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Happiness and worry in an Iranian adolescents and young adults sample

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The purpose of the present study was to examine the happiness and worry in adolescents and young adults, the effects of gender and age group in these constructs, and the role of happiness in prediction of worry. Participants were 200 adolescents and 200 young adults from Eghlid in Iran and they were selected through random sampling in this survey. A demographic questionnaire, the *Oxford Happiness Inventory* and the *Ahwaz Worry Inventory* were administrated during this study. Resulting data demonstrated that there are significant negative relationships between happiness and worry in adolescents and young adults. Findings rejected the effects of age group and gender-age interaction in happiness and worry but confirmed the role of gender. Also, happiness explained 34, 46 and 41% of worry variation in adolescents, young adults, and total sample respectively.

Key words: Happiness, worry, gender, age.

INTRODUCTION

Happiness is considering as a positive construct in mental health and development. Although this is a new research field but the pursuit of happiness went back to the ancient eras (Coalman, 2007). This was an important issue in ancient manuscripts of Iran such as the inscription that belonged to the Great Dariush King and in which he was wrote that divine created happiness for the man well being. Similarly, the Greece philosopher Aristotle, Buddha, and other ancient scholars addressed about the impact of happiness and positive outlook, and their significance for human life choices because it provide the road map to his well-being.

In scientific psychology, Abraham Maslow, Carl Rogers and Erich Fromm were who developed a few theories and practices that became the foundation of modern positive psychology (Lykken and Tellegen, 1996; Argyle, 2001). Argyle et al. (1989) as pioneers of psychology of happiness indicated that happiness would have three distinct components: The frequency and degree of joy, the average level of life satisfaction over a given period, and an absence of negative feelings. Recent investigations indicated that happiness as a positive emotion could bring a crucial role at both individual and collective levels in psychological interventions (Gable and

Haidt, 2005; Seligman, 2002; Seligman and Csikszentmihalyi, 2000; Seligman, Parks and Steen, 2004; Seligman et al., 2006). Since subjective happiness feelings had significant influences on man life satisfaction and performance. Happiness as a type of phenomenological perception would subjectively lead to more wellbeing and decreased pathology as neuroticism and mental distress, and worry. Thus, several studies explained that human interpretation of happiness experience affected by temporal spectrum and in return would make personal and collective traits and their mental health (Gillham and Seligman, 1999; Khodarahimi, 2008; Seligman and Csikszentmihalyi, 2000). But these investigations in happiness as a positive component mostly were only focused on its positive functions rather than how it related to specific forms of psychopathology and mental illness (Gable and Haidt, 2005; Seligman et al., 2004). Moreover, investigations assumed that happiness equivalent life satisfaction, engagement, and subjective well-being in both physical and mental directions (Csikszentmihalyi, 1997; Seligman, 2002; Seligman and Csikszentmihalyi, 2000).

Additionally, research in relationships and personality revealed that some stable personality traits and

situational variables can produce a global tendency to people and then they will experience life in a generally positive or negative manner (DeNeve and Cooper, 1998). For instance, satisfactory marriage; happy work and close relationships as some examples of positive emotions and happiness evoking issues could lead to long-term increases in psychological well-being and decrease of mental illness (Roberts and Chapman, 2000; Roberts, Caspi and Moffitt, 2003). Here, research supported neuroticism negative linkage to happiness in the case of middle-aged and young adults, and it seems low levels of neuroticism appeared in pathways leading to low levels of negative affects across life situations (Bardi and Ryff, 2007; Gruenewald et al., 2008). Neuroticism could be defined as an enduring tendency to experience negative emotional states like worry and then reduced positive emotions such as happiness. Perhaps the most important ones were conclusions related to trait neuroticism and its interaction with negative emotions including negative affect, worry, and somatic symptoms (Watson, 2000). This approach resulted to an extensive research documenting links between neuroticism and negative affect as well as between extraversion and positive affects (DeNeve and Cooper, 1998; Diener and Lucas, 1999; Fleeson et al., 2002; Weiss et al., 2008). Similarly, Mroczek and Almeida (2004) illuminated that the neuroticism interaction in daily negative could affects as a personality dimension during life span. Therefore, it seemed that the neuroticism as a personality trait will play a major role in individual differences in the positive emotional situations, and hereby neuroticism was strongly associated with negative affects (Almeida and Kessler, 1998; Diener et al., 1999; Suls et al., 1998; Robinson et al., 2007).

