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**The Relationship between Excessive Worrying and
Social Maladjustment among Internally Displaced
Students in Bamenda Municipality: Implication for
Clinical Counselling**

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Abstract

Purpose: The goal of this study was to investigate the relationship between excessive worrying social maladjustment among internally displaced students in Bamenda municipality.

Methodology: The study employed a mixed methods correlational survey research design. The target population of the study consisted of 635 internally displaced students. The purposive and the disproportionate stratified sampling techniques was used to select the sample for the study. Quantitative data was collected through a questionnaire while a semi-structured interview guide was used to collect qualitative data from a sample of 160 participants. Questionnaires were completed by 150 internally displaced while 10 other respondents comprising school administrators, Counsellors and teachers were interviewed. Data was analyzed with the aid of the Statistical Package for Social Sciences (SPSS) version 26.0 for Windows. Descriptive statistics such as simple percentages mean scores and standard deviation, and inferential statistics

such as the Pearson Product Moment Correlation test were used to analyze quantitative data while qualitative data were analyzed using content analysis with the support of ATLAS.ti software version 8.0.

Findings: The findings revealed that excessive worrying ($r=.872$, $df= 148$, $p=.000$, $far < 0.05$) have a positive correlation with social maladjustment among internally displaced students in Bamenda municipality.

Recommendations: Based on the findings, it was recommended that school Counsellors, teachers and school administrators in the Bamenda municipality should develop and enhance their knowledge and competencies on mechanisms to detect and systematically manage and rehabilitate internally displaced students suffering from Generalized Anxiety Disorder (GAD) in their schools in order to improve the motivation, attention and performance of the learners.

Keywords: *Excessive Worrying, Social Maladjustment, Internally Displaced Students, Bamenda Municipality*

1.0 INTRODUCTION

Generalized Anxiety Disorder (GAD) is a psychiatric disorder that is characterized by uncontrollable worry and anxiety. According to Tyrer and Baldwin (2006), although it is common for most people to experience some anxiety and worry from time to time, the symptoms are much more severe for those with GAD. Furthermore, they experience physical symptoms associated with their anxiety, such as sleep difficulties, muscle tension, and feelings of restlessness. People with GAD worry on most days and have difficulties controlling it (Gale & Davidson, 2007). Yonkers, Dyck, Warshaw and Keller (2000) note that there are a variety of topics that people with GAD might worry too much about, for example, the health of themselves or loved ones, job or school-related issues, and finances. They might also worry about minor things, like being on time or getting errands or household chores done. Some people with GAD also worry excessively about world-related issues, such as environmental problems or natural or man-made disasters. Most people with GAD also experience another anxiety disorder and/or a mood disorder (for example, major depression) (Yonkers et al., 2000).

Tyrer and Baldwin (2006) affirm that although the median age of onset of Generalized anxiety disorder (GAD) is 30, many people develop the disorder as early as adolescence and as late as middle age (or even older). There are several factors that are associated with the development of GAD, including a family history of GAD or other anxiety or mood disorders, biological factors, personality and psychological factors, stressful life events and environmental stressors such as the Anglophone Crisis currently ongoing in the Northwest and Southwest regions of Cameroon.

According to APA (2013), social maladjustment is conceptualized as a conduct problem, whereby maladjusted persons choose not to conform to socially acceptable rules and norms. Socially maladjusted persons demonstrate knowledge of school/social norms and expectations and consistently demonstrate a pattern of intentionally choosing to break rules and violate norms of acceptable behaviour (Richard & Dodge, 1982). Maladjusted youth perceive themselves as “normal.” Although these students can behave appropriately, they choose to break rules and violate norms of acceptable behaviour. Socially maladjusted students view rule breaking as normal and acceptable. In a clinical view, Clarizio (1987) posits that social maladjustment includes those disorders that, by their very nature, tend to manifest in an externalized response. These are mostly referred to as conduct disorders, oppositional disorders or antisocial disorders. Social maladjustment is manifested through actions that demonstrate little remorse for misbehaviour, blaming others for their own problems and may have a concomitant character or personality disorder (Clarizio, 1992)

Background

Watson (2005), explained the high comorbidity between GAD and depressive disorders remained problematic during the preparation of *DSM-5*. This high comorbidity has been explained in various ways, including genetic pleiotropy which means that GAD and nonbipolar depression might represent different phenotypic expression of a common etiology. Accordingly, it was proposed to merge GAD and nonbipolar depression in a spectrum of mood/anxiety disorders, by creating three subclasses of emotional disorders: (i) bipolar disorders; (ii) distress disorders (Major Depressive Disorder or MDD, dysthymic disorder, GAD, and posttraumatic stress disorder [PTSD]); and (iii) fear disorders (PD, agoraphobia, social phobia, and specific phobia), according to Gorwood (2005).

According to APA (2014), the final version of *DSM-5* did not differ much from *DSM-IV*, GAD being defined by the following diagnostic criteria:

- A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- B. The individual finds it difficult to control the worry.

- C. The anxiety and worry are associated with three (or more) of the following six symptoms: Restlessness or feeling keyed up or on edge, being easily fatigued, Difficulty concentrating or mind going blank, Irritability, Muscle tension, Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).

Excessive Worrying

Andrews, Hobbs, Borkovec, Beesdo, Craske, Heimberg and Stanley (2010) affirm that one of the most common symptoms of an anxiety disorder is excessive worrying. People with anxiety disorders will worry disproportionately about events or everyday situations. A doctor will diagnose someone with a generalized anxiety disorder if this worrying occurs on most days for at least 6 months and is difficult to control. Andrews et al. (2010) remark that the worrying must also be severe and intrusive, making it difficult to concentrate and accomplish daily tasks.

According to Rietveld, Van Dolen, Mazloom and Worrying (2020), everybody experiences general feelings of nervousness or a sense of being worried about something. In fact, a study by Freeston, Dugas and Ladouceur (1996) has shown that almost 2 in every 5 people worry at least once every day. For some people though, worrying and feeling anxious is chronic and can seem to take over. Chronic worrying is a central feature of generalized anxiety disorder, which can affect any kind of person at any stage of their life. It is estimated that about 1 in every 20 people experience significant generalized anxiety at some point in their lives (Mathews, 1990).

Szabó (2011) notes that experiencing occasional worrying is a normal part of life. However, people with anxiety disorders such as Generalized Anxiety Disorder (GAD) frequently have intense, excessive and persistent worry and fear about everyday situations. Often, anxiety disorders involve repeated episodes of sudden feelings of intense anxiety and fear or terror that reach a peak within minutes (panic attacks). Szabó (2011) states that these feelings of worry and panic interfere with daily activities, are difficult to control, are out of proportion to the actual danger and can last a long time. You may avoid places or situations to prevent these feelings. Symptoms may start during childhood or the teen years and continue into adulthood (Szabo, 2011).

For Ruscio, Lane, Roy-Byrne, Stang, Stein, Wittchen and Kessler (2005), feeling worried is very much a part of the experience of being human. Worry is actually a survival instinct when it occurs in response to a realistically dangerous situation. Think about how you might react if a dangerous animal approached you. Most likely you would respond with fear. In fact, it is often helpful to respond with fear at times like this because when we become worried and afraid, our body goes through a whole series of changes that ultimately serve to protect us. This worry or fear response would probably lead us to either run for our lives or become sufficiently 'pumped up' to physically defend ourselves (Ruscio et al, 2005). As you can see from this example, the experience of fear is part of the process of survival.

