RELATIONSHIP BETWEEN EMOTIONAL ANXIETY, COPING STRATEGIES AND PSYCHOLOGICALADJUSTMENT OF THE INTERNALLY DISPLACED PERSONS IN KADUNA STATE, NIGERIA

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ZARIA, NIGERIA

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A DISSERTATION SUBMITTED TO POSTGRADUATE SCHOOL AHMADU BELLO UNIVERSITY IN PATIAL FULFILLMENT FOR THE REQUIREMENTS OF THE AWARD OF MASTER DEGREE IN EDUCATIONAL PSYCHOLOGY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND COUNSELING,
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MARCH, 2020

DECLARATION

I hereby, declare that this dissertation titled"Relationship between Emotional Anxiety, Coping Strategies and Psychological Adjustment of the Internally Displaced Persons in Kaduna State, Nigeria".Is independently undertaken by me through supervision of Prof. K. Mahmoud and Dr. H.A Tukur. The information cited has been acknowledged in the text and reference section of this study. No part of this work was previously presented for another degree or diploma at any institution.

_____ _____

Sadisu ABUBAKAR **Date**

CERTIFICATION

This dissertation entitled"Relationship between Emotional Anxiety, Coping Strategies and Psychological Adjustment of the Internally Displaced Persons in Kaduna State, Nigeria" bySadisu ABUBAKAR meets the requirements governing the award of master's degree (Educational Psychology) in the Department of Educational Psychology and Counseling of Ahmadu Bello University, and is approved for its contribution to knowledge and literary presentation.

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DEDICATION

This research work, is dedicated to my parents Late AlhajiAbubakar (Mal. Garba) SarkinHausawaSabonGari Zaria and HajiyaHussaina Hassan without whom I would not have been whom I am now and my wives for their patience and prayers always.

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OPERATIONAL DEFINITION OF TERMS

For the purpose of this research, the following terms are operationally defined:

Internally Displaces Persons (**IDP**): Refers to someone who is forced to flee his or her home but who remains in a camp within his or her country's borders.

Psychological Adjustment: Refers to the behavioural process of balancing conflicting needs, or needs against obstacles in the environment.

Emotional Anxiety: Refers to feeling of worry, nervousness, or unease about something with an uncertain outcome.

Coping Strategy: This refers to steps taken to deal with a difficult situation capable of causing psychological imbalance and trauma on a person.

ABSTRACT

This study investigated Relationship between Emotional Anxiety, Coping Strategies and Psychological Adjustment of the Internally Displaced Persons in Kaduna State, Nigeria. The study adopted correlative research design. The target population of the study was nine thousand, six hundred and thirty-five (9, 635) male and female internally displaced persons Kaduna State Nigeria. The sample of the study was360 respondents drawn from entire internally displaced persons. Data were collected using Emotional Anxiety Inventory (EAI) and Coping Strategies Inventory (CSI). The data collected were processed and analyzed using Pearson product moment correlation. All tests were done at 0.05 level of significance. The study found that there is significant relationship exist between Emotional Anxiety, Coping Strategies and Psychological Adjustment of the Internally Displaced Persons in Kaduna State with the following values: Emotion focused coping strategy and Psychological Adjustment p = 0.001, r = .939, Problem focused coping strategy and Psychological Adjustment p = 0.002, r = .940, Proactive focused coping strategy and Psychological Adjustment p = 0.011, r = .940 and Emotional Anxiety and Psychological Adjustment p = 0.012, r = .842. Based on the results of the findings it was recommended that government should employ the services of psychologist and counselors in the camp so as to help internally displaced Persons on how to cope with their emotional anxiety.

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

Emotional anxiety may likely have emotional implication on those who have direct personal experience, witnessing or learning about the event that involves actual or threatened death or injury.According to Bremmer (2014), emotional anxiety is something of an invisible epidemic and the events underlying it are often mysterious and always unpleasant. Symptoms of emotional anxiety matched up with a measurable loss of neurons in hippocampus, using brain imaging trauma survivors were found to have an 8% reduction in the right hippocampal volume which is associated with short term memory lossBremmer (2014)`.Emotional anxiety is associated with working memory, attention, poor concentration, hyper vigilance to threat in the environment and other cognitive defects that could adversely influence individuals' performance on standardized tests (Rutkowski, Vasterling, Proctor &Anderson, 2013). Finding oneself in this kind of situation requires victim to source for ways to cope in the prevailing situation.

Coping means dealing with a situation. However, for a psychologist, coping is the process by which a person takes some action to manage, master, tolerate or reduce environment and internal demands that cause or might cause anxiety and what will tax the individual inner resources (Lazarus &Folkman, 2014). Coping strategies are the techniques people use to deal with anxiety. Effective coping requires that people have variety of strategies and make appropriate choices about when to use them. No single strategy is bad or good, but some strategies tend to be more effective than others. For example, some coping

strategies involve actively dealing with the anxieties, whereas others strategies are more passive. Passive coping strategies include refusing to accept the reality of the problem, trying to ignore the problem, avoiding the situation, engaging in distraction activities, or sleeping more than usual.

Internal displacement is a common consequence of Nigerian inter-communal and political violence, flooding and forced evictions (IDMC, 2013). In other words, internal displacement of persons could be triggered by natural disasters or human-induced conflict which leads to violent clashes. Irrespective of the cause of the displacement, the phenomenon always leaves negative socioeconomic footprints on millions of people worldwide. A serious source of concern however lies with internal displacement of persons arising from human-induced violent clashes and conflicts in recent times. Internally displaced persons (IDPs) arising from violent clashes are victims of various kind of injustices or violence confrontations, perpetrated against them by their own government or agents of communal clashes, riots, terrorism, natural disasters, religious conflicts, among others (Hamzat, 2013).

The Internal Displacement Monitoring Center (IDMC) accounted that in 1982, only1.2 million people were IDPs in 11 countries; however, by 2015, there were 20 to 25 million in more than 40 countries, almost twice as many as refugees. At the end of 2015, there were 26 million people worldwide who had been internally displaced by conflict, general violence or violations of human rights. This figure rose to 27.1 million at the end of 2013 and 27.5 million at the end of 2013. (1DMC, 2013, 2014, 2015). The estimated figure at the end of 2015 was 28.8 million indicating that additional 6.5 million people were newly displaced, nearly twice as many as the 3.5 million during 2015 (IDMC, 2013). IDPs suffer emotional problems which are characterized by memory of fearful events and nightmare (Durosaro&Ajiboye, 2015), loss

of livelihoods, frustrations, abuses, threats of assaults etc. (Mazo, 2015). The misery of displaced persons has in recent years become a formidable problem of global significance and implications (Ladan, 2013). The causal factors of internally displacement of persons in Nigeria has been linked to many unfortunate developments over unfounded arguments on religious beliefs, under-development, poverty, unequal distribution of wealth, ethnic tensions, unemployment, political and economic subjugation of minorities, absence of democratic procedures, intolerance, and many other factors. The grave consequence of this has impacted nearly every facet of national development.

Displaced persons under international law are persons or groups of persons who have been forced or obligated to flee or to have caused to leave their homes or place of habitual residence in particular, violations of human rights, situations of generalized violence, natural or man- made disasters, to another place considered relatively safe either within their own national borders (as internally displaced persons) or travel across an internationally recognized state border as refugees (Ladan, 2016). Internally Displaced Persons are mostly victims of the brutality of man against man, various kind of injustices or violence confrontations, perpetrated either by their own government against them or by others.Ladan (2016) described IDPs as persons or groups of persons who because of armed conflict, systematic violations of human rights, internal strife, or natural or man-made disasters have been forced to flee their homes or places of habitual residence suddenly or unexpectedly, to another location but have not crossed an internationally recognized state border and this have been a cause of psychological imbalance among the IDPs. With these incidents, the victims tend to try to psychologically adjust to the situations where they find themselves.

Psychological adjustment refers to the behavioral process of balancing conflicting needs, or needs against obstacles in the environment. Humans regularly do this, for example, when they are stimulated by their physiological state to seek food, they eat (if possible) to reduce their hunger and thus adjust to the hunger stimulus. Adjustment disorder occurs when there is an inability to make a normal adjustment to some need or stress in the environment. Adjustment is the process by which a person maintains a balance between its needs and the circumstance that influence the satisfaction of these needs (Shaffer, 2016). Adjustment refers to any operation whereby an organism or organ becomes more favourably related to the environment or to the entire situation, environment and internal forces (Warren, 1934). Adjustment refers to active creative efforts to live effectively. This requires gaining skills through interaction with one's world acquiring a degree of control over one's daily life successfully meeting life's challenge and self-understanding and the ability to make accurate judgment about people and place (Newman & Newman 2013). Psychologicaldisorders may be extremely common among IDPS because is characterized by the development of emotional and/or behavioral symptoms (such as, depression, anxiety, terrorism, communal clashes, religious conflicts, riots, and natural disasters) in response to a specific stressor or stressors within their environment.

It is against this background the researcher is examined the relationship between emotional anxiety and coping strategies among internally displaced persons in Kaduna State.

1.2 Statement of the Problem

The intensity of internal displacement arising from violence, conflict and its consequences on the population over past years has turned the attention of both local and

international agencies where human activities are usually paralyzed because of involuntary temporary relocation in Kaduna State. The IDPs are exposed to emotional anxiety, problem of copying, absent of health or medical facilities, rapes, or sexual abuse, lack of food, and water as well as unnatural death of families and friends which constitute high level of emotional anxiety on the victimsBremmer (2014).

In the process of displacement, rural household abandon asset and lands and arrive at urban area where their agriculture, business skills are of no use. As a consequence, unemployment rate, labour, income and aggregate consumption fall considerably and IDPs are obliged to adopt coping strategies to satisfy minimum level of emotional anxiety that jeopardize future of the displaced individual. IDPs are not able to recover their asset base and income has been distorted years after the episode of displacement suggesting that the negative consequence of displacement persist with time. Violence and displacement also brings about considerably emotional distress and mental trauma. High level of anxiety and depression especially among those with high degree of victimization, have been observed across different sub groups of the displaced population in Kaduna State most especially in the southern part of the state. Therefore, emotional anxiety or distress are disturbing and may have effect on adjustment and they even affect the individual mental health. Fear, depression, anxiety cause emotional exhaustion, and overwhelm the ability to cope, but mayalso affect social function andmay hinder the ability to perform, adjust or cope with different emotional anxieties.It is on this note that the researcher investigated the Relationship between Emotional Anxiety, Coping Strategies and Psychological Adjustment of the Internally Displaced Persons in Kaduna State, Nigeria.

1.3 Objectives of the study

For the purpose of this study, the following objectives are stated:

1. To determine the relationship between emotion-focused coping strategy and psychological adjustment of IDPs in Kaduna State.
2. To determine the relationship between problem-focused coping strategy and psychological adjustment of IDPs in Kaduna State.
3. To determine the relationship between proactive coping and psychological adjustmentof IDPs in Kaduna State
4. To determine the relationship between emotional anxiety and psychological adjustment among IDPs in Kaduna State
5. To determine the differences in level of psychological adjustment among IDPs in Kaduna State and their academic qualifications.

1.4 Research Questions

Based on the stated objectives, the following research questionswere raised:

1. What is the relationship between emotion-focused coping strategy and psychological adjustment of IDPs in Kaduna State.
2. What is the relationship between problem-focused coping strategy and psychological adjustment of IDPs in Kaduna State.
3. What is the relationship between proactive coping and psychological adjustment of IDPs in Kaduna State
4. What is the relationship between emotional anxiety and psychological adjustment among IDPs in Kaduna State

5. What is the differences in level of psychological adjustment among IDPs in Kaduna State and their academic qualifications.

1.5 Hypotheses

This study has the following hypotheses:

1. There is no significant relationship between emotion-focused coping strategy and psychological adjustment of IDPs in Kaduna State.
2. There is no significant relationship between problem-focused coping strategy and psychological adjustment of IDPs in Kaduna State.
3. There is no significant relationship between proactive coping and psychological adjustment of IDPs in Kaduna State
4. There is no significant relationship between emotional anxiety and psychological adjustment among IDPs in Kaduna State
5. There is no significant differences in level of psychological adjustment among IDPs in Kaduna State and their academic qualifications.

1.6 Basic Assumptions

The study is based on the following basic assumptions: it is assumed that

1. Emotion-focused coping strategy has relationship with psychological adjustment of IDPs in Kaduna State.

2. Problem-focused coping strategy has relationship with psychological adjustment of IDPs in Kaduna State.
3. Proactive coping has relationship with psychological adjustment of IDPs in Kaduna State
4. Emotional anxiety has relationship with psychological adjustment among IDPs in Kaduna State
5. There are differences in the level of psychological adjustment among IDPs in Kaduna State and their academic qualifications.

1.7 Significance of the study

This study is of significant importance in enhancing and improving quality of education in Kaduna State.Specifically, the study would be of great significance to policy makers, school administrators, school psychologists, counsellors, parents, Traditional rulers, student and all stakeholder of Kaduna State Government as they strive to raise the standard of education in the country.To policy makers and school administrators, the study will provide them with empirically based data that would assist them make decisions so as to enhance the living conditions of the internally displaced persons in Kaduna state.