Therefore, individuals who scored high on neuroticism were more likely to experience negative feelings such as anxiety, worry, anger, threat, guilt, and depression than the average (Matthews et al., 2009). It is suggested that these neurotic people responded more inefficient to environmental stressors, and they were more likely to interpret their ordinary situations as fearful, threatening, and minor frustrations as hopeless difficulties. Also, they were often self-awareness, self-conscious, and worry, and they might have trouble controlling their urges and delaying of needs gratification, and eventually they might show degrees of worry and low happiness. This speculation was also affirmed to be a predisposition for traditional neurosis due to some negative affects in anxiety disorders (Goleman, 1997; Khodarahimi and Pole, 2010). For example, the cognitive behavior therapy and positive psychotherapy as two effective interventions were emerged from positive emotional constructs like happiness, functional cognitions, realistic point of views and optimism which brought promising news for treating of psychological disorders and targeting pathological symptoms like worry (Khodarahimi and Pole, 2010;

Seligman et al., 2006). Altogether, it suggested that happiness have a negative relationship with worry, as the main precursor of anxiety, stress, and abnormal personality traits.

Worry is a relatively new research field in psychopathology during recent two decades. Borkovec et al. (1983) suggested that worry being worry was a part of threat perception system in human being for reviewing, informing and searching about threatening data, and it might useful for adaptive functioning. In addition, they argued for this reason it has related to appraisal and problem control and its possible impact in vulnerability toward anxiety disorders. Mathews (1990) noted that being worry is an unsuccessful attempt for problem-solving that it was accompanied by mental rehearsal of threatening events. In his viewpoint, worries were more emotion-focused like the case of neuroticism rather than problem-focused rather happiness. Thus, worries included unreal and persistent fear about probability of threats in the present and future which sometimes called pathological worry. Mathews (1990) defined two types of worries: Catastrophic and confused. The first was related to frustration in adaptive problem-solving stages and the second one was related to inability in decision making.

In sum, processing model, cognitive control arousal, and worry functioning are three prominent theories of worry. In processing model, Borkovec and colleagues (1983) emphasized on the significance of cognitive learning and memory mechanisms in emergence of worry. In cognitive control arousal theory, Barlow (2002) and Barlow and Durand (1999) insisted on the significance of ambiguity, negative feelings, internal self-ratings and fear cognitive schema in development of worry. Finally in worry function theory, Tallis and Eysenck (1994) offered three functions for worry. According to them, these are including: Alarm, prompt and preparation functions. However, it seems some cross cultural difference in nature, manifestation and contextual factors of worry. For example, Khodarahimi et al. (2005) indicated that in self-esteem, vocational, other relations, insecurity, detail problems worries and total scale of worry, females have been significantly more worried than males. Also it indicated that worry could identify individuals with anxiety disorders and its mediating effects on the links between neuroticism, anxiety and depression (Fresco et al., 2003; Khodarahimi, 2005; Khodarahimi and Pole, 2010; Muris et al., 2005). Therefore, research about being worry highlighted the nature, mechanisms and some of its correlates, especially to abnormal constructs such as anxiety disorders and related symptomatology (Borkovec and Inz, 1990; Borkovec and Roemer, 1995; Khodarahimi, 2005; Khodarahimi and Pole, 2010; Laugesen et al., 2003).