Buhr and Dugas (2009) argue that worrying can also be experienced in less threatening situations. For example, athletes before a big game or race will feel some degree of worrying. This is a good thing, as some anxiety in this situation will pump them up and get them ready to compete. Worrying only becomes a problem when it is out of proportion to the situation, that is, when it often occurs in situations where there is no actual threat or danger. Buhr and Dugas (2009) claims that some anxiety might be anticipated in certain situations (e.g., a job interview, making a sales pitch), but if the anxiety is so extreme that it stops you from doing what needs to be done, then it becomes a problem. When anxiety occurs at this extreme level, it interferes with your quality of life.

While worrying and feeling nervous is something that all human beings experience, as with many things in life, too much of something may not be good for you. Wittchen and Hoyer (2001) contend that normal worrying can become a problem when it is: excessive, feels uncontrollable, is experienced as intrusive in your life, is persistent – seeming to always be around, and causes you significant

distress, or impairs your ability to go about your day-to-day life. This is when normal worrying becomes generalized anxiety disorder (Wittchen & Hoyer, 2001). The present study takes a look at excessive worrying as part of Generalized Anxiety Disorder and seeks to correlate it with social maladjustment among internally displaced students in the Bamenda municipality.

Social Maladjustment

Some researchers (Center, (1990; Merrell & Walker, 2004) define social maladjustment as a “pattern of engagement in purposive antisocial, destructive, and delinquent behaviour.” These researchers often try to equate social maladjustment, a statutory term, to medical diagnoses and often compare social maladjustment with diagnoses such as conduct disorder, oppositional defiant disorder and attention deficit/hyperactivity disorder (Center, (1990; Merrell & Walker, 2004). Under this approach, social maladjustment involves willful behavior and conduct that is purposive whereas the behaviour of students with emotional disturbance is not goal oriented and emotionally disturbed students are not necessarily “choosing” to misbehave.

However, scholars in the area such as Skiba and Grizzle (1991) criticize the association with purposive behaviour on two grounds. First, they argue that defining social maladjustment as involving purposive behavior requires relying on the questionable practice of attempting to look within the child and make external inferences about a student’s internal motivations. Additionally, others such as Paykel, Weissman and Prusoff (1978) argue that distinguishing emotional disturbance and social maladjustment on the basis of intentionality involves creating false dichotomies because both groups are capable of purposeful or planned behaviour and both are capable of impulsive or unintentional acts.

Others such as Hjern, Lindblad and Vinnerljung (2002) suggest that social maladjustment refers to students who have been formally adjudicated for delinquent behavior. This construct agrees that such youths engage in antisocial behaviour in a willful manner (like the purposive construct) but adds an additional requirement that the students must have engaged in unlawful behaviour. According to Herzog, Norman, Rigotti and Pepose (1986), the explanation for the association of these concepts is simply that “socially maladjusted” is a “less noxious term” for juvenile delinquent.

Tobore (2019) posits that third construct contrasts internalized reactions against externalizing behaviours. Under this approach, the student with emotional disturbance internalizes these emotional problems (similar to those with major depressive disorder) whereas the student with social maladjustment externalizes them through behaviours (like those with conduct disorders). However, this definition has also been criticized. As an argument, detractors such as Olympia, Farley, Christiansen, Pettersson, Jenson and Clark (2004) note that children who have conduct disorders (or social maladjustment) often exhibit emotional problems and children with emotional disturbance often exhibit conduct problems.

According to Richard and Dodge (1982), Social maladjustment is conceptualized as a conduct problem, whereby maladjusted students choose not to conform to socially acceptable rules and norms. Socially maladjusted students demonstrate knowledge of school/social norms and expectations and consistently demonstrate a pattern of intentionally choosing to break rules and violate norms of acceptable behavior. Maladjusted youth perceive themselves as “normal.” Richard and Dodge (1982) note that although these students are capable of behaving appropriately, they choose to break rules and violate norms of acceptable behavior. Socially maladjusted students view rule breaking as normal and acceptable. Thus, intentionality is the distinguishing feature between social maladjustment and emotional impairment.

Socially maladjustment according to APA (2022) tends to be an educational term which is frequently interchanged with the term conduct disorder in the Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition (DSM-IV) conduct disorder is defined as:

- A. A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of three (or more) of the following criteria in the past twelve months, with at least one criterion present in the past six months: aggression to people and animals, destruction of property, deceitfulness or theft, serious violations of rules.
- B. The disturbance in behavior causes clinically significant impairment in social, academic or occupational functioning.
- C. If the individual is age eighteen years or older, criteria are not met for antisocial personality disorder.

According to Cloth, Evans, Becker and Paternite (2014), behaviour for the socially maladjusted student is motivated by self-gain and strong survival skills. Most of these students demonstrate a lack of age-appropriate concern for their behavior and its effects on others. In addition, socially maladjusted youth display behavior which may be highly valued within a small subgroup, but which may not be within the range of culturally permissible behavior. Socialized or unsocialized forms of aggression may be a feature of social maladjustment (Cloth, Evans, Becker & Paternite, 2014).

Bonanno, Rennie and Dekel (2005) contend that Generalized Anxiety Disorder (GAD) is generally related to the mis-behaviour of socially maladjusted youth, unless it is due to the fear of being caught. The intensity and duration of behaviours demonstrated by socially maladjusted youth differs markedly from the prevailing behaviours typically associated with their peer group. In a clinical view, Bonanno, Rennie and Dekel (2005) note that social maladjustment includes those disorders that, by their very nature, tend to manifest in an externalized response. These are most commonly referred to as conduct disorders, oppositional disorders or antisocial disorders. Social maladjustment is manifested through actions that demonstrate little remorse for misbehavior, blaming others for their own problems and may have a concomitant character or personality disorder (Clarizio, 1987, 1992). The present study focuses on Generalized Anxiety Disorder (GAD) and social maladjustment among internally displaced students in the Bamenda municipality.

Internally Displaced Students

The Guiding Principles on Internal Displacement (UN, 1998) internally displaced persons (IDPs) are persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border. For its part, the United Nations High Commission for Refugees (UNHCR) (2022) adds its voice to this definition by stating that internally displaced people (IDPs) have not crossed a border to find safety. Unlike refugees, they are on the run at home. IDPs stay within their own country and remain under the protection of its government, even if that government is the reason for their displacement. They often move to areas where it is difficult for us to deliver humanitarian assistance and as a result, these people are among the most vulnerable in the world.

According to UN (1998), unlike refugees, internally displaced people do not have a special status in international law with rights specific to their situation. The term "internally displaced person" is merely descriptive. The key elements of the definitions (which is descriptive, rather than providing for a legal status) are (UN, 1998):

- 1) The involuntary character of the movement.
- 2) The fact that such movement takes place within national borders. IDPs include both citizens as well as other habitual residents of the country in which they are displaced, which may include, for example, stateless persons.