To educational psychologists and counsellors, the result of this study will provide them with information about the state of mind of the IDPs with a view to devising means of helping them adjust to life. Traditional rulers, parents and members of the public and other stakeholders would benefit from this study in the sense that it opens up the situation of the IDPs thereby calling for urgent intervention to their lives.

To achieve the above significance of the study, the finding of this research will be published in journals, columns in newspapers and other academic periodicals. The organization of workshop and seminars will equally broaden the coverage of benefiting the society standard, to gain from this research.

However, conducting a research of this nature has always been to ultimately determine the extent to which society is being able to socially adjust to new standard and value that has impacted on the quality of individuals' life. It is in the light of this the researcher wishes to state strongly that the findings will be of immense importance and value to psychologists and counsellor as it will provide a blueprint for government policies toward developing the needed coping strategies for emotional anxiety,psychological adjustment and socially maladjusted individuals among the IDPs in Kaduna State.

1.8 Scope and Delimitation of the Study

The scope of the study is delimited to Emotional Anxiety, Coping Strategies and Psychological Adjustment of the Internally Displaced Persons in Kaduna State, Nigeria.The study was delimited to the thirteen northern states in Nigeria. The study did not include other states in Nigeria. Male and females IDPs were the target populationof the study. The area covered by the study is only IDPs in Kaduna StateIDPs.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter focuses on reviews of related literature. Such as

- Conceptual Clarification
- Theoretical Framework
- Empirical Studies
- Summary

2.2 Conceptual Framework

2.2.1 Concept of Emotional Anxiety

Emotional anxiety according to Smith and Segal (2015), is a disorder that can develop following an emotional event that threatens one's safety or makes one feel helpless. Emotional anxiety may likely have emotional implication on those who have direct personal experience, witnessing or learning about the event that involves actual or threatened death or injury.According to Bremmer (2014), emotional anxiety is something of an invisible epidemic and the events underlying it are often mysterious and always unpleasant. Symptoms of emotional anxiety matched up with a measurable loss of neurons in hippocampus, using brain imaging trauma survivors were found to have an 8% reduction in the right hippocampal volume which is associated with short term memory loss.

Emotional anxiety is associated with working memory, attention, poor concentration, hyper vigilance to threat in the environment and other cognitive defects that could adversely

influence individuals performance on standardized tests (Rutkowski, Vasterling, Proctor & Anderson, 2013).Traumatic events that can lead to emotional anxiety condition includes war, natural disasters, car or plane crashes, terrorist attacks, sudden death of a loved one, rape, kidnapping, assault, sexual or physical abuse and childhood neglect. People who are exposed to such are likely going to trigger emotional anxiety symptoms into three aspects by Smith and Segal (2015).

1. Re-experiencing of the emotional anxiety event for example nightmares.
2. Avoidance of stimulus associated with the traumatic event for example loss of interest in previous activities.
3. Increased arousal symptoms for example poor concentration.

The symptoms of emotional anxiety on children may suddenly, come and go over time which are normal events and their reaction to stop thinking about what happened to them likely be as the following.

1. They may likely feel like re- experiencing the severe shock, which can include flash backs of the event, or recurring nightmares.
2. They may likely feel like re- experiencing the event when they are faced with anything that reminds them of the event. (Such as sound).
3. They may likely try to avoid people, activities, or anything else that they think might trigger those memories. For example sounds like shots show fear that they might re-experience parts of the severe shock.

4. They may likely be on edge or nervous, in this case, they may have trouble falling or staying asleep, feeling irritable, have outbursts of anger, or have a hard time concentrating.
5. They may likely experience hyper vigilance (constantly on the alert and looking for threats). For example they may feel unsafe sitting anywhere for fear of a sudden attack.

2.2.2 Symptoms of Emotional Anxiety

Stress can affect all aspects of your life, including your emotions, behaviour, thinking ability and physical health. No part of the body is immune, but because people handle stress differently, symptoms of stresscan vary. Symptoms can be vague and may be the same as those caused by medical conditions. It is important to discuss them with your doctor. You may experience any of the following symptoms of stress.

Emotional symptoms of stress include:Becoming easily agitated, frustrated and moodyfeeling overwhelmed, like you are losing control or need to take controlhaving difficulty relaxing and quieting your mindfeeling bad about yourself (low self-esteem), lonely, worthless, and depressed, avoiding others.

Physical symptoms of stress include, low energy, headaches, upset stomach, including diarrhea, constipation, and nausea, aches, pains, and tense muscles, chest pain and rapid heartbeat, insomnia

2.2.3 Causes of Emotional Anxiety

For most people, stress and anxiety come and go. They usually occur after particular life events, but then go away (Durosaro&Ajiboye, 2015).

Common stressors include:

1. moving
2. starting a new school or job
3. having an illness or injury
4. having a friend or family member who is ill or injured
5. death of a family member or friend
6. getting married
7. having a baby

2.2.4 Level of Emotional Anxiety

Emotional anxiety may likely present a range of symptoms of re-experiencing, avoidance, hyer-arousal, depression, emotional numbing and anger. People with such symptoms have suffered a traumatic event of different kinds like war, natural disasters car or plane crashes, terrorist attacks, sudden death of a loved one, rape, kidnapping, assault, sexual or physical abuse. (Mcleod, 2014).Two days combat and operational stress reaction (COSR) these group of people include symptoms of physical, mental and emotional signs resulting to depression, anxiety, decrease in concentration/ memory and hyper-arousal that do not resolve within four days event.

Acute stress disorder (ASD) this level involves clinically significant dissociative symptoms such as sense of mumbling and detachment. Trauma here at this level is re-

experiencing, situation avoidance ad increased arousal symptoms after two days but one month after exposure to a traumatic event.

Chronic level of emotional anxiety is when symptom of anxiety at the early stage is not given intervention, the severity of the initial traumatic response now develop to those present level when it is more than three months. (Mcleod, 2014).In seeking to identify levels of emotional anxiety among the children living in conflict areas, the researcher will assist the children that are at the early level of emotional anxiety by offering counseling intervention with the help of the school counselor. The researcher will use the basic counseling principles of Logo therapy theory of Victor Frankl of 2014. The therapy which focuses on;

1. Life has meaning under all the circumstances even the most miserable ones.
2. Our main motivation for living is our will to find meaning to life.
3. We have freedom to find meaning in what we do, what we experience and at least in the stand we take when we faced with a situation of unchangeable suffering. (Bala, 2015). This may likely help the school children to be psychologically stable to adjust to school activities.

2.2.5 Concept of Coping Strategies

In general, coping means dealing with a situation. However, for a psychologist, coping is the process by which a person takes some action to manage, master, tolerate or reduce environment and internal demands that cause or might cause anxiety and what will tax the individuals' inner resources (Lazarus and Folkman, 2014). Coping strategies are the techniques people use to deal with anxiety. Effective coping requires that people have variety of strategies and make appropriate choices about when to use them. No single strategy is bad

or good, but some strategies tend to be more effective than others. For example, some coping strategies involve actively dealing with the anxieties, whereas others strategies are more passive. Passive coping strategies include refusing to accept the reality of the problem, trying to ignore the problem, avoiding the situation, engaging in distraction activities, or sleeping more than usual.

These approaches sound ineffective and even potentially dangerous, but under some circumstance they can work. For example avoiding unpleasant person may be an effective way to cope with the person. However, the coping strategy is effective in a limited number of situations and will be disastrous in others. For examples, avoiding a person with whom one must work is not effective way to deal with a difficult colleague. Also, falling to accept the possibility that one is ill and avoiding medical care can be fatal. Psychologists usually view active coping strategies as more effective than passive ones. But some types of active coping are not necessarily the best choices. For example, using drugs or alcohol requires actives effort, but this activity is not oriented toward solving the problem. Thus, this type of active coping is not a good strategy.

2.2.6 Types of Coping Strategies

Emotional Focused Coping

When you have a problem (or just a bad day), is your first thought to talk to a friend or partner to help you ease those feelings of anxiety? If so, you are using emotion – focused coping. Women tend to use the strategy of seeking social support more than men do (Renk and Creasey, 2013), but this tendency may relate to their influence styles and the availability

of support in their social networks. Seeking social support can be an adaptive coping strategy (Taylor, 2013).

In addition to seeking social support, another emotion focused technique that can be very effective is writing about anxiety and trauma. James Pennebaker (Niederhoffer&Pennebaker, 2013; Pennebaker, 2015; Pennebaker&Graybeal, 2013) has researched the benefits of writing about problems. Pennebaker (2015) asked students to write about a traumatic event for 20 minutes for 3 consecutive days and compared these participants to other students who wrote about trivial events. Those students who wrote about anxiety and problems experiences physical as well as psychological benefits. These promising findings prompted additional research, which confirmed the benefits of writing about emotional events. Participants enjoyed a wide variety of benefits come from better immune system functioning to better grades. Pennebaker believes that the benefits come from helping people think differently about their anxiety and traumas and not from merely "getting it out in the open." Talking about problems is that basis for many psychological treatment; writing as a coping technique has a much shorter history but comparable effectiveness (Pennebaker&Graybeal, 2013).

Some emotion- focused coping strategies are effective ways to deal with some anxieties, especially if the coping strategy involves a positive, active approach rather than a passive one or a negative view (Smith, Lumley, % Longo, 2013). However, problem focused coping is usually a better choice as a coping strategy.

Problem-Focused Coping

Most psychologists recommend problem- focused coping for managing anxiety. This strategy has the goal of solving or managing the problem that isproducing anxiety, and includes approaches for planning and resolving problems, gathering information, making decisions and obtaining resources to deal with the problem (Folkman; Moskowitz, 2013; Penley, Tomala&Wiebe, 2013).The active, task- oriented approach of problem- focused coping is associated with effective problem solving and decision making in many domains. People who use problem- focused coping tends to feel that they can effectively solve a problem involving an anxiety; they have a high sense of self – efficacy for the anxiety- related task. A sense of self- efficacy is important, and this is particularly true in stressful situations (Jimmieson, Terry, &Callan, 2014). People with an internal locus of control tend to choose problem- focused coping. Thus, some individuals are more likely to use problem focused coping, at least in some situations, and these individuals tend to be effective problem solvers.

Not only do problem- focused strategies tend to be more likely to solve anxiety related problems, but some research indicates that people who use this strategy tend to have a more positive outlook (Folkman&Moskowitz, 2013), experience fewer symptoms of illness (Soderstrom et al., 2013), and show better immune system functioning (Stowell, Kiecolt-Glascr, & Glaser, 2013). Therefore, this approach has advantages over emotion- focused coping.

Proactive Coping

If you know that you are going to have a challenging semester next fall, you might try to get a full- time job over the summer so that you will only need to work part- time when school starts. By doing so (whether you think of it that way or not), you are already coping with your

tough fall semester. You are practicing proactive coping; you are anticipating a problem and taking action to avoid or decrease its impact.

Lisa Aspinwall and Shelley Taylor (2014) have described proactive coping as a five – stage process. First, we accumulate resources, mustering time, money, and social support and managing current situations. Next, we recognize that a stressful event is coming. Third, we appraise the event for its difficulty and its potential impact. Fourth, we engage in preliminary coping, to see what we can do now to prevent or minimize a threat. And last, we elicit and use feedback to assess whether we have averted a future anxiety. Using this active approach, people can avoid some anxiety and modify others so that they are not so stressful. Proactive coping may be part of an overall positive approach to life that engenders resilience (Strumfer, 2013). However, the process of proactive coping requires effort, and people have a limited amount of time and energy. Thus, they have to choose which situations to manage and which to try to avoid or to allow developing. They also need to choose which strategies to use in those situations they do want to manage.

Effective Coping

Both emotion- focused and problem- focused coping can be successful, and both can fail. Proactive coping can prevent or decrease anxiety but it requires time and effort. Therefore, selecting the appropriate strategy is critically important for managing anxiety. Emotional confrontation is obviously a strategy that needs to be chosen with much care; inappropriate choices may be not only ineffective but also dangerous. Seeking social support or writing about a distressing experience are better choices to manage the emotions generated by anxiety. This difference was confirmed by a study of college students' coping (Park,

Armeli, &Tennen, 2014). These students were successful in coping with controllable stressors using problem- focused coping and with uncontrollable stressors by using emotion- focused strategies, but not the reverse. First year medical students were healthier when they used both types of coping strategies than when they used only one (Park & Adler, 2013). However, emotion- focused strategies such as smoking and drinking to avoid problems are not adaptive for college students, but positive emotion- focused coping in the form of seeking social support is (DeBerard, Spielmans, and Julka, 2014). The trick is choosing the correct strategy for the situation.

Some people are flexible and effective in dealing with the anxieties in their lives, but others lack a repertoire of coping strategies. These people need help in learning to cope with anxiety. Biofeedback, relaxation techniques, and meditation can help some individuals manage the physical responses that accompany anxiety, and psychotherapy may also be helpful.

2.2.7 Psychological Adjustment

Psychological Adjustment is the maintenance of psychological equilibrium in the face of internal and external stressor, this is facilitated by cognitive process of acceptance and adaption such as maintaining psychological control and coping behavior in the face of an identity crisis (Mallinckrodt 2012) frequently intense and apparently unjustified psychological outburst lead others to judge the individual as “immature; suppression of psychological expression result in moodiness, which tends to make the individual rude uncooperative and preoccupied with self a satisfactory state of personal and psychological adjustment may say to be exist when and individual physical and psychological needs can be satisfied by socially

acceptable patterns of behavior. Students's emotion exercise a potent influence upon his attitude and behavior unbridled psychological reaction may therefore, interfere seriously with young person's power to use the freedom of decision making and behavior – those adolescent who are patter satisfied with their lifestyle whose urges and desire are met with satisfaction tend to enjoy life to the fullest and become psychological ly adjusted. Some student adjusts well to the university environment where as other struggle with the transition, some leaving school entirely (Holmbek&Wandrei 2013).