However, to investigate the relationships between happiness and worry can enhance our scientific literature

in clinical psychology for individual and community based programs. Based on aforementioned evidence in happiness effects to prompting positive outcomes in therapeutic settings and its relationships to neuroticism as a basic source of anxiety and worry, and a lack of evidence about possible linkage between happiness and worry, this study will examine their relationships in an adolescents and young adults samples in Iran. The first hypothesis of the present study is that happiness and worry have a significant negative relationship in an Iranian adolescents and young adults samples. The second hypothesis of the present study is that gender and age group play significant roles in happiness and worry in this sample. Third, we hypothesized that happiness will predict worry in this sample within a multiple regression model.

MATERIALS AND METHODS

Participants

Research population included adolescents (11 to 19 years old) and young adults (20 to 29 years old) in Eghlid, where our university site was located. Eghlid is a provincial and multi ethnic city in the north of Fars in Iran, which officially called Eghlid and Sarhad Chahar Dange. In 2008, Eghlid population was estimated at 103,575 and more than 53,201 inhabitants, and a high rate of adolescents and young adults. The city was mainly agricultural and relatively low industrialization, socio cultural facilities and labor market, especially for these age groups. Its people religion is Muslim and Shiite, and culturally they were characterized by curiosity, persistence, ritualism, religiosity, and hospitality. Participants were 400 adolescents (male $n = 100$ and female $n = 100$) and young adults (male $n = 100$ and female $n = 100$) in that were selected through random sampling. After informed consent was obtained, participants completed a demographic sheet and two self rating inventories.

Materials

The demographic questionnaire included age, gender, religion, ethnicity, level of education, marital status, order of birth, number of siblings, and family size. The two inventories used were: (1) The Oxford happiness inventory (OHI), and (2) the Ahwaz worry inventory (AWI).

Oxford happiness inventory (OHI; Argyle et al., 1989)

The OHI consisted of 29 items that measure satisfaction, positive mood, health, efficacy and self esteem dimensions. Items are rated on a 7-point Likert scale from (1) strongly disagree to (7) strongly agree. High scores on the OHI were indicative of high happiness. The OHI is a measure of global happiness with sub-categories of personal achievement, enjoyment, fun in life, vigor, and health (Argyle et al., 1989, Furnham and Brewin, 1990). The OHI has a reported Cronbach's coefficient alpha of $\alpha = 0.90$ and a test-retest reliability of 0.78 over 7 weeks and 0.67 over 5 months (Argyle et al., 1989). Also they reported that OHI correlated between 0.40 to 0.60 with three dimensions of happiness, positive affect, life

satisfaction, and negative affect and distress.

Research in Iran found six scales, rather than three, using factor analysis with the Persian language version of the OHI (Liaghatdar et al., 2008). These five scales are life satisfaction (8 items), joy (8 items), self-esteem (5 items), calm (3 items), control (4 items), and self-efficacy (1 item). In this research study, OHI concurrent validity was established based on the correlation ($r = 0.73$) between scores of the OHI and those of the Fordyce happiness inventory. In one study, the internal reliability using Cronbach's alpha was 0.92 and test-retest reliability over 6 weeks obtained a reliability coefficient of .73 (Liaghatdar et al., 2003). The current study utilized the Persian language version of the OHI and found the alpha reliability coefficient of all participants to be 0.89.