Internally displaced people include, but are not limited to:

- Families caught between warring parties and having to flee their homes under relentless bombardments or the threat of armed attacks, whose own governments may be responsible for displacing them
- Residents of poor neighborhoods rendered unsafe and uninhabitable, at least temporarily, by the impacts of weather-related, geophysical or technological hazards
- Indigenous communities forced from their ancestral lands to make way for the construction of dams and other infrastructure projects
- Families pushed to leave their homes by constant harassment by local criminal gangs
- Rural communities whose livelihoods are decimated by drought, leaving them unable to feed their families and forced to seek external help elsewhere
- Communities from coastal, mountainous or arid areas whose land and livelihoods are irrevocably lost because of gradual environmental degradation linked to the impacts of climate change

The UNHCR (2022) maintains that IDPs are entitled to enjoy the same rights and freedoms under international and national laws as do other people in their country. Some of the typical needs and protection risks that arise in internal displacement include family separation, loss of documentation, freedom of movement in and out of camps, loss of property, and further exposure to the risk of secondary or onward displacement. To the UNHCR (2022), achieving a durable solution to internal displacement means that IDPs no longer have any specific assistance and protection needs that are directly linked to their displacement and can enjoy their human rights without discrimination on account of their displacement. Attaining a durable solution to internal displacement is a process that can be achieved through sustainable integration:

- back in the place of origin (return)
- in the area where IDPs have taken refuge (local integration); or
- elsewhere in the country (relocation)

The Guiding Principles on Internal Displacement (UN, 1998) sets out the rights of internally displaced persons (IDPs) and the obligations of governments towards them in accordance with international law. The document emphasizes the primary responsibility of national authorities for protecting and assisting all IDPs, regardless of the cause of their displacement.

At the end of 2020, some 48 million people were internally displaced due to armed conflict, generalized violence or human rights violations, according to UNHCR (2022). For their part, the Internal Displacement Monitoring Centre (IDMC) (2022) submits that as of the end of 2019, 50.8 million people were living in internal displacement because of conflict, violence and disasters. These numbers show that internal displacement is a crisis of enormous proportion and yet, the world is largely unaware. According to this organization, millions of people are forced to flee their homes or places of habitual residence each year, including in the context of conflict, violence, development projects, disasters and climate change, and remain displaced within their countries of residence. Millions more live in situations of protracted displacement or face chronic displacement risk.

With respect to internally displaced persons as a result of the Anglophone crisis, according to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2022), due to tensions between English-speaking communities and the central government, violence in the North West and South West regions of Cameroon has intensified sharply since 2016. The restricted humanitarian access to the two regions, and the significant presence of spontaneous refugee settlements in the region close to Nigeria, make it difficult to monitor displacement. However, the Anglophone crisis counted

712,800 internally displaced persons (IDPs) and 334,000 returnees in Cameroon (OCHA, 2022), and over 68,000 Cameroonian refugees registered in Nigeria (UNHCR, 2021).

OCHA (2022) submits that the main humanitarian needs of Cameroonian refugees and IDPs are related to protection, food and water, sanitation and hygiene. Insecurity and roadblocks in the North-West and the South-West regions have been obstructing humanitarian access, preventing the delivery of aid to affected people. About 8,500 persons were reportedly displaced in August 2021 and about 530 persons returned to their areas of origin as they could not cope with the poor living conditions in hosting towns. Furthermore, the education sector has been particularly affected in 2021, with more than 700,000 children deprived of education in the North West and South West regions (OCHA, 2022). Currently, there are many internally displaced students now residing in Bamenda municipality due to migration from volatile areas where the fighting is fierce.

Statement of the Problem

On the other hand, social maladjustment occurs when an individual fails to engage in competent social behaviour and adapt in his/her immediate social context. From observation, internally displaced students in the Bamenda municipality do not quite fit in and are not well adjusted in Bamenda especially in the schools they attend. This is reflected in uncooperative and violent behaviour, drug and substance abuse, poor academic performance, school rejection or drop out, indiscipline and conduct problems, withdrawal and self-injury and depression. All these unfortunate situations tend to affect the internally displaced students residing in Bamenda negatively. It is highly likely that this social maladjustment could stem from Generalized Anxiety Disorder (GAD) currently being faced by some of these internally displaced students. Excessive worrying, difficulty concentrating, irritability, restlessness and physical/muscle tensions could be the main drivers behind this social maladjustment among these IDP students. Based on claims from literature that Generalized Anxiety Disorders could significantly lead to social maladjustment, the researcher sought to investigate the relationship between Generalized Anxiety Disorder (GAD) and social maladjustment among internally displaced students in Bamenda.

Objective of the Study

To ascertain the relationship between excessive worrying and social maladjustment among internally displaced students in Bamenda Municipality.

Research Question

- i. What is the relationship between excessive worrying and social maladjustment among internally displaced students in Bamenda Municipality?
- ii. What is the relationship between concentration difficulties and social maladjustment among internally displaced students in Bamenda Municipality?
- iii. What is the relationship between restlessness and social maladjustment among internally displaced students in Bamenda Municipality?
- iv. What is the relationship between muscle tensions and social maladjustment among internally displaced students in Bamenda Municipality?

Research Hypothesis

H₀₁: There is no significant relationship between excessive worrying and the social maladjustment of internally displaced students in Bamenda Municipality.

H_{a1}: There is a significant relationship between excessive worrying and the social maladjustment of internally displaced students in Bamenda Municipality.

2.0 LITERATURE REVIEW

Theoretical Review

Two major theories or therapies were used in this study to analyze the relationship between excessive worry and social maladjustment. These included: Aaron Beck's (1960) Cognitive Behavioural Theory (CBT) and Rollo May's (1972) Existential Theory.

Another theory is Cognitive Behavioral Theory (CBT) which was propounded by Aaron Beck in 1960. It doubles as a treatment format and is the most widely used therapy for anxiety disorders. Research (Shafran, Clark, Fairburn, Arntz, Barlow, Ehlers & Wilson, 2009; Arch, Eifert, Davies, Vilardaga, JRose & Craske, 2012) has shown it to be effective in the treatment of Generalized Anxiety Disorder (GAD), panic disorder, phobias, and social anxiety disorder among many other conditions. CBT addresses negative patterns and distortions in the way we look at the world and ourselves (Beck, 1960). As the name suggests, this involves two main components: the Cognitive therapy examines how negative thoughts, or *cognitions*, contribute to anxiety. And, the behavior therapy examines how you behave and react in situations that trigger anxiety. The basic premise of CBT is that our thoughts—not external events—affect the way we feel. In other words, it's not the situation one is in that determines how you feel, but your perception of the situation. The same event such as sporadic gunshots in the Bamenda municipality can lead to completely different emotions in different people. It all depends on the individual's expectations, attitudes, and beliefs (Beck, 1960).

This theory is related to the present study in that internally displaced students tend to suffer from excessive worrying. The negative ways of thinking fuel the negative emotions of anxiety and fear. The goal of cognitive behavioral therapy for anxiety is to identify and correct these negative thoughts and beliefs. The idea is that if they change the way they think, then they would change the way they feel and behave.

Finally, Rollo May propounded the existential theory in 1972. Building on the works of previous scholars such as Søren Kierkegaard and Martin Heidegger. Existential theory is rooted in the philosophical idea that humans have free choice, and because of that free choice, we can create purpose and meaning in our lives. Existential theory suggests that we have a choice in who we desire to be. May (1972) argues that we need to go beyond understanding the human mind in abstract ways and address the whole person, not as a machine that can be chemically rebalanced, but a being with social, psychological and spiritual needs.

May (1972) argues that our goal should not be to avoid or do away with all anxiety (we could not survive completely without it) but being able to live, as much as possible, without neurotic anxiety and the ability to tolerate and confront, the unavoidable existential anxiety of living. To May (1972) Anxiety is an indicator of something that needs to be addressed, not avoided or dampened. It highlights a disconnection between the person that they need to be and the person that they currently perceive that they are. And the most effective way of closing that gap is for the sufferer to acknowledge their own responsibility for their life situation and making positive choices to improve it.