According to Shaffer (2010), Psychological adjustment as a means or reaction to the demands and pressures of environment imposed upon an individual coping with maintenance of both internal and external equilibrium of individual personality. The ultimate aim of psychologies is to train the youth to make proper adjustment to the different types of environment in which they have to live. Psychologist have brought to light on the basis of their research that making proper adjustment to the changing nature of the environment is the most important perquisite condition for a happy and successful life. An individual is not born adjusted or maladjusted. It is his physical, mental and psychological potentialities that are influenced and directed by the factor and environment in which he finds himself adjusted.

Mathur and Pareekl (2013) state that psychological adjustment is a process in which the personality is continuously striving for greater sense of psychological health, both intra-physical and intra-personality. An psychological ly mature person has the capacity to withstand delay in satisfaction of need. He has the ability to tolerate a reasonable amount of frustration, he believes in long-term planning and is capable of delaying or revising his expectation in term of demand of the situation. It has been found those psychological ly well-adjusted people are quick to establish affectionate relationship with others. A relationship

between depressed psychological state and infective teacher or parenting has been supported by Radke, (2014), psychological adjustment is a perquisite for long term happiness while psychological maladjustment is associated with entanglement transference and unsatisfying shallow relationship. Key to psychological adjustment are clarity, a stable sense of integrity and self-acceptance. Parent teachers who are psychological ly healthy and are mature enough to handle various psychological state without disturbing their relationship with their students fellow authoritative style of parenting. Teachers with psychological adjustment are better able to handle problem of student and hence better relationship with the student in classroom environment. Teachers who use low level of assertion and high level of warmth and inductive discipline and who encourage participation in classroom discussion have the ability to adjust (Boyes& Allen 2013; Parikh 2010).

Walker and Taylor (2011) reported that teachers who created supportive atmosphere by listening sensitivity, clarifying question, teacher higher level of reasoning and using motivation on student tends to develop adjusted level of student, therefore teachers who own ability to act maturely and maintain psychological balance plays an important role student academic achievement.

2.3 Theoretical Framework

2.3.1 Freud Psychoanalytic Theory of Anxiety

Freud developed Psycho-analysis in the early 1890's, psycho-analysis means the analysis of the mind, but it is used to describe the specific method of analyzing the mind as developed by Freud. Prior to this development, Freud was a neurologist who leveled that psycho-analysis is much more than a method of treating mental disorder. Although Freud

gives merit of his work to Viennese physician Josef Bremer who made use of psycho-analysis procedure in the treatment of his patient, a girl suffering from hysteria for over two years. The twenty-one year old girl as a result of the hysteria developed a series of physical and psychological disturbances such as loss of sensation and power of vision, disturbed severe nervous cough and rigid paralysis. For several weeks the patient was unable to drink in spite of a tormenting thirst, her power of speech was reduced, unable to speak or understand her native language. Finally the girl was subject to condition of absence of confusion, of delirium, these symptoms posed concern to and sundry.

From the study of psycho-analysis the doctor found that her case was not of organic brain disease but symptoms of residues of emotional experiences which he later called psychical trauma. After much study, Freud came to the conclusion that the patient's symptoms were the result of emotional (psychological) disturbances. Since the patient was not consciously aware of what was troubling her, Freud postulated the existence of the unconscious mind. Freud learned from his work on that past emotional traumas had befallen his patient. Thus, according to his psycho-analysis theory, he postulated that painfulmemories and feelings associated with these traumas had been expressed into the unconscious mind and were making their effects known in the patient's physical symptoms. Freud initially used hypnosis to attempt to help the patient recall these traumas. While confirming some of his theories about the current effects of past traumas, hypnosis did not yield lasting results. Consequently, Dr. Freud began developing the “talking cure” that is, attempting to help his patients, while in a conscious state, to remember and deal with their emotional trauma. Freud's theoretical analysis affords us the opportunity to understand the influence which the unconscious mind can exercise over the conscious mind and the account of hysteria, a state of

extreme excitement, fear or anger which forces the individual concerned to lose control of self.

Sigmund Freud worked primarily with adult, but paid considerable attention to the of childhood experiences and gave emphasis to the important of development history in child. His theory stressed the vital role of early patterns of behaviour. It maintains that unless the basic drive (instincts) is gratified during early interaction, the child will leave infancy with some degree of fixation (defensive attachment to an earlier state of psychosexual development that inhibits the learning of new behaviours and acquisition of new relationship) will be somewhat impaired in his ability to adapt and adjust to life situations. When gratification during succeeding stages of development is insufficient, the child will fall back on earlier patterns of behaviour. These concepts of fixation and regression are related to a sequence of personality development. The experiences that occur in each period are believed to affect the character traits manifested throughout life. The psychoanalytic has three is based on a personality structure made up of three parts - the id, ego and superego. Fraud posited that id consists primarily of unconscious aggressive instincts. The aggressive instincts were associated with death instincts or khanates. The Ego, comes in between the internal needs, manifested by the id, and external demand represents the reality principle "as it limits the pleasure principle of the id. The forces of the id, however, lure and individual to destroy society and the go part of personality needs to moderate and control the id imputes.

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This theory is related to this work because test anxiety as the independent variable and Freud postulated that painful memories and feelings associated with these traumas had been expressed into the unconscious mind and were making their effects known in the individual achievement. The glaring emphasis on internal conflict and anxiety by Freudian theory makes this theory relevant as it explains further test anxiety as one of the variables of this study.

2.3.2 Cognitive Appraisal Theory

The cognitive appraisal theory is related to emotional anxiety. Lazarus, (2013) propounded Cognitive Appraisal Theory which states that cognitive plays the central and causal role in emotions. Emotions are organized psychophysiological reactions to good news and bad news about ongoing influences with the environment. Emotions rise when situation has personal meaning to people, information which is offensive is capable of causing harm and the response there after is likely to be intensive fear. In view of this, people continuously search the environment looking for clues not only on how to act but also on how they feel about the situation. (Wortman, Loftus & Weaver, 2013).

Lazarus (2013) ascited in Wortman, Loftus and Weaver (2013) distinguished between two levels of cognitive appraisal theory which are: the primary appraisal which is to access

whether what is happening is relevant to our personal well- being, or how it might affect us while secondary appraisal, we evaluate our options and how we might respond to the problem. In this study, children who appraise the challenges as harmless or threatening to them in real-life situations involve judgment of appraisal. However, the judgment of the events as a threat to their well- being (secondary appraisal) (Lazarus ascited in Wortman, Loftus & Weaver, 2013).The degree of emotional anxiety experience depends on the balance between the primary appraisal and secondary appraisal. When an individual perceives a threat as mild his or her ability to adjust will be high, therefore, trauma will be minimal. But when the threat is perceive as severe, the ability to cope will be weak. In that regard, the determinant of whether or not the children feel emotional anxiety depends on how each evaluate the current situation on ground.

This theory is related to this research work in the sense that Appraisal theory is the theory in psychology that emotions are extracted from our evaluations of events that cause specific reactions in different people. Essentially, our appraisal of a situation causes an emotional, or affective, response that is going to be based on that appraisal.

2.3.3 Theories of Coping

Basically, coping refers to an individual's attempt to tolerate or minimize the effect of the stress, whether it is the stressor or the experience of stress itself. Coping theories can be classified according to orientation or focus (trait-oriented or state-oriented) and approach (macroanalytic or microanalytic).

Classification of Coping Theories

Coping theories have been divided into two different parameters:

1. Trait-Oriented Theories versus State-Oriented Theories
2. Microanalytic Approach versus Macroanalytic Approach

The trait-oriented theories focus on the early recognition of a person's resources and tendencies related to coping, while the state-oriented theories emphasizes the actual coping of an individual and the outcome of his application of coping methods or strategies. On the other hand, the micro analytic approach studies a wide variety of specific and concrete coping strategies, while the macro analytic approach concentrates on fundamental and abstract coping methodologies.

Macro analytic, Trait-oriented Coping Theories

1. **Repression–sensitization:** This theory states that there is a bipolar dimension in which a person copes with the stress in only one of two opposite poles – repression or sensitization. People who tend to be repressers cope with the stress by means of denying or minimizing its existence. They use the avoidance coping mechanism such that they are unable to realize the potential negative outcomes of the stressful experience. In contrast to this, sensitizers tend to react to stress with rumination, excessive worrying and obsessive search for information on stress-related cues.
2. **Monitoring and Blunting**: According to Miller, monitoring and blunting is a construct that is based on the repression sensitization theory due to the similarity in their nature as cognitive informational styles. However, this construct, particularly blunting, tells us that the impact of uncontrollable stressful cues can be reduced by the individual through the use of cognitive avoidance (e.g. denial, reinterpretation, distraction). Under

controllable stress, monitoring is said to be a more effective coping strategy, as it includes seeking information related to the stressor.

3. **Model of Coping Modes (mcm):** This model originates from the monitoring-blunting construct, and is also related to the repression-sensitization conception, but expands concepts of vigilance and cognitive avoidance with an underpinning of cognitive motivational approach. It emphasizes that a person is stimulated to avert the situation and perceive the stressor in an ambiguous manner in the presence of the stressor.

Macro Analytic, State-Oriented Theories

The Defense Mechanisms constructs by Sigmund Freud in 1926 is one of the few macro analytic, state-oriented theories of coping. A number of defense mechanisms were basically related to intellectualization and repression, the two basic forms that were emphasized by Freud in 1936. Richard Lazarus and Susan Folkman proposed yet another theory of coping in a macro analytic approach, concentrating on the coping strategies that are focused on emotion or on the problem itself, as well as the functions related to them. While the theory of Lazarus and Folkman was macro analytic in its origin, it was expanded to the micro analytic approach, wherein Lazarus, et.al. was able to specify coping strategies and classify them into eight groups. These include self-controlling, confrontative coping, seeking social support, distancing, escape-avoidance, accepting responsibility, positive reappraisal and planful problem-solving.

This theory is related to this research work in the sense that the theory recognize a person's internal resources and mental capacities for evaluating how well he can adapt to a situation.

2.3.4 Cannon-Bard Theory of Emotional development

Cannon view adjustment as the physiological responses that accrue simultaneously, not one after another. For example when we encounter a frightening stimulus like a bear, the sequence of adjustment or arousal of emotion takes the form as, we perceive the bear, we run and are afraid, with neuter reaction that is emotional response and emotional experience, preceding the other.

Cannon proposed that the lower brain centres, specifically the thalamus and hypothalamus, are responsible for inciting emotional reactions. After perceiving a stimulus, the sensory impulses `reach that thalamic-hypothalamic region. From there they are carried simultaneously to the internal organs of the body and the cerebral cortex. The cerebral cortex therefore, receives and experience emotions at the same time when physical adjustment or changes occur in the body. Cannon proposed that different emotions are often associated with the same psychophysiological states within the body. (Today, with more advanced measurement techniques than were available to cannon, we can recognized better the differences in the psychophysiological states corresponding to various emotions) in additions, the organs of the body do not provide the kinds of information that people would need to distinguish one emotion from another. Cannon propose instead that the brain, the thalamus in particular, controls emotional behavior. Bodily reactions alone do not. However, Philip Bard (1999) later

elaborated cannon's view, so it is to a reaction on the part of the brain, which in turn leads to identification of an emotion.

Psychologists now believe that some aspects of both the James-lange theory and the cannon theory are correct. Cannon was correct in recognizing that emotions are largely governed by the brain, especially by several parts of the limbic system. E.g. the hypothalamus. James and Lange were also correct, however, in noting that physiological adjustment or change contribute to people's perception of their emotions. (Robert J.S, 2002).

2.4 Review of Empirical Studies

The following empirical studies are reviewed to guide the study

Omar, Elfaydi, Ibrahim, and Kirembwe (2016) carried out a study to investigate the hypothesized causal relationship between Emotional anxiety and psychological adjustment among Libyans who participated in the revolution of the 17^{lh} February. 215 participants were randomly selected for the study. Structural equation modelling was used to establish the relationship between traumatic disorder and social adjustment. It was found that Emotional Anxiety negatively affects psychological social adjustment. The study also revealed that there is a positive relationship between Emotional Anxiety with lack of psychosocial compatibility. It also revealed that some of the injured in the fighting front suffers from social isolation. This study is in line with the current study because the current study also seeks to find out how Emotional Anxiety influences the psychological adjustment of IDPs.