Ahwaz worry inventory (AWI; Taghvaei, 1997)

The AWI is a Persian language inventory that measure worry as conceptualized by earlier theories of this field (Borkovec et al., 1983; Mathews, 1990; Tallis and Eysenck, 1994). Taghvaei (1997) indicated that AWI conceptualization and psychometric specifications was resembled to the Penn State Worry Questionnaire (PSWQ; Meyer et al., 1990). PSWQ is a 16 item inventory that widely used to measure pathological worry in both clinical and non-clinical populations (Meyer et al., 1990). The AWI consists of 20 questions with four possible answers that include "always," "often," "sometimes," and "never" with numerical values of 3, 2, 1, and 0, respectively. AWI include a total scale and eight subscales. These eight scales are economic worry (4 items), self-esteem worry (4 items), future worry (3 items), vocational worry (1 item), worry about relations with others (2 items), cognitive worry (3 items), worry from insecurity (1 item) and worry about detailed problems (2 items). Taghvaei (1997) revealed the AWI concurrent validity to somatic complaints subscale of SCI-90-R and emotional control questionnaire was 0.33 and 0.24 ((Derogatis, 1977; Roger and Neshoever, 1987). The AWI reliability using test-retest reliability obtained a coefficient of 0.71 (Taghvaei, 1997). The AWI psychometric properties was initially confirmed in university students and in further investigations it received a stronger justification regarding the assessment of worry in adolescents and young adults (Khodarahimi, 2005; Khodarahimi et al., 2005; Mohammadi, 2002; Rezaifard, 2006). The current study using AWI found the alpha reliability coefficient of all participants to be .90.

RESULTS

To test first hypothesis, two separate correlational analyses were conducted to evaluate relationships between the OHI and AWI and their subscales in adolescents and young adults. This was computed among the 15 variables in an effort to assess the degree that these quantitative variables were positive and linearly related in the sample. Present findings in adolescents indicated that life satisfaction has significant negative correlations worry and all of its subscales, except detailed problems. Joy has significant negative correlations to economic, future, relations with others, cognitive, insecurity and total score of worry. Self esteem as a subscale of happiness has significant negative correlations to economic, future, cognitive, detailed problems and total worry score. Calm has significant

Table 1. Happiness and worry correlation coefficients in adolescents.

Variable	2	3	4	5	6	7	8	9	10	11	12	13	14	15	AWI
Life satisfaction	0.644**	0.594**	0.505**	0.573**	0.226**	0.866**	-0.256**	-0.143*	-0.342**	-0.171*	-0.198**	-0.317**	-0.243**	-0.110	-0.324**
Joy		0.566**	0.506**	0.648**	0.312**	0.859**	-0.196**	-0.082	-0.198**	-0.130	-0.161*	-0.241**	-0.214**	-0.116	-0.237**
Self-esteem			0.480**	0.565**	0.322**	0.780**	-0.175*	-0.127	-0.212**	-0.020	-0.119	-0.208**	-0.142*	-0.142*	-0.219**
Calm				0.541**	0.303**	0.693**	-0.214**	-0.193**	-0.313**	-0.215**	-0.238**	-0.322**	-0.104	-0.260**	-0.341**
Control					0.376**	0.795**	-0.172*	-0.163*	-0.291**	-0.164*	-0.241**	-0.228**	-0.171*	-0.173*	-0.286**
Efficacy						0.420**	-0.085	-0.071	-0.123	-0.164*	-0.133	-0.082	-0.058	-0.132	-0.144*
OHI							-0.254**	-0.163*	-0.331**	-0.176*	-0.230**	-0.322**	-0.231**	-0.180*	-0.342**
Economic								0.498**	0.529**	0.326**	0.295**	0.432**	0.333**	0.343**	0.759**
Self-esteem									0.570**	0.307**	0.317**	0.441**	0.260**	0.450**	0.767**
Future										0.456**	0.409**	0.562**	0.328**	0.374**	0.797**
Vocational											0.157*	0.253**	0.246**	0.138	0.476**
Relations with others												0.512**	0.401**	0.396**	0.604**
Cognitive													0.459**	0.499**	0.764**
Insecurity														0.273**	0.528**
Detailed problems															0.633**

* $p \leq .05$, ** $p \leq .01$, OHI: Oxford happiness inventory; AWI: Ahwaz worry inventory.

negative relationships with worry and its subscales, except insecurity. Control has significant negative relationships with worry and its subscales. Efficacy only has significant negative relationships to vocational and total worry score. OHI has significant negative relationships to AWI and its entirety (Table 1). While present findings in young adults indicated that life satisfaction, joy, self-esteem, calm, control and OHI were significantly negatively related to AWI and all of its subscales, efficacy factor only was negatively related to economic, future, vocational, cognitive, insecurity and worry total score (Table 2).