May (1972) theory is relevant in that the choices we face might make us feel almost hysterically nervous and leave us vulnerable to failure, but they at least give us the opportunity to create the existence that we owe ourselves. Those who do not face their anxieties with courage tend to develop anxiety disorders such as excessive worry and suffer from its unwarranted symptoms and side effects. Sufferers of anxiety need help in overcoming what can become a hugely destructive force in their lives. However, the most crucial aspect of an existential approach to anxiety is the acknowledgment of our freedom to choose to confront it.

Empirical Studies on Excessive Worrying and Social Maladjustment

Badri, Van den Borne and Crutzen (2013) presented the personal accounts of Darfuri students studying at Ahfad University for Women in Omdurman, Sudan. Their war-related exposure, current ongoing

excessive worrying, life challenges, emotional distress, and coping strategies were explored using a semi structured interview protocol with a sample of 20 students. Through interpretative phenomenological analysis (IPA), the Darfuri students' stories illustrated that they were exposed to an array of anxiety-inducing or traumatic war events, including personal experiences of parental separation, injury and death of family members, and shortages of essential life-sustaining supplies in internally displaced camps.

Also, they were confronted with myriad current life hassles and urban-cultural challenges, including being physically distant from their families, and losing the shelter of parents, the encouragement of extended family members, and their rich and familiar social support networks. Emotional distress reactions were coded by forming two distinct lists: directly mentioned by the participant; and observations of emotional manifestation during the interview. Patterns emerged that may be similar to symptoms of mood and anxiety disorders; for example, the DSM-IV criteria for symptoms of generalized anxiety disorder and major depression. Strong religious practices and beliefs (such as praying and reading the Quran), ability to form interpersonal relationships, availability of social support networks, and a positive future outlook seemed to augment their ability to cope with their subsequent emotional distress owing to war-related exposures, current ongoing life hassles and urban-cultural challenges.

For their part, Zavatskyi, Piletska, Zavatska, Semenov, Blyskun, Blynova, Yaremchuk and Popovych (2020) examined and analyzed systematic rehabilitation of student youth with excessive worrying due to Generalized Anxiety Disorder (GAD) in Eastern Ukraine. The study noted that the current state of the society and microenvironment was accompanied by an intense social and political situation, natural and man-made disasters, and an increase in the number of illegal actions, acute conflicts, and military invasions. It stressed that university students were often in the environment of stressful and/or extreme situations. Therefore, the study focused on the problem of the origin of Generalized Anxiety Disorder (GAD) and the ways to cope with them both psychological and social contexts. The results of the regression analysis made it possible to select significant parameters of GAD – predictors of social maladjustment of the research participants and distinguish the types of the symptoms of these disorders in the sub-groups the experimental group: active-protective (36.3%), passive-protective (39.3%) and discordant (24.4%). The study presents a structural model of the types of GAD symptoms.

Meanwhile, Mohammed (2019) examined excessive worrying due to anxiety and social skill as predictors of internally displaced children social adjustment in North-East, Nigeria. Specifically, the study examined levels of depression, level of social skill, level of social adjustment of internally displaced children, relationship between excessive worrying and social adjustment of the internally displaced children in North-East, Nigeria. Descriptive research of correlational type was adopted for the study. The population for the study consisted of all internally displaced children in internally displaced camps in North-East Nigeria. The sample drawn for this study was 523 respondents. Purposive sampling technique was used to select three states with internally displaced camps in North-East Nigeria. Self-structured questionnaire which was validated by experts in the field of early childhood education.

Test, measurements and evaluation was used as an instrument for data collection. Mean was used to answer the research question and multiple regression, was used to test the hypotheses at 0.05 level of significance. Results of the findings revealed that the level of excessive worrying of internally displaced children in North-East, Nigeria was high (2.58); the level of social skill of internally displaced children in North-East Nigeria was low (1.39); the level of social adjustment of internally displaced children in North-East Nigeria was low (1.44). Therefore, mechanisms should be instituted to increase internally displaced children's exposure to and involvement with the camp environment; internally displaced camp management should endeavor to remove all kinds of barriers that prevent

the displaced children from fully participating and engaging in the social interactions; government and authorities of internally displaced camps should assist the children in identifying and addressing potential barriers to social adjustment.

Finally, Bonanno, Rennieke and Dekel (2005) examined excessive worrying as a predictor of social maladjustment among individuals in or near the World Trade Center during the September 11, 2001, terrorist attacks. Resilience was defined from categorical and continuous analyses of both participant self-report and friend and relative ratings of adjustment. Self-enhancement was associated with a resilient outcome, ratings of better adjustment prior to September 11th, greater positive affect, and reduced perceptions of social constraints. Additional analyses indicated that self-enhancers' reduced symptom levels were fully mediated by their low perceived social constraints. However, consistent with previous evidence suggesting a social cost to self-enhancement, at 18 months post-September 11th, self-enhancers' friends and relatives also rated them as decreasing in social adjustment and as being less honest.

The reviewed literature indicates that there is a dearth of literature when it comes to excessive worrying and social maladjustment of internally displaced students in secondary schools in Cameroon (Filiatreau, Ebasone, Dzudie, Ajeh, Pence, Wainberg, & Parcesepe, 2022). Very few Cameroonian researchers have sought to understand the correlation between excessive worrying and social maladjustment. This study therefore comes in to fill this gap by providing data and findings on this issue as it pertains to internally displaced students in secondary schools in Bamenda of the Northwest Region of the country.

Again, most research about this topic has been limited to anxiety disorders in general (Ngasa, Tchouda, Abanda, Ngasa, Sanji, Dingana & Babila, 2021) and the effects they may have on segments of the population without specific focus on any particular type of anxiety disorder. That is why the present study zoomed in specifically on excessive worrying as a type of anxiety disorder and sought to ascertain its correlation with social maladjustment notably among internally displaced students in the Bamenda municipality of Cameroon.

3.0 METHODOLOGY

The correlational survey design was used for this study.

The area of study is Bamenda municipality, which is the head quarter of the Northwest Region of Cameroon.

The population of the study were internally displaced students (IDS) from secondary schools in the Bamenda municipality that are either in public, private or mission schools that are functional. The population of all the IDS in most functional schools stands at 1863 students for the academic year 2022/23 (DDSE, 2023) (See Appendix D). Given that the researcher is interested only in internally displaced students in Bamenda, the target population was estimated at 635 students distributed as 181, 230 and 224 in Bamenda I, II and III respectively. The accessible population was defined in terms of those elements in the target population within the reach of the researcher who were internally displaced students estimated at 323 with Bamenda I having 98 IDS, Bamenda II with 110 IDS and Bamenda III with 115 IDS. These accessible IDS are adolescents between the ages 15 and 20 in Form 5, Lower sixth and Upper sixth who might be experiencing Generalized Anxiety Disorder (GAD) in their various communities. The choice of these internally displaced students was based purely on convenience and accessibility in line with the fact that schools in other towns in the North West Region are more hard-hit by the present socio-political crisis in the two English speaking regions of the country. The target and accessible population of internally displaced students of the present study are illustrated on Table 1.

