup>

**RESULTS AND DISCUSSION**

All analyses were performed using IBM SPSS 23. The data were scrutinized for normality using statistical and graphical methods

**Table 1:** Descriptive statistics for social connectedness, health anxiety, and psychological well-being variables (n=317)

Variable	Mean	SD	Std. Error	Skewness	Kurtosis	Kolmogorov-Smirnov		
						Statistic	df	Sig.
Connectedness	11.0158	4.04989	0.22746	0.120	-0.902	0.098	317	0.000***
Affiliation	12.6215	3.68738	0.20710	-0.276	-0.621	0.130	317	0.000***
Companionship	7.6782	2.70909	0.15216	-0.065	-0.839	0.137	317	0.000***
Social connectedness	31.3155	9.41189	0.52862	0.001	-0.706	0.053	317	0.035*
Health anxiety	13.9338	8.28557	0.46536	0.731	-0.033	0.093	317	0.000***
Autonomy	14.9527	3.05658	0.17167	-0.274	0.642	0.125	317	0.000***
Environmental mastery	14.6025	3.20202	0.17984	-0.537	0.804	0.125	317	0.000***
Personal growth	17.0032	3.18074	0.17865	-0.590	0.315	0.114	317	0.000***
Positive relationship with others	13.5868	4.15707	0.23348	0.198	-1.003	0.109	317	0.000***
Purpose of life	13.5363	3.50083	0.19663	0.153	-0.503	0.089	317	0.000***
Self-acceptance	15.7981	3.43800	0.19310	-0.576	0.468	0.105	317	0.000***
Psychological well-being	89.4795	13.32566	0.74844	0.191	-0.259	0.060	317	0.007**

\*\*P<0.01, \*\*\*P<0.001

**Table 2:** Correlation of components of social connectedness and health anxiety with domains of psychological well-being (n=317)

Variables	Connectedness	Affiliation	Companionship	Social connectedness	Health anxiety
Autonomy	0.098	0.104	0.165**	0.130*	-0.257**
Environmental Mastery	0.267**	0.192*	0.274**	0.269**	-0.261**
Personal Growth	0.238**	0.263**	0.232**	0.272**	-0.265**
Positive Relationship with Others	0.463**	0.441**	0.50**	0.516**	-0.293**
Purpose of Life	0.113*	0.180**	0.165**	0.166**	-0.057
Self-Acceptance	0.372**	0.278**	0.391**	0.382**	-0.305**
Psychological Well-being	0.413**	0.389**	0.459**	0.463**	-0.370**

\*P<0.05, \*\*P<0.01

**Table 3:** Beta coefficient for connectedness, affiliation, and companionship when psychological well-being and its components were dependent variables

Variations	Dependent Variables	Unstandardized coefficients		Standardized coefficients	t	Adjusted R <sup>2</sup>
		B	Std. Error	Beta		
(Constant)	Autonomy	13.652	0.616		22.151	0.019
Connectedness		-0.042	0.068	-0.055	-0.617	
Affiliation		-0.005	0.070	-0.006	-0.075	
Companionship		0.238	0.103	0.211	2.318*	0.077
(Constant)	Environmental	12.066	0.627		19.258	
Connectedness	Mastery	0.130	0.069	0.164	1.887	
Affiliation		-0.051	0.071	-0.058	-0.713	0.067
Companionship		0.228	0.104	0.193	2.180*	
(Constant)	Personal Growth	13.984	0.626		22.356	
Connectedness		0.064	0.069	0.082	0.937	0.268
Affiliation		0.147	0.071	0.170	2.069*	
Companionship		0.060	0.104	0.051	0.575	
(Constant)	Positive Relationship with Others	6.574	0.724		9.077	0.028
Connectedness		0.159	0.079	0.155	2.008*	
Affiliation		0.139	0.082	0.124	1.698	
Companionship		0.456	0.121	0.297	3.775**	0.161
(Constant)	Purpose of Life	11.311	0.703		16.098	
Connectedness		-0.070	0.077	-0.081	-0.912	
Affiliation		0.145	0.080	0.153	1.823	0.218
Companionship		0.152	0.117	0.118	1.300	
(Constant)	Self-Acceptances	11.878	0.641		18.524	
Connectedness		0.175	0.070	0.206	2.490*	0.068
Affiliation		-0.060	0.073	-0.064	-0.825	
Companionship		0.358	0.107	0.282	3.350**	
(Constant)	Psychological Well-being	69.464	2.399		28.952	0.134
Connectedness		0.417	0.263	0.127	1.583	
Affiliation		0.315	0.272	0.087	1.159	
Companionship		1.491	0.400	0.303	3.730***	