The second hypothesis of the present study is that gender and age group play significant roles in happiness and worry in this sample. A pair of t-

test for independent groups was conducted to compare means between gender and age groups in happiness, worry and their subscales. In happiness, findings indicated males had significantly higher calm $t(398) = -2.11$, $p = 0.03$, and control, $t(398) = -2.09$, $p = .003$, than females. In worry, females had significantly higher worry in self esteem, $t(398) = 3.86$, $p = 0.0001$, and detailed problems, $t(398) = 4.26$, $p = 0.0001$, than males. In happiness, young adults had significantly higher joy, $t(397) = 1.96$, $p = 0.05$, than adolescents. In worry, young adults had significantly higher worry in economic, $t(398) = 2.30$, $p = 0.02$, future, $t(398) = -2.04$, $p = 0.02$, and vocational, $t(398) = -3.59$, $p = 0.0001$, than adolescents. Additionally, to examine possible gender and age group differences and their

interactions, a multivariate analysis of variance (MANOVA) was conducted with gender, age group their interactions as independent variables and OHI, AWI and their subscales as dependent variables. There were gender differences, *Wilks' k* = 0.881; $F(14, 381) = 3.68$; $p = 0.0001$, in two subscales. Findings indicated that males having higher means than females in calm and control subscales of happiness. But females having higher means than males in self esteem, future, economic subscales of worry and total worry scale. Age group differences, *Wilks' k* = 0.945; $F(14, 381) = 1.58$; $p = 0.08$, were not significant. Gender and age group interactions effects, *Wilks' k* = 0.953; $F(14, 381) = 1.33$; $p = 0.18$, were not significant (Tables 3 and 4).

Finally, the results from the multiple regressions

Table 2. Happiness and worry correlation coefficients in young adults

Variable	2	3	4	5	6	7	8	9	10	11	12	13	14	15	AWI
Life satisfaction	0.705**	0.593**	0.618**	0.587**	0.347**	0.876**	-0.351**	-0.214**	-0.398**	-0.436**	-0.214**	-0.409**	-0.365**	-0.313**	-0.446**
Joy		0.695**	0.599**	0.691**	0.395**	0.898**	-0.302**	-0.165*	-0.405**	-0.378**	-0.209**	-0.348**	-0.295**	-0.407**	-0.413**
Self-esteem			0.625**	0.684**	0.368**	0.831**	-0.156*	-0.161*	-0.270**	-0.284**	-0.279**	-0.331**	-0.281**	-0.324**	-0.330**
Calm				0.595**	0.356**	0.770**	-0.237**	-0.203**	-0.261**	-0.293**	-0.208**	-0.280**	-0.274**	-0.284**	-0.336**
Control					0.376**	0.807**	-0.229**	-0.167*	-0.328**	-0.285**	-0.281**	-0.338**	-0.255**	-0.352**	-0.366**
Efficacy						0.481**	-0.134	-0.092	-0.187**	-0.207**	-0.127	-0.211**	-0.172*	-0.116	-0.202**
OHI							-0.325**	-0.216**	-0.416**	-0.419**	-0.272**	-0.421**	-0.359**	-0.401**	-0.463**
Economic								0.504**	0.662**	0.567**	0.359**	0.618**	0.316**	.375**	0.821**
Self-esteem									0.577**	0.366**	0.434**	0.426**	0.348**	.465**	0.753**
Future										0.586**	0.366**	0.628**	0.367**	.510**	0.839**
Vocational											0.203**	0.440**	.274**	.333**	.630**
Relations with others												0.409**	.391**	.455**	.598**
Cognitive													.544**	.529**	.801**
Insecurity														.336**	.551**
Detailed problems															.678**

*p ≤ .05, **p ≤ .01, OH I: Oxford happiness inventory; AWI: Ahwaz worry inventory.

for the third hypothesis revealed that OHI and calm subscale, OHI, and OHI altogether explained 37, 46, and 41% of worry variation in adolescents, young adults and total sample respectively (Table.5).