Noor, Gul, Saleem and Shahzad (2017) set out to investigate the relationship of stress, anxiety and psychological adjustment among parents of intellectually disabled and cerebral palsy children. The study explored the relationship between psychological adjustment,

parental stress and anxiety of parents having children with Intellectual Disability (ID) and Cerebral Palsy (CP). In the cross-sectional study, the sample of 104 parents of ID and CP children (52 ID and 52 CP) were selected from Rehabilitation Hospital. The findings indicated that psychological adjustment was significant negative correlation between parental stress (r = -.63, p <.000) and anxiety (r = -.62, p c.000). The findings also revealed that Parental Stress and anxiety (P - -.241, p <.000, (3 = - .448, p <.05) were respectively significant negative predictors of Psychological Adjustment among parents of ID and CP children. Parents of ID were more predisposed on parental stress, anxiety and psychological adjustment as compare to Parents of CP. Findings further revealed no significant difference was found between gender which reflect both parents(mothers & fathers) of ID & CP children were equally stressed & anxious. They concluded that parental stress and anxiety are unhealthy states that are experienced by parents of ID and CP children which ultimately affect their psychological adjustment. This research is related to the current study because the the current study also set out to investigate the relationship between anxiety and psychological adjustment among IDP in Durumi Camp. .

Rousseau, Drapeau, Robert (1999) carried study to investigate the effect of war-related trauma on the subsequent social adjustment and functioning of young Cambodian refugees. It correlational study of 67 young Cambodian refugees in Montreal interviewed in the first year of high school and then 2 years later examines a family's exposure to war related pre-migration trauma and its association with an adolescent's emotional and behavioural problems and social adjustment. Emotional and behavioural problems were assessed using the Youth Self-Report and an inventory of risk behaviour. Social adjustment was assessed in terms of academic achievement, peer relations, and feeling of competence. The results indicated that

the trauma a family suffered before leaving their homeland and prior to the teenager's birth seems to play a protective role at various times in adolescence with regard to externalized symptoms, risk behaviour, and school failure in boys, and foster positive social adjustment in girls. They concluded that these reactions may be understood as overcompensation by the children of the survivors of a massacre, to whom the implicit duty to succeed has been passed on. They suggest that a broader range of Emotional anxiety responses to war situations should be investigated and that trauma's dual nature as both burden and source of strength should be examined more closely.

Gillies, Taylor, Gray, O'Brien, &D'Abrew (2013) reviewed psychological therapies for the treatment of Emotional anxiety in children and adolescents. They seem to think Emotional anxiety is highly prevalent in children and adolescents who have experienced trauma and has high personal and health costs. Although a wide range of psychological therapies have been used in the treatment of Emotional Anxiety there are no systematic reviews of these therapies in children and adolescents. All randomised controlled trials of psychological therapies compared to a control, pharmacological therapy or other treatments in children or adolescents exposed to a traumatic event or diagnosed with Emotional Anxiety

. Two members of the review group independently extracted data. If differences were identified, they were resolved by consensus, or referral to the review team. calculated the odds ratio (OR) for binary outcomes, the standardised mean difference (SMD) for continuous outcomes, and 95% confidence intervals (CI) for both, using a fixed-effect model. If heterogeneity was found we used a random-effects model. Fourteen studies including 758 participants were included in this review. The types of trauma participants had been exposed to included sexual abuse, civil violence, natural disaster, domestic violence and motor vehicle

accidents. Most participants were clients of a trauma-related support service. The psychological therapies used in these studies were cognitive behavioural therapy (CBT), exposure-based, psychodynamic, narrative, supportive counselling, and eye movement desensitisation and reprocessing (EMDR). Most compared a psychological therapy to a control group. No study compared psychological therapies to pharmacological therapies alone or as an adjunct to a psychological therapy. Across all psychological therapies, improvement was significantly better (three studies, n = 80, OR 4.21, 95% CI 1.12 to 15.85) and symptoms of Emotional Anxiety (seven studies, n = 271, SMD -0.90, 95% CI -1.24 to -0.42), anxiety (three studies, n = 91, SMD -0.57, 95% CI -1.00 to -0.13) and depression (five studies, n = 156, SMD -0.74, 95% CI -1.11 to -0.36) were significantly lower within a month of completing psychological therapy compared to a control group. The psychological therapy for which there was the best evidence of effectiveness was CBT. Improvement was significantly better for up to a year following treatment (up to one month: two studies, n = 49, OR 8.64, 95% CI 2.01 to 37.14; up to one year: one study, n = 25, OR 8.00, 95% CI 1.21 to 52.69). Emotional Anxiety symptom scores were also significantly lower for up to one year (up to one month: three studies, n = 98, SMD -1.34, 95% CI -1.79 to -0.89; up to one year: one study, n = 36, SMD -0.73, 95% CI -1.44 to -0.01), and depression scores were lower for up to a month (three studies, n = 98, SMD -0.80, 95% CI -1.47 to -0.13) in the CBT group compared to a control. No adverse effects were identified. No study was rated as a high risk for selection or detection bias but a minority were rated as a high risk for attrition, reporting and other bias. Most included studies were rated as an unclear risk for selection, detection and attrition bias. There is evidence for the effectiveness of psychological therapies, particularly CBT, for treating Emotional Anxiety in children and adolescents for up to a month following treatment.

At this stage, there is no clear evidence for the effectiveness of one psychological therapy compared to others. There is also not enough evidence to conclude that children and adolescents with particular types of trauma are more or less likely to respond to psychological therapies than others. The findings of this review are limited by the potential for methodological biases, and the small number and generally small size of identified studies. In addition, there was evidence of substantial heterogeneity in some analyses which could not be explained by subgroup or sensitivity analyses. More evidence is required for the effectiveness of all psychological therapies more than one month after treatment. Much more evidence is needed to demonstrate the relative effectiveness of different psychological therapies or the effectiveness of psychological therapies compared to other treatments. More details are required in future trials in regards to the types of trauma that preceded the diagnosis of Emotional Anxiety and whether the traumas are single event or ongoing. Future studies should also aim to identify the most valid and reliable measures of Emotional Anxiety symptoms and ensure that all scores, total and sub-scores, are consistently reported.

Onyekachi, Adeshina&Onyekachi (2020) examined Insomnia, Depression and Anxiety as Associated by Traumatic Events, Coping Strategies and Coping Resources among Internally Displaced Adolescents in North-East Nigeria. They said Internally displaced adolescents (IDAs) in Nigeria are a high risk group for mental health problems. More knowledge is needed about the associations between traumatic events, coping strategies, coping resources (social support and optimism) and mental health problems (insomnia, depression, and anxiety) in this group. In this cross-sectional study, a disproportionate stratified sampling strategy was used to select 109 adolescents (10-21 years of age) from an internally displaced persons camp, while a purposive sample was used to recruit 27 IDAs in

non-camp setting. Insomnia Severity Index, Revised Children's Anxiety, Depression Scale, Harvard Trauma Questionnaire Part I, Coping Style Questions, Crisis Support Scale, and Life Orientation Test were used. Significant negative correlations were observed between whom respondents are living with and depression, while their needs positively correlated with insomnia, depression and anxiety. There was significant positive relationship between traumatic events score and insomnia, depression and anxiety. Problem and emotion-focused coping were associated with lower levels of insomnia. Whereas problem, emotion, avoidance-focused coping and social support were associated with lower levels of depression and anxiety symptoms. In hierarchical analysis, traumatic events contributed 51% variance on insomnia, 47% on depression and 45% on anxiety. Addition of coping strategies and coping resources significantly explained insomnia (7% versus 1%), depression (21% versus 3%), and anxiety (24% versus 5%). There is a need for intervention to integrate problem, emotion and avoidance focused coping alongside with adequate social support in adjustment of IDA's mental health problems

Saxon, Makhashvili, Chikovani, Seguin, McKee, Patel, Bisson, & Roberts (2017) conducted a study on Coping strategies and mental health outcomes of conflict-affected persons in the Republic of Georgia were able to find out that adults who experienced the 1992 and 2008 armed conflicts in the Republic of Georgia were exposed to multiple traumatic events and stressors over many years. The aim was to investigate what coping strategies are used by conflict-affected persons in Georgia and their association with mental disorders. A cross-sectional survey was conducted with 3600 adults, representing internally displaced persons (IDPs) from conflicts in the 1990s (n = 1200) and 2008 (n = 1200) and former IDPs who returned to their homes after the 2008 conflict (n = 1200). Emotional anxiety, depression,

anxiety and coping strategies were measured using the Trauma Screening Questionnaire, Patient Health Questionnaire-9, Generalised Anxiety and adapted version of the Brief Coping Inventory, respectively. Descriptive and multivariate regression analyses were used. Coping strategies such as use of humour, emotional support, active coping, acceptance and religion were significantly associated with better mental health outcomes. Coping strategies of behavioural and mental disengagement, denial, venting emotions, substance abuse and gambling were significantly associated with poorer mental health outcomes. The reported use of coping strategies varied significantly between men and women for 8 of the 15 strategies addressed. Many conflict-affected persons in Georgia are still suffering mental health problems years after the conflicts. A number of specific coping strategies appear to be associated with better mental health and should be encouraged and supported where possible.

Shekih, Mohammed, Agunbiade, Ebiti&Adekeye (2014) examined Psycho-Trauma, Psychosocial Adjustment, and Symptomatic Emotional anxiety among Internally Displaced Persons in Kaduna, Northwestern Nigeria. Noting that in April 2011, a post election violent conflict in Northern Nigeria led to resettlement of internally displaced persons (IDPs) in a camp in Kaduna, the worst affected state. We set out to determine prevalence and socio-demographic factors associated with Emotional anxiety among IDPs. We also determined types of psycho-trauma experienced by the IDPs and their psychosocial adjustment. Cross-sectional systematic random sampling was used to select 258 adults IDPs. We used Harvard trauma questionnaire to diagnose "symptomatic Emotional Anxiety," composite international diagnostic interview (CIDI) for diagnosis of depression, and communal trauma event inventory to determine exposure to psycho-trauma. We assessed social adjustment using social provision scale. Multiple logistic regression analysis was used to determine independent

predictors of Emotional Anxiety of the 258 IDPs, 109 (42.2%) had a diagnosis of Emotional Anxiety, 204 (79.1%) had poor living conditions, and only 12 (4.7%) had poor social provision. The most frequent psycho-traumas were destruction of personal property (96.1%), been evacuated from their town (96%) and witnessing violence (88%). More than half (58%) of IDPs had experienced 11-15 of the 19 traumatic events. Independent predictors of Emotional Anxiety among respondents were having a CIDI diagnosis of depression (adjusted odds ratios 3.5, 95% confidence interval 1.7-7.5; $p = 0.001$) and witnessing death of a family member (3.7, 1.2-11.5; $p = 0.0259$). We concluded that exposure to psycho-trauma among IDPs in Kaduna led to post conflict Emotional Anxiety. Death of a family member and co-morbid depression were independent predictors of Emotional Anxiety among IDPs. Though their living condition was poor, the IDPs had good psychosocial adjustment. We recommended a structured psychosocial intervention among the IDP targeted at improving living condition and dealing with the psychological consequences of psycho-trauma.

Taiwo, Abdulaziz , Edwin, Tosin&Folorunsho {2016} examined Descriptive Characterization of Psycho-Trauma, Psychological Distress, and Emotional anxiety among Children and Adolescent Internally Displaced Persons in Kaduna, Nigeria. A postelection violent conflict in Kaduna resulted in 800 deaths and 65,000 displaced people leading to setting up of camp for internally displaced persons (IDPs). We set out to determine the prevalence and pattern of psycho-traumatic stressful life events, psychological distress, and Emotional anxiety among child/adolescents IDPs. A descriptive cross-sectional study of 73 child/adolescent IDPs were selected by total sampling. Stressful life event checklist measured conflict-related trauma and reaction of adolescents to traumatic stress (RATS) measured Emotional anxiety reaction of children/adolescents. Hopkins Symptoms Checklist 37 for

Adolescents measured psychological distress associated with trauma. Diagnostic Interview Schedule for Children was used for diagnosis of Emotional Anxiety of 73 respondents, 3 (4.1%) had probable Emotional Anxiety, 2 (2.7%) had definitive Emotional Anxiety, and mean score of the child/adolescent IDPs on HSCL-37A and RATS was 44.7 (SD = 6.3) and 31.9 (SD = 5.7), respectively. Most frequently occurring psychological distress among female participants was suddenly scared for no reason 7 (19.5%) and becoming angry easily and feeling fearful 5 (13.9%). The average score for female participants were higher than that for males on depressive and anxiety subscale of HSCL-37A. We concluded that children/adolescent IDPs were exposed to psycho-trauma following postelection violent conflict and developed psychological distress. However, the low prevalence of psychological distress and Emotional Anxiety suggested that living with parents and psychosocial intervention provided could have led to much lower morbidity.

Taiwo, Mohammed, Samuel, Ike, Bill, &Oluwatosin (2014) Correlates of depression among internally displaced persons after post election violence in Kaduna, North Western Nigeria Background In April 2011, a post-election violent conflict in northern Nigeria led to resettlement of internally displaced persons (IDPs) in a camp in Kaduna, the worst affected state. We set out to determine the prevalence of depression among the IDPs. We also determined socio-demographic and other correlates of depression among the IDPs. Methods Cross-sectional systematic random sampling was used to select 258 adults IDPs. We used the Hopkins symptom checklist to diagnose probable depression, composite international diagnostic interview for diagnosis of definite depression and communal trauma event inventory to determine exposure to psycho-trauma. We assessed social adjustment using social provision scale and Harvard trauma questionnaire to diagnose "symptomatic Emotional

Anxiety". Multiple logistic regression was used to determine independent predictors of depression.