Table 1: Study Target and Accessible Population

Sub division	Target population	Accessible population
Bamenda I	181	98
Bamenda II	230	110
Bamenda III	224	115
Total	635	323

Source: DDSE Mezam: Researcher’s Survey, 2022/23

The sample consisted of 160 participants drawn from Bamenda with 50 internally displaced students suffering from GAD in each subdivision- Bamenda I, II and III, as well as 10 other participants consisting of 3 counsellors, 4 teachers and 3 school administrators drawn from the schools visited in the Bamenda municipality. The purposive sampling technique was used by the researcher to work only with internally displaced students in the Bamenda municipality while the disproportionate stratified sampling technique was used to get the 150 participants of the study with 50 participants from each subdivision.

Schools in Bamenda of the Northwest region were selected since it’s relatively calm and English is the working language in the city and region. The selection of adolescent students for the sample was based on their availability and accessibility for recruitment in the study. The sample of the study is illustrated on Table 2.

Table 2: Study Sample of IDS

Schools	Accessible population	Sample
Bamenda I	98	50
Bamenda II	110	50
Bamenda III	115	50
Total	323	150

Source: DDSE Mezam, Researcher’s Survey, 2022

The disproportion stratified sampling technique was used to get the sample of the study of 150 internally displaced students and 10 other participants for the study. The purposive sampling technique was chosen because the researcher could only work with students who had experienced some form of Generalized Anxiety Disorder (GAD) and must have been displaced from their homes who would provide the researcher with the information/ data needed. This is because the goal of the study was to investigate their opinions on Generalized Anxiety Disorder (GAD) in relation to social maladjustment.

The main research instrument was the questionnaire and an interview guide. The researcher personally administered the questionnaire in the selected schools (any two schools from each Bamenda sub division) with assistance from some teachers and counsellors in the schools. Before administration, the researcher had made direct visits to the schools to obtain permission from the principals who accepted and allowed her to administer the questions when ready. The researcher administered the questionnaires and they were returned to her immediately after responding. The researcher chose to be present to ensure that the right persons handled the questionnaires and to avoid instrument mortality. She also personally conducted the interviews to ensure accuracy of views gathered.

The Statistical Package for Social Sciences (SPSS) software version 23.0 was used to analyze the quantitative data collected, particularly the close-ended questionnaire items.

4.0 FINDINGS

Research question: What is the relationship between excessive worrying and social maladjustment among internally displaced students in Bamenda municipality?

Table 3: Questionnaire Responses on Excessive Worrying and Social Maladjustment

Items	Alternatives %				Collapsed%		N	Mean	St. d	Rank
	SD	D	A	SA	SD+D	A+SA				
I tend to worry too much for no particular reason.	2	4	51	43	6	94	150	1.54	.66	3
I experience persistent unwanted thoughts and feel more nervous and anxious than usual.	6	1	52	41	7	93	150	1.72	.69	1
I tend to be hypervigilant and often overly concerned about a potential negative reaction from others.	4	1	57	38	5	95	150	1.46	.62	4
I suffer from racing thoughts and have recurrent nightmares.	7	2	46	45	9	91	150	1.61	.68	2
I suffer from unrealistic fears about potential negative events.	2	8	58	32	10	90	150	1.22	.57	5
Multiple Response Set (MRS)	5	3	44	48	8	92	150	1.18	.63	

SD-strongly Disagree; D-Disagree; A-Agree; SA-Strongly Agree

Source: Researcher's Field Survey, 2023

Table 3 shows the distribution of internally displaced students' responses according to excessive worrying and social maladjustment. Based on the collapsed responses, majority of the IDP students ((94%) indicated that they tend to worry too much for no particular reason as opposed to those that disagreed (6%). Most of them ((93%) acknowledged that they experience persistent unwanted thoughts and feel more nervous and anxious than usual as opposed to those that disagreed (7%).

Most of them (95%) agreed that they tend to be hypervigilant and often overly concerned about a potential negative reaction from others as opposed to those that disagreed (5%). Furthermore, the majority (91%) said that they suffer from racing thoughts and have recurrent nightmares as opposed to those that disagreed (9%). Finally, most of them (90%) specified that they suffer from unrealistic fears about potential negative events as opposed to those that disagreed (10%).

Cumulatively, the majority of the respondents therefore agreed (92%) that the excessive worrying was related to social maladjustment in line with their experiences as opposed to those that disagreed (8%). This therefore revealed there exist a relationship between excessive worrying and social maladjustment among internally displaced students in the Bamenda Municipality.

Analysis of the Interview Responses

This section addresses the interview responses based on the views gathered from ten (10) participants namely 3 counsellors, 4 teachers and 3 school administrators. Their views on excessive worrying with respect to social maladjustment are presented in line with their responses to the interview questions analyzed following qualitative content analysis method with the aid of ATLAS.ti software version 8.0.

Participants were asked about their opinions on what excessive worrying and social maladjustment meant and their responses were as seen on Table 7.

Table 4: Views on the Meaning of Excessive Worrying and Social Maladjustment

Themes	Quotations
Too much thinking	“Excessive worrying is a big issue when it comes to Generalized Anxiety Disorder. Most of these internally displaced students we have in our school tend to suffer from excessive worrying. It is manifested through too much thinking and being lost in thoughts most of the time while on campus and this affects their academics negatively.”
Conduct problems	“Most students who suffer from social maladjustment tend to have conduct problems. They usually have a hard time obeying school rules and instructions and even following their parents’ instructions at home. They generally have hard time fitting in the society”.

Based on the respondents’ views on the meaning of excessive worrying and social maladjustment, majority of them said excessive worrying entails too much thinking. One counsellor was of the opinion that this “too much thinking” makes the internally displaced students who are suffering from Generalized Anxiety Disorder to have a hard time adjusting socially, whether in school or at home. Also, majority of the respondents were also of the opinion that social adjustment is synonymous to conduct problems. One teacher held the view that internally displaced students that are socially maladjusted tend to break school and house rules. Participants were also asked how excessive worrying affects the social maladjustment of internally displaced students in their school and their responses were as seen in Table 5.

Table 5: Views on the Connection between Excessive Worrying and the Social Maladjustment of Internally Displaced Students

Themes	Quotations
Cause them to be lost in thoughts	“Students, especially internally displaced students who suffer from excessive worrying are usually lost in their thoughts. This makes them not to be attentive in class and consequently their grades are affected”.
Provokes failure	“Internally displaced students have gone through a lot. As a result, they are usually pensive, and this makes them to miss out on explanations that are given in class. For this reason, they omit relevant facts during exams and tests and this provokes failure”.
Inability to function rationally within the social system	“Once you’re lost in thoughts, you will have a hard time functioning rationally within the social system as persistent and racing thoughts will take over your life. For this reason, the internally displaced students may end up being considered recalcitrant or stubborn”.

Based on the respondent’s opinions on the connection between excessive worrying and social maladjustment, majority of the respondents were of the view that excessive worrying causes the internally displaced students to be lost in thoughts almost all the time. One school administrator said that this makes them not to pay attention in class. Most of the respondents felt that these excessive worrying provokes failure. One teacher was of the opinion that the persistent and racing thoughts that these internally displaced students have cause them to omit facts in exams due to inattentiveness in class, thereby provoking failure on the part of the students. Finally, almost all the respondents held the view that excessive worrying causes the victims who are the internally displaced students to become unable to function within the social system where they find themselves. One counsellor held the view

that some of these deeply pensive students end up being considered as recalcitrant and stubborn, both in school and at home.