\*P&lt;0.05, \*\*P&lt;0.01, \*\*\*P&lt;0.001

**Table 4:** Beta coefficient for health anxiety when psychological well-being components were dependent variables

Variations	Dependent variables	Unstandardized coefficients		Standardized coefficients	t	Adjusted R <sup>2</sup>
		B	Std. Error	Beta		
(Constant)	Autonomy	16.271	0.326		49.982	0.063
Health Anxiety		-0.095	0.020	-0.257	-2.711***	
(Constant)	Environmental	16.009	0.341		47.002	0.068
Health Anxiety	Mastery	-0.101	0.021	-0.261	-4.801***	
(Constant)	Personal Growth	18.421	0.338		54.508	0.067
Health Anxiety		-0.102	0.021	-0.265	-4.880***	
(Constant)	Positive Relationship with Others	15.635	0.438		35.70	0.083
Health Anxiety		-0.147	0.027	-0.293	-5.44***	
(Constant)	Purpose of Life	13.872	0.385		36.018	0.000
Health Anxiety		-0.024	0.024	-0.057	-1.014	
(Constant)	Self-Acceptances	17.560	0.361		48.667	0.090
Health Anxiety		-0.126	0.022	-0.305	-5.679***	
(Constant)	Psychological Well-being	97.769	1.364		71.665	0.134
Health Anxiety		-0.595	0.084	-0.370	-7.066***	

\*\*P&lt;0.001

In this study, the domains of social connectedness did not found to predict "purpose of life." This result was contradicted with the findings reported by Eraslan-Capan<sup>[14]</sup> and Kaminski *et al.*<sup>[20]</sup> which states that people with high social connectedness have good psychological well-being as it makes the relationship meaningful and purposeful.

Companionship was the only factor that played a significant role in predicting overall psychological well-being of the participants. The results of this study were supported by the findings stating that social connectedness leads to better psychological outcomes, quality of life, and psychological well-being.<sup>[11,21]</sup>

## Hypothesis 2: Health Anxiety will Predict Psychological Well-being and its Components

The second hypothesis was partially accepted as health anxiety was found to be a significant predictor of all components of psychological well-being except purpose of life [Table 4]. It was found that increased health anxiety reduces the "autonomy" due to difficulties in taking decisions and acting on them during pandemic. Because of the restrictions imposed on the movements outside one's own house, except emergencies and medical reasons, to prevent the spread of COVID-19, people with high

health anxiety were unable to meet health professional to seek reassurance regarding their health status. In pandemic, individuals with high health anxiety experienced low mastery over their immediate environment. This is due to their perceived lack of control over the amount and type of information shared on social media regarding COVID-19 which was the source of their increased anxiety.<sup>[22,23]</sup>

In pandemic, the priority of the people was to survival rather than self-growth. It is especially true for people with high health anxiety. Due to their intense survival instinct, they focused more on their internal body changes to detect early signs and symptoms of COVID-19 and prevent its adverse consequences than personal goals and aspirations. With the excessive engagement with their health, they had less time to think and plan about their goals.<sup>[5]</sup>

In the first and the second wave of COVID-19, uncertainty about signs and symptoms, its changing nature, and modes of spreading had increased fear in people. The condition was worst for people with high health anxiety. In their efforts to protect themselves from the infection, they start perceiving every individual as a carrier or spreader of COVID-19. They had adopted an extreme level of self-isolation and preferred to avoid going into the public gatherings, funerals, and marriage ceremonies of their relatives. This had affected the quality of relationships with others and this in turn reduced the psychological well-being in people with higher health anxiety.<sup>[2]</sup>

The health anxiety had reduced the "self-acceptance" in participants as they prone to pay more attention to their weaknesses than strengths and they also had low self-confidence due to inability to control fear of being infected.<sup>[5]</sup>

## CONCLUSIONS

1. Companionship predicted autonomy and environmental mastery.
2. Affiliation predicted personal growth.
3. Positive relationships with others and self-acceptance were predicted by connectedness and companionship.
4. Health anxiety was the significant predictor of autonomy, environmental mastery, personal growth, positive relationship with others, and self-acceptance.

## Limitations

The results drawn from the study could be compromised due to its limitations such as: Use of self-report measures and online survey methods for collection of data. The finding is also limited due to the use of convenience sampling methods and overrepresentation of female participants. This study did not examine the positive outcomes resulting from the health anxiety during the pandemic such as protecting one's health from highly infectious illness. Mediating or moderating role of social connectedness in predicting the relationship of health anxiety and psychological well-being was not explored.

## Recommendations

Qualitative methods such as structured interviews can provide more detailed information regarding the nature of social connectedness, health anxiety, and psychological well-being as experienced by the participants. Longitudinal research can

provide more fruitful information regarding changes in social connectedness, health anxiety, and psychological well-being and changes in their interrelationships during the different stages of pandemic. The research can be conducted to evaluate the protective role of health anxiety during pandemic conditions.

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