Woltin, Sassenberg &Albayrak (2018) carried a research on the regulatory focus, coping strategies and symptoms of anxiety and depression, taking into contract Syrian refugees in Turkey and Germany Civil war, flight, escape and expulsion are extremely stressful and assert a negative impact on refugees' mental health. However scientific research about resilience and coping of refugees is scarce. Especially in the recent refugee crisis, calls have been made to consider factors contributing to coping and resilience in this vulnerable population. Therefore, the current research sought to investigate individual differences that could serve as antecedents of coping and contextual factors that might moderate these effects. Specifically, it took into account individual's self-regulatory differences in terms of regulatory focus (i.e., a promotion focus on nurturance needs, ideals and gains vs. a prevention focus on security needs, oughts and losses). It furthermore explored contextual influences by considering Syrian refugees in Turkey (Sample 1, $N = 273$) and Germany (Sample 2, $N = 169$). Compared to Syrian refugees in Turkey, those in Germany had a stronger promotion focus. They also reported more problem-focused and less maladaptive coping, as well as less symptoms. Both promotion and prevention focus were positively related to problem-focused coping. Problem-focused coping, in turn, predicted more symptoms in Turkey but not in Germany. Furthermore, a stronger promotion focus was associated with less symptoms and maladaptive coping was associated with more symptoms in both samples. These results contribute to the coping literature in demonstrating that under certain conditions problem-focused coping can be maladaptive and extend the scarce previous work on self-regulation and coping. Most importantly, they highlight a promotion focus as a clear resilience factor and the role of

maladaptive coping in increasing vulnerability. As such, they might inform the design of effective interventions among Syrian refugees and beyond.

Rafnsson, Jonsson and Michael (2007) investigated the relationships of coping strategies, drinking motives, and stressful life events (major, daily positive, and daily negative) on emotional and behavioral problems, and academic functioning among a sample of 1251 Icelandic youth (mean age 18.9 years). Major stressful life events and negative daily events were associated with youth maladjustment across multiple domains of functioning. Coping motives for drinking predicted both alcohol use and alcohol problems. Emotion-focused coping was a strong predictor of depressed affect, and task-oriented coping was related inversely to emotional and behavioral problems. The findings with this sample of Icelandic youth were highly similar with previous findings with an American sample by Windle and Windle (1996), and suggest the need for more focused interventions on coping strategies and maladjustment among youth.

Garnefski, Legerstee, Kraaij, Kommer and Teerds (2002) examine Cognitive coping strategies and symptoms of depression and anxiety: a comparison between adolescents and adults. The study focused on comparability of adolescents and adults in the reporting of cognitive coping strategies and their relationship to symptoms of depression and anxiety. Two samples were included: 487 adolescents attending a secondary school and 630 adults from a general practitioners practice. Data were obtained on symptoms of depression and anxiety and the use of nine cognitive coping strategies: acceptance, catastrophizing, other-blame, positive reappraisal, putting into perspective, refocus on planning, positive refocusing, rumination and self-blame. The results showed that all cognitive coping strategies were reported by adolescents to a significantly lesser extent than by adults. Further, it was shown that both in

adolescents and adults a considerable percentage of the variance in symptomatology was explained by the use of cognitive coping strategies. Although adolescents and adults differed in relative strength of the relationships, generally speaking, conclusions were the same: in both groups, the cognitive coping strategies self-blame, rumination, catastrophizing and positive reappraisal were shown to play the most important role in the reporting of symptoms of psychopathology, showing the importance of introducing prevention and intervention programmes at an early stage.

Morales-Rodríguez and Perez,-Marmol (2019) examine The Role of Anxiety, Coping Strategies, and Emotional Intelligence on General Perceived Self-Efficacy in University Students with The main objective of the present research is to analyze the relationship of levels of self-efficacy and anxiety, coping strategies, and emotional intelligence in Spanish university students. This study has a cross-sectional design. The sample was composed of 258 university students recruited from three academic areas. Descriptive, bivariate, and multivariate regression analyses were performed. Significant bivariate analysis showed a significant inverse correlation between self-efficacy and state anxiety ($r = -0.340$) and trait anxiety ($r = -0.466$). In addition, a direct correlation was found between self-efficacy and the coping strategies of problem-solving ($r = 0.312$), emotional expression ($r = 0.133$), cognitive restructuring ($r = 0.195$), social withdrawal ($r = 0.103$), and coping with a situation ($r = 0.303$), as well as with the emotional intelligence dimensions of emotional clarity ($r = 0.397$) and repair mood ($r = 0.347$). Multivariate regression analysis showed that trait anxiety, problem-solving, emotional expression, social withdrawal, and emotional clarity were significantly related to the dependent variable, predicting 39% of total variance on levels of

general perceived self-efficacy. In conclusion, this paper contributes to a better understanding of the related factors to general perceived self-efficacy in undergraduate students.

RahnamaShahdadi, Bagheri, Moghadam and Absalan (2017) examine the relationship between anxiety and coping strategies of patients with trauma. The Traumatic events are of high incidence and affect not only the patient but also their family members, causing psychological problems such as stress and anxiety for caregivers of these patients. Therefore, the application of appropriate coping strategies by them seems necessary in order to promote mental health. To study the relationship of anxiety with coping strategies in family caregivers of trauma patients. The present research was a descriptive-correlational study which was carried out on 127 family caregivers of patients with trauma in intensive care unit, surgery ward and emergency unit of Amir al-Mu'minin Hospital of Zabol, Sistan and Baluchestan Province. The respondents were selected based on the convenience sampling method. Demographics questionnaire, DASS-21, and Coping Strategies questionnaire were used for data collection. The obtained data were statistically analysed using descriptive statistics, Analysis of Variance (ANOVA), t-test, and Pearson correlation coefficient in statistical package for the Social Sciences (SPSS) version 21.0. Based on the results, 89.9% of family caregivers suffer from mild to severe anxiety. The most common type of coping strategy used by the respondents was emotion-focused. The results showed no relationship between anxiety and emotion-centrism, but an inverse relationship was found between problem-centrism and anxiety. The majority of family caregivers had anxiety. Given, the inverse relationship between the level of anxiety and the use of problem-based coping strategy, in addition to identifying and reducing the causes of anxiety in caregivers. It is recommended that appropriate coping strategies should be trained to them.

Kasi, Naqvi and Afghan, (2012) examine coping style in patients with anxiety and depression using different individuals use different coping styles to cope with their problems. In patients with anxiety and/or depression, these have important implications. The primary objective of our study was to estimate the frequency of different coping mechanisms used by patients with symptoms of anxiety and depression. A descriptive, cross-sectional survey was conducted and patients with symptoms of anxiety and depression were identified using the Aga Khan University's Anxiety and Depression Scale (AKUADS). Coping styles were determined by using the 28-item Brief COPE inventory. We were able to recruit 162 people. The prevalence of anxiety and depression was found to be 34%. Females were more than 2 times likely to have anxiety and depression (P value = 0 . 0 2 4, O R = 2 . 6 2). In patients screening positive for AKUADS, "religion" was the most common coping mechanism identified. "Acceptance", "Use of instrumental support", and "Active coping" were other commonly used coping styles. Our findings suggest that religious coping is a common behavior in patients presenting with symptoms anxiety and depression in Pakistan. Knowledge of these coping styles is important in the care of such patients, as these coping methods can be identified and to some extent modified by the treating clinician/psychiatrist.

Tuncay, Musabak, Gok and Kufu (2008) investigated the relationship between anxiety, coping strategies and characteristics with diabetes and the study provided essential information, about Turkish patients with type I and type II diabetes, concerning: levels of anxiety, coping strategies used, and relationships that exist among anxiety, coping strategies, sociodemographic and medical characteristics. The study employed a sample size of 161 Turkish adults with both types of diabetes. The trait anxiety scale, the brief COPE, sociodemographic and medical questionnaire were administered to patients with diabetes. The

mean age was 49.01 (SD = 9.74), with a range from 20 to 60 years. The majority of the participants were female (60.9%) and type II diabetes (75.8%). 79% of the participants experienced anxiety. A clear majority of the participants reported to integrate their diabetes. Acceptance, religion, planning, positive reframing, instrumental support, emotional support, self-distraction and venting were the most frequently used coping strategies. The most frequently used problem-focused and the emotion-focused coping strategies were found to be similar in both type I and type II diabetes. However, participants with type II diabetes had relatively higher scores on the problem-focused strategies than those with type I. Participants with type I diabetes used humour, venting and self-blame more than those with type II diabetes. Other findings indicated that only a small minority responded to diabetes-related problems by denial, behavioural disengagement and substance use. Significant correlations were found among anxiety, coping strategies and sociodemographic characteristics of the participants. Moreover, Self-blame was found to be correlated significantly with both the problem-focused and emotion-focused coping strategies. Self-blame was also significantly correlated with both instrumental support and emotional support indicated that higher self-blame caused more frequent use of instrumental and emotional support by patients with diabetes. The findings of this study indicate that care for patients with diabetes should address their physical, psychological, social and economic wellbeing and the findings point to the importance of taking individual coping strategies into account when evaluating the impact of diabetes on psychosocial wellbeing. Because of the mean of anxiety were not in normal range, for this study, health professionals need to pay attention to patient's psychological state. This is especially true for patients who are likely to use self-blame and behavioural disengagement as a coping strategy. Through psychosocial interventions, professionals need to assist patients

in establishing positive self-evaluations. Delineation of coping strategies might be useful for identifying patients in need of particular counselling and support.

2.5 Summary

Chapter Two captured the Review of Related Literature, Conceptual Clarification, Concept of Emotional Anxiety which defined emotional anxiety as a disorder that can develop following an emotional event that threatens one's safety or makes one feel helpless, it went further to say that emotional anxiety may likely have emotional implication on those who have direct personal experience, witnessing or learning about the event that involves actual or threatened death or injury, Symptoms of Emotional Anxiety which stated majorly physical symptoms of stress include, low energy, headaches, upset stomach, including diarrhea, constipation, and nausea, aches, pains, and tense muscles, chest pain and rapid heartbeat, insomnia, Causes of Emotional Anxiety, Concept of Coping Strategy, here coping was defined as a process by which a person takes some action to manage, master, tolerate or reduce environment and internal demands that cause or might cause anxiety and what will tax the individuals' inner resources. Effective coping requires that people have variety of strategies and make appropriate choices about when to use them. Types of Coping Strategy as Emotional Focused, Problem Focused, Proactive andEffective Coping Strategies.

The chapter also review related theories to back up the findings of the study and example of such theories are Sigmund Freud Psychoanalytic Theory of Anxiety, cognitive appraisal theory of Lazarus, theory of coping, cannon bad theory of emotional development, the study also reviewed related Empirical Studies in relation to emotional anxiety, coping strategy and psychological adjustment as well as Summary of the chapter.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter presents with the methodthe researcher employed in order to collect the relevant data for the study. The population of the research was determined, sample and sampling techniques were discussed. It involves instrumentation; validity and reliability, procedure for data collection and data analysis.

3.2 Research Design

This researcheradoptedcorrelationaldesign to examine the relationship betweenAnxiety, Coping Strategies and Psychological adjustment among the Internally Displaced Persons in Kaduna State.This design according to Mathiyazhagan and Nandan (2010) is a procedure in which data are systematically collected from a population or a sample through questionnaires to find relationship or links among the variables. This study involves a survey of an entire population of people or items under the study by collecting data from a selected sample drawn from the population and assuming that these samples are true representation of the entire population.

3.3 Population

The population of this study was nine thousand six hundred and thirty five (9, 635) male and female Internal Displaced Persons in Kaduna State. However, the researcher collected a letter from the department of educational psychology and counseling to the State Management Emergency Agency (SEMA), where the above statistics was collected in respect of the

population of this study.International Organization for Migration's (IOM) Displacement Tracking Matrix (DTM) team in 207 Local Government Areas (LGA) covering 13 States of Northern Nigeria provided a total number of IDPs in Kaduna state to be thirty six thousand, nine hundred and seventy six (36,976).

Table 3.2.1 Distribution of Population of the IDPs in Kaduna State

S/no	Lga	Locations	No. Of Idps
1	Lere	Jama'aNaiya, Doka, Ramin Kura, YadinGaru	1, 405
2	Zaria	Gyallesu, Tukur-Tukur, Gaskiyaayout and KofarKibo	88
3	Kaduna South	Yet to receive	-
4	Igabi	Rigasa, BarakallahuNigas Rehabilitation	280
5	Kagarko	Jere	408
6	Kachia	Navy base and Gumel	5, 486
7	Chikun	Sabon Tasha, Romi and Bayan Dutse, Gonin Gora	1, 549
8	SabonGari	HayinOjo	105
9	Kaduna North	HayinKeke, KwaruBadarawa and UnguwanMaisamari	314
Total	**9 LGAs**	**22 communities**	**9,635 Displaced Persons**

Source: Kaduna State Emergency Management Agency (SEMA, December, 2015.)

3.4 Sample and Sampling Technique

The sample used for this study was 365Internal Displaced Persons in Kaduna State of both males and females. This sample was drawn from the entire population of 9, 635, which wassupported by Krejcie and Morgan (2014).

Eight Local governments was used in the allocation of sample of the various Internal Displaced Camps in Kaduna State using proportionate sampling techniques to determine the number of respondents from each local government totaling 360 IDPs in all.