Verification of Hypothesis One

H₀₁: There is no significant relationship between excessive worrying and the social maladjustment of internally displaced students in Bamenda municipality

Table 6: Correlation between Excessive Worrying and Social Maladjustment

Variable		Excessive worrying	Social maladjustment
Excessive worrying	Pearson Correlation	1	.872**
	p-value		.000
	N	150	150
Social maladjustment	Pearson Correlation	.872**	1
	p-value	.000	
	N	150	150

NB: Correlation is significant at the 0.05 level (2-tailed).

There is a significant strong relationship between excessive worrying and social maladjustment of internally displaced students ($r=.872$, $df=148$, $p=.000$, $far < 0.05$). Based on the fact that the significance level of the hypothesis is above 0, the null hypothesis that there is no significant relationship between excessive worrying and social maladjustment of internally displaced students was rejected while the alternative hypothesis that there is a significant relationship between excessive worrying and social maladjustment of internally displaced students was retained. This provided supportive inferential evidence to conclude that there is a significant positive relationship between excessive worrying and social maladjustment of internally displaced students in the Bamenda municipality. This means that a unit increase in excessive worrying leads to a corresponding unit increase in social maladjustment among internally displaced students.

Discussions

The hypothesis of this study intended to examine whether there is a significant relationship between excessive worrying and social maladjustment among internally displaced students in Bamenda municipality. The findings presented for this hypothesis indicated that correlation coefficient value r is at 0.872, which implies there is a strong positive correlation between excessive worrying and social maladjustment among internally displaced students. As a result of this, the null hypothesis H_{01} was rejected and the alternative H_{a1} was retained, meaning there is a significant correlation between excessive worrying and social maladjustment among internally displaced students in the Bamenda municipality.

This finding is in line with Andrews et al. (2010) who affirmed that one of the most common symptoms of an anxiety disorder is excessive worrying. People with anxiety disorders will worry disproportionately about everyday events or situations. A doctor will diagnose someone with a generalized anxiety disorder if this worrying occurs on most days for at least 6 months and is difficult to control. Andrews et al. (2010) remarked that the worrying must also be severe and intrusive, making it difficult to concentrate and accomplish daily tasks.

This finding is also in agreement with Szabó (2011) who noted that experiencing occasional worrying is a normal part of life. However, people with anxiety disorders such as Generalized Anxiety Disorder (GAD) frequently have intense, excessive and persistent worry and fear about everyday situations. Often, anxiety disorders involve repeated episodes of sudden feelings of intense anxiety and fear or

terror that reach a peak within minutes (panic attacks). Szabó (2011) stated that these feelings of worry and panic interfere with daily activities, are difficult to control, are out of proportion to the actual danger and can last a long time. You may avoid places or situations to prevent these feelings. Symptoms may start during childhood or the teen years and continue into adulthood.

5.0 CONCLUSION AND RECOMMENDATIONS

Conclusions

The study sought to explore the extent to which excessive worrying has a bearing on the social maladjustment of internally displaced students in the Bamenda municipality. This was done through mixed methods, correlational survey research design wherein questionnaires and an interview guide were administered to a sample of 160 respondents comprising 150 internally displaced students and 10 counsellors, teachers and school administrators. The results of the quantitative and qualitative data collected were coded and analyzed using the Pearson's correlation test and content analysis respectively. The conclusion is that there is significant link between excessive worrying with respect to the social maladjustment of internally displaced students in the Bamenda municipality. The study supports the notion that school counsellors, teachers and school administrators in the Bamenda municipality should develop and enhance their knowledge and competencies on mechanisms to detect, systematically diagnose and treat or rehabilitate or do referrals of internally displaced students suffering from Generalized Anxiety Disorder (GAD) in their schools in order to improve the motivation, attention and performance of the learners.

Implications to Clinical Counselling

The findings of the study have theoretical and practical implications to research and practice in the field of Clinical Counselling. At the theoretical level, this study has helped to increase the body of knowledge in the field of Clinical Counselling. The findings indicate that Generalized Anxiety Disorder (GAD) has a significant relationship with social maladjustment of internally displaced students in the Bamenda municipality. This study therefore comes in to bridge the knowledge gap on this topic as it relates to the immediate Bamenda environment and offers clinical counsellors with vital research material needed to increase their understanding of the inherent issues related to the improvement of counselling in secondary schools, mental health clinics and community counselling outreach. It is now incumbent on clinical counsellors in Bamenda municipality and beyond to seek ways to enhance the systematic diagnosis and treatment of Generalized Anxiety Disorder (GAD) among internally displaced students in particular and everyone in general. Through this, mental health of students and everyone within the school community and beyond would be improved.

From a practical perspective, lessons can be transported from this study to real life situations through seminars and in-service trainings in the practice of Clinical Counselling especially in the Bamenda municipality and beyond. There is a growing need for school and clinical counsellors to improve their competencies in the diagnosis and treatment of anxiety disorders including Generalized Anxiety Disorder (GAD) especially in this era of the Anglophone Crisis in Cameroon whereby many are suffering from mental health problems due to the ongoing violence. Many have fled their homes where the fighting is fierce and are now residing in less volatile towns such as Bamenda and are in dire need of counselling. It is therefore incumbent on school and clinical counsellors working in Bamenda and other host cities in the country for internally displaced persons to develop and enhance short and long-term strategies within the schools, clinics and organizations where they work, to systematically diagnose and treat clients with GAD and other anxiety disorders. Through this study, school and clinical counsellors would imbibe vital competencies on how to do so in order better rehabilitate their clients to attain better learning outcomes. This would go a long way to alleviate the mental health challenges of internally displaced students and persons in Bamenda municipality and beyond.

As IDS with GAD, they will need special social skills and competencies in order to be well adjusted. The IDPs are facing social adjustment problems such as avoidance of social event, or group activity, high risk behaviours (alcohol and drug abuses), loneliness, withdrawal relating with others.

Recommendations

First and foremost, to the educational and state authorities, the creation of counselling clinics equipped with professional clinical counsellors will go a long way to create awareness on the existence of anxiety disorders especially GAD that affects almost everyone and most sections of one's life. That it can be managed or treated effectively either through psychotherapy and/ or if necessary, pharmacotherapy. Counsellors in school need to be undergo on the job training on these GAD symptoms in order to immediately diagnose, manage and do referrals to these clinics.

With regards to excessive worrying and social maladjustment, internally displaced students should monitor themselves and check for signs of excessive worrying. Should these students notice consistency in the unwarranted persistent thoughts, they should not hesitate to seek counselling on and off campus immediately to redress the situation the earlier the better. The therapy technique mindfulness meditation training helps these students handle their worries and concentration problems. This will go a long way to keep their class attendance and focus, motivation to learn and academic performance in check.