DISCUSSION

The results from this study in the first hypothesis demonstrated that OHI and its life satisfaction, Joy, self-esteem, calm; control and efficacy subscales were significant negatively related to worry and some of its subscales in adolescent. But in young adults, it indicated that life satisfaction, joy, self-esteem, calm, control and OHI were significantly negatively correlated to AWI and all of its subscales. These findings affirm

the effects of happiness as a positive emotion in a balanced and healthy life at individual level (Argyle et al., 1989; Csikszentmihalyi, 1997; Gable and Haidt, 2005; Khodarahimi, 2008; Seligman, 2002; Seligman and Csikszentmihalyi, 2000; Seligman et al., 2004; Seligman et al., 2006). In addition, based on a personality approach these findings could highlight happiness functions and its possible relationships as neuroticism as the main source of worry (Bardi and Ryff, 2007; DeNeve and Cooper, 1998; Diener and Lucas, 1999; Fleeson et al., 2002; Gruenewald et al., 2008; Mroczek and Almeida, 2004; Watson, 2000; Weiss et al., 2008). Therefore, based on a huge number of literature, it seems that worry can decrease the level of happiness and then produce lack of positive emotions, and increase neuroticism, negative

emotions, depression, anxiety and mental illness and hereby threat individual adaptive functioning (Barlow, 2002; Barlow and Durand, 1999; Borkovec et al., 1983; Goleman, 1997; Khodarahimi, 2010; Khodarahimi and Pole, 2010; Mathews, 1990; Rezayifar, 2006).

The results from this study in second hypothesis demonstrated that males had significantly higher calm, and control than females in happiness construct. However, females had significantly higher worry in self-esteem, and detailed problems than males in worry construct. Alternatively, young adults had significantly higher joy than adolescents, and young adults had significantly higher worry in economic, future, and vocational than adolescents. MANOVA indicated that males have higher means than females in calm and control subscales of happiness, and

Table 3. MANOVA tests of between-subjects effects.

Dependent	Gender		Age group	
	F	p	F	p
Life satisfaction	0.997	.319	0.689	0.407
Joy	1.294	.256	3.981	0.047
Self-esteem	1.156	0.283	0.998	0.318
Calm	4.993	0.026	1.903	0.169
Control	4.459	0.035	0.063	0.802
Efficacy	0.765	0.382	1.911	0.168
OHI	2.637	0.105	2.027	0.155
Economic	1.940	0.164	4.672	0.031
Sel-esteem	14.680	0.000	1.025	0.312
Future	3.926	0.048	4.558	0.033
Vocational	0.001	0.973	12.594	0.000
Relations with others	1.389	0.239	0.865	0.353
Cognitive	1.145	0.285	0.038	0.846
Insecurity	0.988	0.321	0.525	0.469
Detailed problems	19.282	0.000	0.308	0.579
AWI	4.092	0.044	3.650	0.057

OHI: Oxford happiness inventory; AWI: Ahwaz worry inventory.

Table 4. Descriptive statistics of dependent variables by gender and age group.