S/N	LGA	Population	Sample
	Lere	1,405	52
	Zaria	88	3
	Igabi	280	11
	Kagarko	408	15
	Kachia	5,486	205
	Chikun	1,549	58
	Sabongari	105	9
	Kaduna North	314	12
	Total	**9,635**	**365**

3.5 Instrumentation

Three main instruments were used for this study. The instruments were Emotional Anxiety Inventory, Coping Strategy Inventory and Psychological Adjustment Inventory, The questionnaire comprises of four (4) sections. Section A,comprisesofthe IDPs biographical data, section B, Emotional Anxiety Inventory, section C,CopingStrategy Inventorywhile section D, Psychological Adjustment Inventory.

Section B: Emotional Anxiety Inventory (EAI)

This instrument seeks to determine the Emotional Anxiety of the IDPs.The20 items instrument was adopted from Rose Pam (2013) and concentrates on issues of Stress, moodiness, influence

with others in the IDP Camps and relating with peers in the Camps, It is a five points scale ranging from strongly agreed (SA) Agreed (A), Not sure (NS), Disagreed (D), strongly disagree (SD) which may represent the IDPs feelings.

Scoring Guide

0-20 Low Emotional Anxiety

21- 40Moderate Emotional Anxiety

41-60 High Emotional Anxiety

61 and above Extreme Anxiety

Section C: Coping Strategy Inventory (CSI)

This instrument determines aspect of Coping Strategies of the IDPs.The 20 items instrument Adopted from Tobin (2015) which concentrates on issues on how to reduce stress, turn difficult situation a tolerable one, and avoid thinking about negative experiences and others issues. It has five points scale ranging from strongly agreed (SA) Agreed (A) Disagree (D) undecided (UD), strongly disagree (SD) whichrepresentIDPs feelings.

Scoring Guide

0-20 Low Coping

21- 40 Moderate Coping

41-60 High Coping

61 and above Extreme Coping

Section D: Psychological Adjustment Inventory (PAI)

This instrument consists of twenty items which is meant to measure how effective and capable one can deal with emotional anxiety so as to have peace of mind. It is adopted from Pam (2013).It has five points scale ranging from strongly agreed (SA) Agreed (A) Disagreed (DA) undecided (UD), strongly disagree (SD) which represents IDPs feelings.

Scoring Guide

0-20 Low Psychological Adjustment

21- 40 Moderate Psychological Adjustment

41-60 High Psychological Adjustment

61 and above Extreme Psychological Adjustment

3.5.1Validity of the Instruments.

To ascertain the validity of the instruments, scholars in the area of Educational psychology and Counseling of Ahmadu Bello University,Zaria.validated the instrument in terms of face content and construct validity, to determine their relevance and appropriateness for use in the study. Their suggestions were incorporated into the final draft of the questionnaire.

3.5.2Pilot study

The pilot study was carried out in Durumi IDPs camp area council of Abuja with the purpose of establishing internal consistency of the instruments, 40 copies of each instrument were distributed among the IDPs in the camp who are not going to participate in the main study, but have similar characteristics with the general population of internally displaced persons in

Kaduna state, data collected from the pilot study was analyzed using (SPSS) version 22.0. The result output could be found in the appendix of the work.

3.5.3 Reliability

An internal consistency of test reliability co-efficient was obtained using the cronbach alpha. Emotional Anxiety, Coping strategies and psychological adjustment have internal consistency of 0.989, 0.725 and 0.989respectively.These reliabilities show that the instruments are reliable and can be used in collecting data for this research.

3.6 Procedure for Data Collection

Before going to the field, the researcher collected an introductory letter from the department of Educational Psychology and Counseling, ABU, Zaria to the nine IDPs Camps in Kaduna State where research was carried out. After getting permission from Kaduna SEMA, the researcher started collecting the data. The instrument (Emotional Anxiety Inventory, Coping Strategy Inventory and Adjustment Inventory) wereadministered to the internally displaced Persons(IDPs) in Kaduna state, in each of the selected IDPs camps of the Four IDPs, namely Kachia, Kafanchan, Kaduna South, Kaduna Northetc. where temporary Camps are located. Before the administration of instrument, all participantswere instructed and told the purpose of the study. IDPs were informed that there were no right or wrong answers, this was done in all IDP camps with the help of research assistants drawn from the camps. They should just select what closely describes their feelings or typical behaviour in terms of emotional anxiety, psychological disturbances and others. Guarantee of confidentialitywas given to the IDPs with respect to this exercise.

3.7 Procedure for Data Analysis

The data collected were analyzed using descriptive and inferential statistics. Frequency counts and percentages were used to analyzebio-data of the subjects, while inferential statistics (parametric statistics) were used to test the hypotheses. Pearson Product Moment Correlation (r) was used to test the hypotheses. All the hypotheses were tested at 0.05 alpha level of significance. SPSS version 22.0 was used for data analysis.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.1 Introduction

This study assessed the relationship among coping strategies, emotional anxiety on the psychological adjustments of IDPs in Kaduna state. A total of 365 respondents at the IDPs camp are used as respondents. The statistical package of version 25 was used to analyze the data. The first section presents the bio data variable of the educational qualifications of the respondents. In frequencies and percentages. The second section answers the five research questions using descriptive statistics. The null hypotheses were tested with inferential statistics. The first four hypotheses were tested with the Pearson Product Moment Correlation (r) for correlation. While the fifth hypothesis was tested with the Analysis of variance to assess the level of psychological adjustment of the respondent on the basis of their educational qualifications. All the hypotheses were tested at 0.05 alpha level of significance

4.2 Test of Hypotheses

Hypothesis One: The null hypothesis state that There is no significant relationship between Emotion focused coping strategy and Psychological Adjustment of IDPs in Kaduna state

Table 4.2.1: Pearson Product Moment Correlation (r) statistic on the relationship between Emotion focused coping strategy and Psychological Adjustment of IDPs in Kaduna state

Variables	N	Mean	SD	Df	Correlation index	P
Emotion focused coping strategy	360	34.47	8.43			
				358	0.939**	0.001
Psychological Adjustment	360	67.08	8.10			

****. Correlation is significant at the 0.05 level (2-tailed). (p< 0.05)***

Results of the Pearson Product Moment Correlation (r) statistic revealed that significant relationship exist between Emotion focused coping strategy and Psychological Adjustment of IDPs in Kaduna state. Reason being that the calculated p value of 0.001 is lower than the 0.05 alpha level of significance and the correlation index r value of 0.939 is greater than the correlation r value of 0.098 at df 358. The relationship between Emotion focused coping strategy and Psychological Adjustment of IDPs in Kaduna state is directly proportional. That is the higher the level of Emotion focused coping strategy, the higher their Psychological Adjustment and vice versa . Therefore the null hypothesis which state that There is no significant relationship between Emotion focused coping strategy and Psychological Adjustment of IDPs in Kaduna state, is hereby rejected**.**

Hypothesis Two: The null hypothesis state that There is no significant relationship between Problem focused coping strategy and Psychological Adjustment of IDPs in Kaduna state

Table 4.2.2: Pearson Product Moment Correlation (r) statistic on the relationship between Problem focused coping strategy and Psychological Adjustment of IDPs in Kaduna state

Variables	N	Mean	SD	Df	Correlation index	P
Problem focused coping strategy	360	41.42	9.81	358	0.940**	0.002
Psychological Adjustment	360	67.08	8.105			

. Correlation is significant at the 0.05 level (2-tailed). (p< 0.05)

Results of the Pearson Product Moment Correlation (r) statistic revealed that there is a significant relationship between Problem focused coping strategy and Psychological Adjustment of IDPs in Kaduna state. Reason being that the calculated p value of 0.002 is lower than the 0.05 alpha level of significance and the correlation index r value of 0.940 is greater than the correlation r value of 0.098 at df 358. The relationship between Problem focused coping strategy and Psychological Adjustment of IDPs in Kaduna state is directly proportional. That is the higher the level of Problem focused coping strategy, the higher their Psychological Adjustment and vice versa . Therefore the null hypothesis which state that there is no significant relationship between Problem focused coping strategy and Psychological Adjustment of IDPs in Kaduna state, is hereby rejected**.**

Hypothesis Three: The null hypothesis state that There is no significant relationship between Proactive focused coping strategy and Psychological Adjustment of IDPs in Kaduna state

Table 4.2.3: Pearson Product Moment Correlation (r) statistic on the relationship between Proactive focused coping strategy and Psychological Adjustment of IDPs in Kaduna state

Variables	N	Mean	SD	df	Correlation index	P
Proactive focused coping strategy	360	35.71	7.85			
				358	0.930**	0.011
Psychological Adjustment	360	67.08	8.105			

. Correlation is significant at the 0.05 level (2-tailed). (p< 0.05)

Results of the Pearson Product Moment Correlation (r) statistic revealed that significant relationship exist between Proactive focused coping strategy and Psychological Adjustment of IDPs in Kaduna state. Reason being that the calculated p value of 0.011 is lower than the 0.05 alpha level of significance and the correlation index r value of 0.930 is greater than the correlation r value of 0.098 at df 358. The relationship between Proactive focused coping strategy and Psychological Adjustment of IDPs in Kaduna state is directly proportional. That is the higher the level of the IDPS Proactive focused coping strategy, the higher their Psychological Adjustment and vice versa . Therefore the null hypothesis which state that There is no significant relationship between Proactive focused coping strategy and Psychological Adjustment of IDPs in Kaduna state, is hereby rejected.

Hypothesis Four: The null hypothesis state that There is no significant relationship between Emotional Anxiety and Psychological Adjustment of IDPs in Kaduna state

Table 4.2.4: Pearson Product Moment Correlation (r) statistic on the relationship between Emotional Anxiety and Psychological Adjustment of IDPs in Kaduna state

Variables	N	Mean	SD	df	Correlation index	P
Emotional Anxiety	360	60.33	10.75			
				358	-0.842**	0.012
Psychological Adjustment	360	67.08	8.105			

****. Correlation is significant at the 0.05 level (2-tailed). (p< 0.05)***

Results of the Pearson Product Moment Correlation (r) statistic revealed that there is a significant relationship between Emotional Anxiety and Psychological Adjustment of IDPs in Kaduna state. Reason being that the calculated p value of 0.012 is lower than the 0.05 alpha level of significance and the absolute correlation index r value of 0.842 is greater than the correlation r value of 0.098 at df 358. The relationship between Emotional Anxiety and Psychological Adjustment of IDPs in Kaduna state is at -0.842 implying that it is inversely proportional. That is the higher the level of the IDPS Emotional Anxiety , the lower their Psychological Adjustment and vice versa . Therefore the null hypothesis which state that There is no significant relationship between Emotional Anxiety and Psychological Adjustment of IDPs in Kaduna state, is hereby rejected.

Hypothesis Five: The null hypothesis state that there is no significant difference in the level of Psychological adjustment of the IDPs in Kaduna state on the basis of their Academic qualifications.

Table 4.2.5(A): Analysis of Variance on the difference in the level of Psychological adjustment of the IDPs in Kaduna state on the basis of their Academic qualifications.

ANOVA

Psychological Adjustment

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	16858.822	3	5619.607	326.771	.000
Within Groups	6105.078	355	17.197		
Total	22963.900	358			

Table 4.2.5(B): Descriptive statistics on mean Psychological adjustment of the IDPs in Kaduna state on the basis of their Academic qualifications.

	N	Mean	Std. Deviation	Std. Error	Maximum
No formal Education	17	55.3529	7.14966	1.73405	70.00
Primary Education	58	57.6724	4.16075	.54633	68.00
Secondary Education	162	65.1481	3.19981	.25140	70.00
Tertiary Education	122	75.5656	4.68158	.42385	88.00
Total	359	67.0167	8.00906	.42270	88.00

Table 4.2.5(C): Schefe Post Hoc mean Psychological adjustment of the IDPs in Kaduna state on the basis of their Academic qualifications

		Subset for alpha = 0.05		
Level of education	N	1	2	3
No formal Education	17	55.3529		
Primary Education	58	57.6724		
Secondary Education	162		65.1481	
Tertiary Education	122			75.5656
Sig.		.076	1.000	1.000

Results of the Comparative analysis of Analysis of variance statistic showed that there is significant difference in the level of Psychological adjustment of the IDPs in Kaduna state on the basis of their Academic qualifications. Reasons being that in the Anova statistics the calculated p value of 0.000 is lower than the 0.05 alpha level of significance and the computed F value of 326.771 is greater than the 2.60 F critical value. The descriptive statistics showed that their psychological adjustments on the basis of their educational qualifications are 55.35, 57.67, 65.14 and 75.56 by No formal education, primary education, secondary education and tertiary education IDPS respectively. The Mean comparison table using schefe test showed that Those with no formal education or with primary education have the least psychological adjustment levels Followed by those with secondary education with significantly higher psychological adjustment and those with tertiary education qualifications have the highest significant mean psychological adjustment. This shows that the higher the IDPS educational qualifications the higher their level of psychological adjustments and vice

versa. Therefore the null hypothesis which stated that there is no significant difference in the level of Psychological adjustment of the IDPs in Kaduna state on the basis of their Academic qualifications, is hereby rejected.