REFERENCES

- Abejuela H, & Osser D. (2016). The psychopharmacology algorithm project at the Harvard South Shore Program: an algorithm for generalized anxiety disorder. *Harv Rev Psychiatry* 2016; 24:243-56.
- Ahmad, K., & Iqbal, H. (2022). Group intervention for university students who are Internally Displaced Persons. *International Journal of Intercultural Relations*, 91, 274-281.
- American Psychiatric Association. (1952). *Diagnostic and statistical manual: mental disorders*. American Psychiatric Association.
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders. *Am Psychiatric Assoc*, 21(21), 591-643.
- American Psychological Association. (1968). Diagnostic and statistical manual of mental disorders: DSM-II. *Washington DC: American Psychiatric Association*.
- Andrews, G., Hobbs, M. J., Borkovec, T. D., Beesdo, K., Craske, M. G., Heimberg, R. G., Rapee, R. M., Ruscio, A. M., & Stanley, M. A. (2010). Generalized worry disorder: a review of DSM-IV generalized anxiety disorder and options for DSM-V. *Depression and anxiety*, 27(2), 134–147. <https://doi.org/10.1002/da.20658>
- Arch, J. J., Eifert, G. H., Davies, C., Vilardaga, J. C. P., Rose, R. D., & Craske, M. G. (2012). Randomized clinical trial of cognitive behavioral therapy (CBT) versus acceptance and commitment therapy (ACT) for mixed anxiety disorders. *Journal of consulting and clinical psychology*, 80(5), 750.
- Badri, A., Van den Borne, H. W., & Crutzen, R. (2013). Experiences and psychosocial adjustment of Darfuri female students affected by war: An exploratory study. *International journal of psychology*, 48(5), 944-953.
- Baldwin, D. S., Allgulander, C., Bandelow, B., Ferre, F., & Pallanti, S. (2012). An international survey of reported prescribing practice in the treatment of patients with Generalized anxiety disorder. *World Journal of Biological Psychiatry*, 13(7), 510-516. <https://doi.org/10.3109/15622975.2011.624548>
- Bargdill, R., & Broome, R. (2015). *Humanistic contributions for psychology 101*:
- Buhr, K., & Dugas, M. J. (2009). The role of fear of anxiety and intolerance of uncertainty in worry: An experimental manipulation. *Behaviour Research and Therapy*, 47(3), 215–223. <https://doi.org/10.1016/j.brat.2008.12.004>
- Bystritsky A. Pharmacotherapy for generalized anxiety disorder in adults. In: UpToDate, Stein M, ed. Waltham, MA: UpToDate. Accessed August 18, 2016; Craske M, Bystritsky A. 2016b. Approach to treating generalized anxiety disorder in adults. In: UpToDate, Stein M, ed. Waltham, MA: UpToDate. Accessed August 18, 2016;
- Baldwin D, Anderson I, Nutt D, et al. (2005) Evidence-based pharmacological treatment of anxiety disorders, post-traumatic stress disorder and obsessive-compulsive disorder: a revision of the guidelines from the British Association for Psychopharmacology. *J Psychopharmacology* 2014; 28:403-39;
- Cain, D. J., Keenan, K., & Rubin, S. (Eds.). (2002). *Humanistic psychotherapies: Handbook research and practice* (2nd ed.). American Psychological Association.
- Center, D. B. (1990). Social maladjustment: An interpretation. *Behavioral Disorders*, 15(3), 141-148.

- Clarizio, H.F., (1992). Social Maladjustment and Emotional Disturbance: Problems and Positons II. *Counselling and Educational Psychology*. Michigan State University. 439 Erickson Hall. <http://DOI.org/10.1002/1520-6807>.
- Cloth, A.H., Evans, S.W., Becker, S.P., & Paternite, C.E. (2014). Social Maladjustment and Special Education. *Journal of Emotional and Behavioral Disorders*, 22, 214 - 224.
- Conrad, A., & Roth, W. T. (2007). Muscle relaxation therapy for anxiety disorders: it works but how? *Journal of anxiety disorders*, 21(3), 243-264.
- Djatche, J. M., Herrington, O. D., Nzebou, D., Galusha, D., Boum, Y., & Hassan, S. (2022). A cross-sectional analysis of mental health disorders in a mental health services-seeking population of children, adolescents, and young adults in the context of ongoing violence and displacement in northern Cameroon. *Comprehensive psychiatry*, 113, 152293.
- Fazel, M., Reed, R. V., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors. *The Lancet*, 379(9812), 266-282.
- Feyera, F., Mihretie, G., Bedaso, A., Gedle, D., & Kumera, G. (2015). Prevalence of depression and associated factors among Somali refugee at melkadida camp, southeast Ethiopia: a cross-sectional study. *BMC psychiatry*, 15(1), 1-7.
- Filiatreau, L. M., Ebasone, P. V., Dzudie, A., Ajeh, R., Pence, B. W., Wainberg, M., & Parcesepe, A. M. (2022). Prevalence of stressful life events and associations with symptoms of depression, anxiety, and post-traumatic stress disorder among people entering care for HIV in Cameroon. *Journal of Affective Disorders*, 308, 421-431.
- Franklin, A. R., Mathersul, D. C., Raine, A., & Ruscio, A. M. (2021). Restlessness in generalized anxiety disorder: using actigraphy to measure physiological reactions to threat. *Behavior Therapy*, 52(3), 734-744.
- Gale, C., & Davidson, O. (2007). Generalized anxiety disorder. *Bmj*, 334(7593), 579-581.
- Gautam, M., Agrawal, M., Gautam, M., Sharma, P., Gautam, A. S., & Gautam, S. (2012). Role of antioxidants in Generalized Anxiety Disorder and depression. *Indian journal of psychiatry*, 54(3), 244.
- Geldard, K. & Geldard, D. (2012) *Relationship & counselling for children, young people and families*, SAGE
- Grills-Taquechel, A. E., Littleton, H. L., & Axsom, D. (2011). Social support, world assumptions, and exposure as predictors of anxiety and quality of life following a mass trauma. *Journal of anxiety disorders*, 25(4), 498-506.
- Katzman M, Bleau P, Blier P, et al. Canadian clinical practice guidelines for the management of anxiety, posttraumatic stress and obsessive-compulsive disorders. *BMC Psychiatry* 2014;14(suppl 1): S1-S83.
- Lawrence, K. C. (2019). *Trauma-Focused Counselling, Social Effectiveness Training And Impaired Psychological Functioning Of Early Adolescents In Internally Displaced Camps In North-Central Nigeria* (Doctoral Dissertation).
- Leigh, E., Chiu, K., & Clark, D. M. (2021). Is concentration an indirect link between social anxiety and educational achievement in adolescents?. *PloS one*, 16(5), e0249952.