Dependent	Gender				Age group			
	Female		Male		Adolescents		Young adults	
	M	SD	M	SD	M	SD	M	SD
Life satisfaction	13.96	4.810	14.43	4.497	14.36	4.501	14.04	4.812
Joy	13.49	3.986	13.86	3.970	14.06	3.788	13.29	4.132
Self-esteem	8.82	2.691	9.10	2.726	9.08	2.540	8.83	2.869
Calm	4.74	1.962	5.13	1.669	5.05	1.793	4.82	1.863
Control	6.84	2.284	7.28	1.890	7.08	2.117	7.06	2.099
Efficacy	1.62	0.889	1.68	0.836	1.70	0.861	1.60	0.863
OHI	49.48	13.759	51.49	12.532	51.34	12.423	49.62	13.889
Economic	6.10	3.379	6.64	3.413	5.98	3.222	6.76	3.539
Self-esteem	7.36	2.931	6.26	2.866	6.70	2.924	6.92	2.972
Future	5.06	2.356	4.64	2.394	4.60	2.237	5.08	2.500
Vocational	1.69	1.179	1.72	1.139	1.50	1.121	1.91	1.161
Relations with others	2.72	1.720	2.52	1.579	2.56	1.640	2.68	1.665
Cognitive	4.28	2.417	4.04	2.359	4.14	2.311	4.18	2.469
Insecurity	1.08	1.016	.99	.987	1.00	0.975	1.07	1.030
Detailed problems	3.42	1.806	2.67	1.737	3.02	1.716	3.08	1.902
AWI	31.71	12.259	29.48	11.940	29.52	11.362	31.67	12.804

females having higher means than males in self esteem, future, economic subscales of worry and total worry scales. But it rejected the age group differences and gender-age group interactions affects in both happiness and worry. These findings are consistent

to previous evidence in worry as an engendered construct which they showed significant higher worry and self-esteem, future, other relations, and insecurity worries among women, and they noted females more likely prone than males to worry at all ages (Blankstein and Lumley,

Table 5. Multiple stepwise regressions for happiness and worry prediction by age group.

	Predictor	R	R ²	β	t	p
Adolescents	OHI	0.342	0.117	-0.342	-5.12	0.0001
	OHI	0.371	0.138	-0.204	-2.21	0.02
	Calm			-0.200	-2.18	0.03
Young adults	OHI	0.463	0.215	-0.463	-7.323	0.0001
Total sample	OHI	0.413	.171	-0.413	-9.023	0.0001

OHI : Oxford happiness inventory; AWI: Ahwaz worry inventory.

2008; Khodarahimi et al., 2005; Newport and Pelham, 2009). However, this study indicated a stronger linkage between happiness and worry in young adults, and also they had significant higher worry than adolescents. This is in contrast to Fournier et al. (1996) who found a higher rate of worry in adolescents. This is in agreement to a recent investigation by the Gallup institute which showed a higher worry in young adults than other age groups (Newport and Pelham, 2009). Therefore, it seems higher worry in young adults in present study might have some socio-cultural rather than biological underpinnings.

Finally, the results from the third hypothesis revealed that OHI and calm subscale, OHI, and OHI altogether explained 37, 46, and 41% of worry variation in adolescents, young adults and total sample respectively. This is an exploratory issue in present research. In conclusion, the current research adds to the psychology literature because it explored happiness and worry relationships, the influence of gender and age group in happiness and worry, and the role of happiness in worry prediction in an Iranian sample. These results might be beneficial for happiness application in promotion of personal positive mental health. Thus, practitioners and policy makers could apply these measures for screening purposes and then provide more suitable individual and collective interventions to them in clinical and non-clinical settings. However, this study was limited because it only relied on correlational data and non clinical adolescents and young adults. However, future research may apply multiple measures in happiness and worry by using experimental and longitudinal designs for this purpose, and to examine these constructs across different cultural samples in both clinical and non-clinical populations. However, prospective models in happiness and worry interrelatedness need to continue their explanations in this area based on these four frameworks: Personality (that is, neuroticism, perfectionism), cognitive (that is, cognitions, appraisal, and coping), developmental (that is, socialization, child rearing practices), and neuropsychological (that is, neurotransmitters, hormones, brain structures).

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