4.3 Summary of Findings

The followings are the summary of the major findings based on the result of the hypotheses testing:

1. Significant relationship exists between Emotion focused coping strategy and Psychological Adjustment of IDPs in Kaduna state. P = 0.001
2. Significant relationshipexistsbetween Problem focused coping strategy and Psychological Adjustment of IDPs in Kaduna state. P = 0.002
3. Significant relationship existsbetween Proactive focused coping strategy and Psychological Adjustment of IDPs in Kaduna state. P = 0.011
4. Significant difference exists in the level of Psychological adjustment of the IDPs in Kaduna state on the basis of their Academic qualifications. P = 0.012
5. Significant differencesexists between Psychological Adjustment and educational qualifications of IDPs in Kaduna state. P = 0.000

4.4 Discussion of Findings

This study is at investigated the influence of emotional anxiety and coping strategy on psychological adjustment among Internally Displaced Persons in Kaduna State**.**

Hypothesis 1: Significant relationship exist between Emotion focused coping strategy and Psychological Adjustment of IDPs in Kaduna

state.Gillies, Taylor, Gray, O'Brien, &D'Abrew(2013) reviewed psychological therapies for the treatment of post-traumatic stress disorder in children and adolescents. They seem to think Post-traumatic stress disorder (PTSD) is highly prevalent in children and adolescents who have experienced trauma and has high personal and health costs. Although a wide range of psychological therapies have been used in the treatment of PTSD there are no systematic reviews of these therapies in children and adolescents. All randomised controlled trials of psychological therapies compared to a control, pharmacological therapy or other treatments in children or adolescents exposed to a traumatic event or diagnosed with PTSD. Two members of the review group independently extracted data. If differences were identified, they were resolved by consensus, or referral to the review team. calculated the odds ratio (OR) for binary outcomes, the standardized mean difference (SMD) for continuous outcomes, and 95% confidence intervals (CI) for both, using a fixed-effect model. If heterogeneity was found we used a random-effects model. Fourteen studies including 758 participants were included in this review. The types of trauma participants had been exposed to included sexual abuse, civil violence, natural disaster, domestic violence and motor vehicle accidents. Most participants were clients of a trauma-related support service. The psychological therapies used in these studies were cognitive behavioural therapy (CBT), exposure-based, psychodynamic, narrative, supportive counselling, and eye movement desensitization and reprocessing (EMDR). Most compared a psychological therapy to a control group. No study compared psychological therapies to pharmacological therapies alone or as an adjunct to a psychological therapy. Across all psychological therapies, improvement was significantly better (three studies, n = 80, OR 4.21, 95% CI 1.12 to 15.85) and symptoms of PTSD (seven studies, n = 271, SMD -0.90, 95% CI -1.24 to -0.42), anxiety (three studies, n = 91, SMD -0.57, 95% CI -1.00 to -

0.13) and depression (five studies, n = 156, SMD -0.74, 95% CI -1.11 to -0.36) were significantly lower within a month of completing psychological therapy compared to a control group. The psychological therapy for which there was the best evidence of effectiveness was CBT. Improvement was significantly better for up to a year following treatment (up to one month: two studies, n = 49, OR 8.64, 95% CI 2.01 to 37.14; up to one year: one study, n = 25, OR 8.00, 95% CI 1.21 to 52.69). PTSD symptom scores were also significantly lower for up to one year (up to one month: three studies, n = 98, SMD -1.34, 95% CI -1.79 to -0.89; up to one year: one study, n = 36, SMD -0.73, 95% CI -1.44 to -0.01), and depression scores were lower for up to a month (three studies, n = 98, SMD -0.80, 95% CI -1.47 to -0.13) in the CBT group compared to a control. No adverse effects were identified. No study was rated as a high risk for selection or detection bias but a minority were rated as a high risk for attrition, reporting and other bias. Most included studies were rated as an unclear risk for selection, detection and attrition bias. There is evidence for the effectiveness of psychological therapies, particularly CBT, for treating PTSD in children and adolescents for up to a month following treatment. At this stage, there is no clear evidence for the effectiveness of one psychological therapy compared to others. There is also not enough evidence to conclude that children and adolescents with particular types of trauma are more or less likely to respond to psychological therapies than others. The findings of this review are limited by the potential for methodological biases, and the small number and generally small size of identified studies. In addition, there was evidence of substantial heterogeneity in some analyses which could not be explained by subgroup or sensitivity analyses. More evidence is required for the effectiveness of all psychological therapies more than one month after treatment. Much more evidence is needed to demonstrate the relative effectiveness of different psychological therapies or the

effectiveness of psychological therapies compared to other treatments. More details are required in future trials in regards to the types of trauma that preceded the diagnosis of PTSD and whether the traumas are single event or ongoing. Future studies should also aim to identify the most valid and reliable measures of PTSD symptoms and ensure that all scores, total and sub-scores, are consistently reported.

Hypothesis 2: Significant relationship exist between Problem focused coping strategy and Psychological Adjustment of IDPs in Kaduna state. The findings corroborates Onyekachi, Adeshina&Onyekachi (2020) examined Insomnia, Depression and Anxiety as Associated by Traumatic Events, Coping Strategies and Coping Resources among Internally Displaced Adolescents in North-East Nigeria. They said Internally displaced adolescents (IDAs) in Nigeria are a high risk group for mental health problems. More knowledge is needed about the associations between traumatic events, coping strategies, coping resources (social support and optimism) and mental health problems (insomnia, depression, and anxiety) in this group. In this cross-sectional study, a disproportionate stratified sampling strategy was used to select 109 adolescents (10-21 years of age) from an internally displaced persons camp, while a purposive sample was used to recruit 27 IDAs in non-camp setting. Insomnia Severity Index, Revised Children's Anxiety, Depression Scale, Harvard Trauma Questionnaire Part I, Coping Style Questions, Crisis Support Scale, and Life Orientation Test were used. Significant negative correlations were observed between whom respondents are living with and depression, while their needs positively correlated with insomnia, depression and anxiety. There was significant positive relationship between traumatic events score and insomnia, depression and anxiety. Problem and emotion-focused coping were associated with lower levels of insomnia. Whereas problem, emotion, avoidance-focused coping and social support

were associated with lower levels of depression and anxiety symptoms. In hierarchical analysis, traumatic events contributed 51% variance on insomnia, 47% on depression and 45% on anxiety. Addition of coping strategies and coping resources significantly explained insomnia (7% versus 1%), depression (21% versus 3%), and anxiety (24% versus 5%). There is a need for intervention to integrate problem, emotion and avoidance focused coping alongside with adequate social support in adjustment of IDA's mental health problems

Hypothesis 3: Significant relationship exist between Proactive focused coping strategy and Psychological Adjustment of IDPs in Kaduna stateThe findings corroborates Saxon, Makhashvili, Chikovani, Seguin, McKee, Patel, Bisson, & Roberts (2017) conducted a study on Coping strategies and mental health outcomes of conflict-affected persons in the Republic of Georgia were able to find out that adults who experienced the 1992 and 2008 armed conflicts in the Republic of Georgia were exposed to multiple traumatic events and stressors over many years. The aim was to investigate what coping strategies are used by conflict-affected persons in Georgia and their association with mental disorders. A cross-sectional survey was conducted with 3600 adults, representing internally displaced persons (IDPs) from conflicts in the 1990s (n = 1200) and 2008 (n = 1200) and former IDPs who returned to their homes after the 2008 conflict (n = 1200). Post-traumatic stress disorder, depression, anxiety and coping strategies were measured using the Trauma Screening Questionnaire, Patient Health Questionnaire-9, Generalised Anxiety and adapted version of the Brief Coping Inventory, respectively. Descriptive and multivariate regression analyses were used. Coping strategies such as use of humour, emotional support, active coping, acceptance and religion were significantly associated with better mental health outcomes. Coping strategies of behavioural and mental disengagement, denial, venting emotions, substance abuse and

gambling were significantly associated with poorer mental health outcomes. The reported use of coping strategies varied significantly between men and women for 8 of the 15 strategies addressed. Many conflict-affected persons in Georgia are still suffering mental health problems years after the conflicts. A number of specific coping strategies appear to be associated with better mental health and should be encouraged and supported where possible.

Hypothesis 4: Significant difference exist in the level of Psychological adjustment of the IDPs in Kaduna state on the basis of their Academic qualifications. The findings corroboratesTaiwo, Abdulaziz , Edwin, Tosin&Folorunsho {2016} examined Descriptive Characterization of Psycho-Trauma, Psychological Distress, and Post-traumatic Stress Disorder among Children and Adolescent Internally Displaced Persons in Kaduna, Nigeria. A postelection violent conflict in Kaduna resulted in 800 deaths and 65,000 displaced people leading to setting up of camp for internally displaced persons (IDPs). We set out to determine the prevalence and pattern of psycho-traumatic stressful life events, psychological distress, and post-traumatic stress disorder (PTSD) among child/adolescents IDPs. A descriptive cross-sectional study of 73 child/adolescent IDPs were selected by total sampling. Stressful life event checklist measured conflict-related trauma and reaction of adolescents to traumatic stress (RATS) measured post-trauma reaction of children/adolescents. Hopkins Symptoms Checklist 37 for Adolescents measured psychological distress associated with trauma. Diagnostic Interview Schedule for Children was used for diagnosis of PTSD Of 73 respondents, 3 (4.1%) had probable PTSD, 2 (2.7%) had definitive PTSD, and mean score of the child/adolescent IDPs on HSCL-37A and RATS was 44.7 (SD = 6.3) and 31.9 (SD = 5.7), respectively. Most frequently occurring psychological distress among female participants was suddenly scared for no reason 7 (19.5%) and becoming angry easily and feeling fearful 5

(13.9%). The average score for female participants were higher than that for males on depressive and anxiety subscale of HSCL-37A. We concluded that children/adolescent IDPs were exposed to psycho-trauma following postelection violent conflict and developed psychological distress. However, the low prevalence of psychological distress and PTSD suggested that living with parents and psychosocial intervention provided could have led to much lower morbidity.

Hypothesis 5: Significant differences exist between Psychological Adjustment and educational qualifications of IDPs in Kaduna stateThe findings corroborates Shekih, Mohammed, Agunbiade, Ebiti&Adekeye (2014) examined Psycho-Trauma, Psychosocial Adjustment, and Symptomatic Post-Traumatic Stress Disorder among Internally Displaced Persons in Kaduna, Northwestern Nigeria. Noting that in April 2011, a post election violent conflict in Northern Nigeria led to resettlement of internally displaced persons (IDPs) in a camp in Kaduna, the worst affected state. We set out to determine prevalence and socio-demographic factors associated with post-traumatic stress disorder (PTSD) among IDPs. We also determined types of psycho-trauma experienced by the IDPs and their psychosocial adjustment. Cross-sectional systematic random sampling was used to select 258 adults IDPs. We used Harvard trauma questionnaire to diagnose "symptomatic PTSD," composite international diagnostic interview (CIDI) for diagnosis of depression, and communal trauma event inventory to determine exposure to psycho-trauma. We assessed social adjustment using social provision scale. Multiple logistic regression analysis was used to determine independent predictors of PTSD of the 258 IDPs, 109 (42.2%) had a diagnosis of PTSD, 204 (79.1%) had poor living conditions, and only 12 (4.7%) had poor social provision. The most frequent psycho-traumas were destruction of personal property (96.1%), been evacuated from their

town (96%) and witnessing violence (88%). More than half (58%) of IDPs had experienced 11-15 of the 19 traumatic events. Independent predictors of PTSD among respondents were having a CIDI diagnosis of depression (adjusted odds ratios 3.5, 95% confidence interval 1.7-7.5; $p = 0.001$) and witnessing death of a family member (3.7, 1.2-11.5; $p = 0.0259$). We concluded that exposure to psycho-trauma among IDPs in Kaduna led to post conflict PTSD. Death of a family member and co-morbid depression were independent predictors of PTSD among IDPs. Though their living condition was poor, the IDPs had good psychosocial adjustment. We recommended a structured psychosocial intervention among the IDP targeted at improving living condition and dealing with the psychological consequences of psycho-trauma.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1Introduction

This chapter deals with summary, conclusions and recommendations based on the major findings of the research. The chapter equally presents suggestions for further studies.

5.2 Summary

The study was aimed at finding the influence of emotional anxiety and coping strategy on psychological adjustment among the internally displaced persons in Kaduna state, Nigeria.To achieve this, seven main objectives wereformulated which were transformed into research questions, hypothesis and basic assumptions to guide the study.

Chapter two of the study is titled Review of Related Literature. The chapter reviewed areas related to emotional anxiety, coping strategies and psychological adjustment. Areas reviewed include: IDPs, concept of emotional anxiety, level of emotional anxiety, influence between emotional anxiety and adjustment process,concept of coping strategy, appraisal and copy strategy, intervention programme in dealing with post traumatic condition, concept of psychological adjustment, effect of conflict situation on IDPS, adjustment and academic achievement, influence of post traumatic condition on gender. The chapter also reviewed theoretical framework which includes: Social Conflict Theory, Cognitive Appraisal theory, Psychoanalytic Theory, Cannon-Bard Theory of Emotional Development, James-Lange Theory of Emotional Development and finally Review of Empirical Studies followed by Summary.

Chapter three of the study deals with Methodology the researcher employed investigating the major variables of the study.The research adopted expost – facto design. The population of the study nine thousand six hundred and thirty five (9, 635) male and female Internal Displaced Persons in Kaduna State and the sample of the study stands at 360 internally displaced persons as prescribed by Krecjie and Morgan (2014).