- Locke, A.B., Kirst, N., & Cameron G. Shultz, C. G. (2015). Diagnosis and Management of Generalized Anxiety Disorder and Panic Disorder in Adults. *American Family Physician, volume 91 number 9*, University of Michigan Medical School in Ann Arbor, Michigan
- Lucchetti, G., Peres, M. F., Lucchetti, A. L., Mercante, J. P., Guendler, V. Z., & Zukerman, E. (2013). Generalized anxiety disorder, subthreshold anxiety and anxiety symptoms in primary headache. *Psychiatry and clinical neurosciences, 67*(1), 41–49.
<https://doi.org/10.1111/j.1440-1819.2012.02405.x>
- Lindenmayer, J. P. (2000). The pathophysiology of agitation. *Journal of Clinical Psychiatry, 61*, 5-10.
- Mathews, A. (1990). Why worry? The cognitive function of anxiety. *Behaviour research and therapy, 28*(6), 455-468.
- May, R. (1972). The experience of power. *Journal of Psychology and Theology, 7*(3), 187-191.
- Merrell, K. W., & Walker, H. M. (2004). Deconstructing a definition: Social maladjustment versus emotional disturbance and moving the EBD field forward. *Psychology in the Schools, 41*(8), 899-910.
- Minghelli, B., Morgado, M., & Caro, T. (2014). Association of temporomandibular disorder symptoms with anxiety and depression in Portuguese college students. *Journal of oral science, 56*(2), 127-133.
- Naeinian, M. R., Shairi, M. R., Sharifi, M., & Hadian, M. (2011). To study reliability and validity for a brief measure for assessing generalized anxiety disorder (GAD-7). *Clinical Psychology and Personality, 3*(4), 41-50.
- Ngasa, S. N., Tchouda, L. A. S., Abanda, C., Ngasa, N. C., Sanji, E. W., Dingana, T. N., & Babila, C. S. (2021). Prevalence and factors associated with anxiety and depression amongst hospitalised COVID-19 patients in Laquintinie Hospital Douala, Cameroon. *Plos one, 16*(12), e0260819.
- OCHA (2022). *Cameroon situation report*. Retrieved from <https://reports.unocha.org/en/country/cameroon/>
- OCHA. (2019). *Cameroon: North-West and South-West Crisis, Situation Report N°9 as of 31 July 2019*. Retrieved from <https://www.humanitarianresponse.info/en/operations/cameroon/document/cameroon-north-west-and-south-west-crisis-situation-report-n°9-31-july>.
- Ogula, A.P. (1998). *A Handbook on Educational Research*. Nairobi: New Kemit Publishers. Ong, AD Bergeman, C, Bisconti TL (2004). The Role of Daily Positive Emotions during Conjugal Bereavement. *Journals of Gerontology: Psychological Sciences 59B* (4):168-17
- Olympia, D., Farley, M.A., Christiansen, E., & Pettersson, H., (2004). Social maladjustment and students with behavioral and emotional disorder: revisiting basic assumptions and assessment issues. *Psychology in schools, 41*(8):835-847 DOI:10.1002/pits.20040.
- Qazi, Z., Irshad, I., Naz, A., & Khan, N. (2017). An Analysis of the Impact of Displacement on Academic Motivation/Concentration and Social Adjustment of Graduate Students in Public Sector Universities of Malakand Division Khyber Pakhtunkhwa. *J. Appl. Environ. Biol. Sci, 7*(9), 70-76.
- Richard, B. A., & Dodge, K. A. (1982). Social maladjustment and problem solving in school-aged children. *Journal of Consulting and Clinical psychology, 50*(2), 226.
- Richards, J., Foster, C., Townsend, N., & Bauman, A. (2014). Physical fitness and mental health impact of a sport-for-development intervention in a post-conflict setting: randomised

- controlled trial nested within an observational study of adolescents in Gulu, Uganda. *BMC Public Health*, 14(1), 1-13.
- Rickels, K., & Rynn, M. (2001). Overview and clinical presentation of generalized anxiety disorder. *Psychiatric Clinics of North America*, 24(1), 1-17.
- Rietveld, R., Van Dolen, W., & Mazloom, M., & Worrying, M. 2020. "What You Feel, Is What You Like Influence of Message Appeals on Customer Engagement on Instagram,". *Journal of Interactive Marketing*, Elsevier, vol. 49(C), pages20-53. DOI: 10.1016/j.intmar.2019.06.003.
- Ruscio, A.M., Lane, M., Roy-Byrne, P., Stang, P.E., Stein, D.J., Wittchen, H.U. and Kessler, R.C. (2005). Should excessive worry be required for a diagnosis of generalized anxiety disorder? Results from the US National Comorbidity Survey Replication. *Psychological Medicine*, 35, 1761-1772. doi:10.1017/S0033291705005908
- Schoevers, R. A., Beekman, A. T. F., Deeg, D. J. H., Jonker, C., & Tilburg, W. V. (2003). Comorbidity and risk-patterns of depression Generalized anxiety disorder and mixed anxiety-depression in later life: results from the AMSTEL study. *International journal of geriatric psychiatry*, 18(11), 994-1001.
- Sevim, S., Dogu, O., Kalegasi, H., Aral, M., Metin, O., & Camdeviren, H. (2004). Correlation of anxiety and depression symptoms in patients with restless legs syndrome: a population-based survey. *J Neurol Neurosurg Psychiatry*. 75(2):226-30 (ISSN: 0022-3050).
- Shafran, R., Clark, D. M., Fairburn, C. G., Arntz, A., Barlow, D. H., Ehlers, A. ... & Wilson, G. T. (2009). Mind the gap: Improving the dissemination of CBT. *Behaviour research and therapy*, 47(11), 902-909.
- Silove, D., Parker, G., Hadzi-Pavlovic, D., Manicavasagar, V., & Blaszczynski, A. (1991). Parental representations of patients with panic disorder and Generalized anxiety disorder. *The British Journal of Psychiatry*, 159(6), 835-841.
- Skiba, R., & Grizzle, K. (1991). The social maladjustment exclusion: Issues of definition and assessment. *School Psychology Review*, 20(4), 580-598.
- Slee, A., Nazareth, I., Bondaronek, P., Liu, Y., Cheng, Z., & Freemantle, N. (2019). Pharmacological treatments for Generalized anxiety disorder: a systematic review and network meta-analysis. *The Lancet*, 393(10173), 768-777.
- Sousa, T.V., Viveiros, V., Chai, M.V., Vicente, F.L., Jesus, G., Carnot, M.J., Gordo, A.C. & Ferreira, P.L. Reliability and validity of the Portuguese version of the Generalized Anxiety Disorder (GAD-7) scale. *Health Qual Life Outcomes* 13, 50. <https://doi.org/10.1186/s12955-015-0244-2>
- Tyrer, P., & Baldwin, D. (2006). Generalized anxiety disorder. *The Lancet*, 368(9553), 2156-2166.
- UNHCR. (2022). *Cameroon refugees overview dashboard*. <https://data2.unhcr.org/en/documents/details/89299>
- UNHCR. (2020). *Internally displaced persons*. Author.
- UNICEF (2019). Data Snapshot of Migrant and Displaced Children in Africa. *United Nations: Geneva, Switzerland*.
- Vossoughi, N., Jackson, Y., Gusler, S., & Stone, K. (2018). Mental health outcomes for youth living in refugee camps: A review. *Trauma, Violence, & Abuse*, 19(5), 528-542.
- Wells, A., & Carter, K. (2016). Generalized anxiety disorder. In *The Handbook of Adult Clinical Psychology* (pp. 438-466). Routledge.

- Wittchen, H. U., & Hoyer, J. (2001). Generalized anxiety disorder: nature and course. *The Journal of clinical psychiatry*, 62 Suppl 11, 15–21.
- Woody, S.R., & Rachman, S.J. (1994). Generalized anxiety disorder (GAD) as an unsuccessful search for safety. *Clinical Psychology Review*, 14, 743-753.
- Yonkers, K. A., Dyck, I. R., Warshaw, M., & Keller, M. B. (2000). Factors predicting the clinical course of Generalized Anxiety Disorder. *The british journal of psychiatry*, 176(6), 544-549.
- National Institute for Health and Care Excellence (NICE). (2011). Generalized Anxiety Disorder and Panic Disorder (With or Without Agoraphobia) in Adults: Management in Primary, Secondary and Community Care. NICE Clinical Guideline 113.
- Zavatskyi, V. Y., Piletska, L. S., Zavatska, N. Y., Semenov, O. S., Blyskun, O. O., Blynova, O. Y., & Popovych, I. S. (2020). Systematic Rehabilitation of Student Youth with Post-Traumatic Stress Disorders under Conditions of the Armed Conflict in Eastern Ukraine. *Revista ESPACIOS*, 41(06).