Chapter four of the research deals with results and findings based on the data collected and analyzed. Statistical Package for Social Sciences version 22 was used in analysis of data. The following are the results of the study: Significant relationship exist between Emotion focused coping strategy and Psychological Adjustment of IDPs in Kaduna state. Significant relationship exist between Problem focused coping strategy and Psychological Adjustment of IDPs in Kaduna state. Significant relationship exist between Proactive focused coping strategy and Psychological Adjustment of IDPs in Kaduna state. Significant difference exist in the level of Psychological adjustment of the IDPs in Kaduna state on the basis of their Academic qualifications. Significant differences exist between Psychological Adjustment and educational qualifications of IDPs in Kaduna state.

5.3 Conclusion

Based on the findings of the study the following conclusions were drawn:

It is concluded that significant relationship exists between emotion-focused coping, emotional anxiety and psychological adjustment. However,it was concluded that significant relationship exists between problem-focused coping, emotional anxiety and psychological adjustment. The study can be concluded that the coping strategies have proportional significant relationship with psychological adjustments while the emotional anxiety has significant by inverse

relationship in the psychological adjustment. The higher the IDPS educational qualification, the higher their level of psychological adjustment. Finally, it have been concluded that significant relationship exists between proactive coping and emotional anxiety.

5.4 Recommendations

Based on the conclusions of the research the following recommendations were offered:

1. The state government should as a matter of urgency provide all the necessary amenities such as regular pipe borne water supply, electricity, functional clinics
2. The IDPs camp should have many qualified guidance counsellors so as to provide the necessary psychological advice and remedies to the traumatized inmates
3. Government should create entrepreneurial jobs for the IDPs in the camps as this will help them cope well with the anxiety that goes along with being in the camp
4. Those who cause these crisis should be well punished to serve as a compensation of justice for the victims of these crisis in the IDPs camps
5. Rebuilding the destroyed homes and providing stand by security for them to return home should be paramount consideration of the state government

5.5 Suggestions of Further Studies

Based on the findings of the study, the following areas should be explored:

1. Influence of Emotional Anxiety on Self-esteem of internally displaced persons in Kaduna State.
2. Relationship between coping strategies, emotional anxiety and posttraumatic stress disorder among dwellers of crises areas.

3. Relationship between coping strategies, emotional anxiety and academic performance among senior secondary students in Kaduna state.
4. Relationship between posttraumatic stress and coping strategies on students' focusing among secondary school students in Zaria.

5.6 Contribution to Knowledge

This research work has contributed towards re- addressing issues that pertain to minimizing emotional anxiety through the use of coping strategies which include emotion-focused-coping, problem-focused coping and proactive coping with a view to maintaining psychological balance amongst the internally displaced persons in Kaduna State.

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APPENDIX A –

RESEARCH INSTRUMENT

Department of Educational Psychology

Faculty of Education,

Ahmadu Bello University, Zaria

Date: ……..

Dear respondent,

QUESTIONNAIRE OF EMOTIONAL ANXIETY, COPING STRATEGIES AND PSYCHOLOGICAL ADJUSTMENT INVENTORY

I am a master's student from the department of educational psychology and counseling Ahmadu Bello University, Zaria. Currently conducting a research on influence of emotional anxiety and coping strategies on psychological adjustment among the Internal Displaced Person in Kaduna State. I am here soliciting for your support to answer the questionnaires.

I wish to inform you that any information collected from you will be treated confidentially and be used for the purpose of this research.

Thank you for your support and cooperation.

Yours Faithfully,

SADISU ABUBAKAR

Instructions

This questionnaire is divided into three sections. Section A- Emotional Anxiety Inventory, Section B- Coping Strategies Inventory, Section C- Adjustment Inventory in each of the sections, list of questionnaires are provided with corresponding boxes. Simply tick (✓) the appropriate box that represent your feelings. The following options are orderly provided. SA- (Strongly Agreed), A- (Agreed), SD- (Strongly Disagree), D- (Disagree), NS(Not sure) which represent your feelings on each question.

SECTION A

EMOTIONAL ANXIETY INVENTORY

S/N	ITEMS	SA	A	NS	SD	D
1.	I feel so lonely without a friend					
2.	I feel my response to others now should be aggression					
3.	I am afraid to talk to people					
4.	I am scared of sleeping because of the nightmares that come with it.					
5.	I feel as if no one likes me					
6.	I fear even to whisper in somebody's ear					
7.	I am always angry					
8.	I cry easily					
9.	I am not giving good food and so not fed well					
10.	I don't feel safe anywhere					
11.	It is not easy for me to get the basic needs					
12.	I am so afraid that I become easily confuse					
13.	I have trouble in concentrating					
14.	Where possible I try to avoid sound as it makes me want to scream aloud					
15.	I am always nervous now					
16.	What is left with me is only anger					
17.	I cannot help worrying					
18.	I am sad all the time					
19.	I feel my future is hopeless and will only get worse					
20.	It is hard to get interested in anything					

Sources: Adopted from Rose Pam (2013) Unpublished M.Ed Dissertation, Dept of EPC, ABU, Zaria.

SECTION C

COPING STRATEGIES INVENTORY

Please indicate by ticking the item that best describes your feelings:

SA= Strongly Agreed, A= Agreed, NS= Not sure, SD= Strongly Disagree, D= Disagree

S/N	ITEMS	SA	A	NS	SD	D
	Emotional Focused Coping					
1	I let out my feelings to reduce stress					
2	I hoped a miracle would happen					
3	I left my feelings out somehow					
4	I left my emotions out					
5	I wished that the situation had never started					
6	I criticized myself for what happened					
7	I avoid thinking or doing anything about the situation					
	Problem Focused Coping					
8	I found somebody who was a good listener					
9	I spent more time alone					
10	I looked at things in a different light and tried to make the best of what was available					
11	I talked to someone about how I was feeling					
12	I tried to forget the whole thing					
13	I blamed my self					
14	I talked to someone that I was very close to					
15	I asked a friend or relative I respect for advice					
	Proactive Coping					
16	I made a plan of action and followed it					
17	I avoid my family and friends					
18	I didn't let it get to me, I refused to think about too much					
19	I avoid being with people					
20	I spent some time by myself					

Sources: Adapted from David L. Tobin (2015).

SECTION C

PSYCHOLOGICAL ADJUSTMENT INVENTORY

S/N		SA	A	NS	SD	D
1.	I am not scared in the camp presently					
2.	I feel safe in the camp					
3.	Community environment is more safe					
4.	My influence with the IDPs is very good					
5.	IDP are always in good mood					
6.	Sometime I prefer being alone					
7.	I feel comfortable with my IDPs mate					
8.	Almost all the IDPs both male and female left the camp					
9.	I will like to go back to my former					
10.	I like the environment					
11.	I like waking up early					
12.	I like doing things alone					
13.	I dress up early before because we are living					
14.	I am always happy to be with rest of IDPs colleague					
15.	My situation is now hopeful					
16.	The camp environment is safe					
17.	My heart is glad each time I think of going back home					
18.	I am happy with the type of dreams I always have					
19.	I noticed I am doing well					
20.	I spent some time by myself					

Sources: Adapted from Rose Pam (2013), Unpublished M.ed Dissertation, Dept, EPC, ABU, Zaria.

APPENDIX B

Scale: ALL VARIABLES

RELIABILITY COEFFICIENT OF COPING STRATEGY

Case Processing Summary

		N	%
Cases	Valid	40	100.0
	Excluded[a]	0	.0
	Total	40	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.721	.725	20

The above reliability coefficient of .725 based on standardized items shows that the instrument is reliable for data collection considering the fact that the closer a coefficient is to 1, the stronger. Thus, .725 is closer to 1.

Reliability Coefficient Emotional Anxiety Inventory

Case Processing Summary

		N	%
Cases	Valid	40	100.0
	Excluded[a]	0	.0
	Total	40	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.985	.989	20

Based on the above reliability results, it has shown that the instrument is reliable for use in this study.

Reliability Coefficient Psychological Adjustment Inventory

Case Processing Summary

		N	%
Cases	Valid	40	100.0
	Excluded[a]	0	.0
	Total	40	100.0

a. Listwise deletion based on all variables in the procedure.

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.985	.989	20

The result above shows strong reliability coefficient, this means the instrument is reliable for data collection in this study.

APPENDIX C

Determining the size of a random sample

N	S	N	S	N	S
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1,000	278	75000	382
210	136	1100	285	100000	384

Notes

N= population size

S= sample size

Source: Krecjie and Morgan, 1970. In: Cohen, L. Manion, A. L. And Marrison, K. (2000). Research methods in Education (5th Edition) London: Routledge Falmer. Chapter 4 page 95

APPENDICES

HYPOTHESIS 1

Descriptive Statistics

	Mean	Std. Deviation	N
EMOTIONAL ANXIETY	75.0000	7.24886	360
PSYCHOLOGICAL ADJUSTMENT	71.6000	5.61494	360

Correlations

		EMOTIONAL ANXIETY	PSYCHOLOGICAL ADJUSTMENT
EMOTIONAL ANXIETY	Pearson Correlation	1	-.887**
	Sig. (2-tailed)		.000
	N	360	360
PSYCHOLOGICAL ADJUSTMENT	Pearson Correlation	-.887**	1
	Sig. (2-tailed)	.000	
	N	360	360

**. Correlation is significant at the 0.01 level (2-tailed).

HYPOTHESIS 2

Descriptive Statistics

	Mean	Std. Deviation	N
EMOTION FOCUSED COPING	28.0000	5.20520	360
EMOTIONAL ANXIETY	75.0000	7.24886	360

Correlations

		EMOTION FOCUSED COPING	EMOTIONAL ANXIETY
EMOTION FOCUSED COPING	Pearson Correlation	1	-.969**
	Sig. (2-tailed)		.000
	N	360	360
EMOTIONAL ANXIETY	Pearson Correlation	-.969**	1
	Sig. (2-tailed)	.000	
	N	360	360

**. Correlation is significant at the 0.01 level (2-tailed).

HYPOTHESIS 3

Descriptive Statistics

	Mean	Std. Deviation	N
EMOTION FOCUSED COPING	28.0000	5.20520	360
PSYCHOLOGICAL ADJUSTMENT	71.6000	5.61494	360

Correlations

		EMOTION FOCUSED COPING	PSYCHOLOGICAL ADJUSTMENT
EMOTION FOCUSED COPING	Pearson Correlation	1	-.943**
	Sig. (2-tailed)		.000
	N	360	360
PSYCHOLOGICAL ADJUSTMENT	Pearson Correlation	-.943**	1
	Sig. (2-tailed)	.000	
	N	360	360

**. Correlation is significant at the 0.01 level (2-tailed).

HYPOTHESIS 4

Descriptive Statistics

	Mean	Std. Deviation	N
PROBLEM FOCUSED COPING	27.2013	3.12845	360
EMOTIONAL ANXIETY	75.0000	7.24886	360

Correlations

		PROBLEM FOCUSED COPING	EMOTIONAL ANXIETY
PROBLEM FOCUSED COPING	Pearson Correlation	1	-.955**
	Sig. (2-tailed)		.000
	N	360	360
EMOTIONAL ANXIETY	Pearson Correlation	-.955**	1
	Sig. (2-tailed)	.000	
	N	360	360

**. Correlation is significant at the 0.01 level (2-tailed).

HYPOTHESIS 5

Descriptive Statistics

	Mean	Std. Deviation	N
PROBLEM FOCUSED COPING	27.2013	3.12845	360
PSYCHOLOGICAL ADJUSTMENT	71.6000	5.61494	360

Correlations

		PROBLEM FOCUSED COPING	PSYCHOLOGICAL ADJUSTMENT
PROBLEM FOCUSED COPING	Pearson Correlation	1	-.975**
	Sig. (2-tailed)		.000
	N	360	360
PSYCHOLOGICAL ADJUSTMENT	Pearson Correlation	-.975**	1
	Sig. (2-tailed)	.000	
	N	360	360

**. Correlation is significant at the 0.01 level (2-tailed).

HYPOTHESIS 6

Descriptive Statistics

	Mean	Std. Deviation	N
PROACTIVE COPING	18.8000	1.60223	360
EMOTIONAL ANXIETY	75.0000	7.24886	360

Correlations

		PROACTIVE COPING	EMOTIONAL ANXIETY
PROACTIVE COPING	Pearson Correlation	1	-.898**
	Sig. (2-tailed)		.000
	N	360	360
EMOTIONAL ANXIETY	Pearson Correlation	-.898**	1
	Sig. (2-tailed)	.000	
	N	360	360

**. Correlation is significant at the 0.01 level (2-tailed).

HYPOTHESIS 7

Descriptive Statistics

	Mean	Std. Deviation	N
PROACTIVE COPING	18.8000	1.60223	360
PSYCHOLOGICAL ADJUSTMENT	71.6000	5.61494	360

Correlations

		PROACTIVE COPING	PSYCHOLOGICAL ADJUSTMENT
PROACTIVE COPING	Pearson Correlation	1	-.816**
	Sig. (2-tailed)		.000
	N	360	360
PSYCHOLOGICAL ADJUSTMENT	Pearson Correlation	-.816**	1
	Sig. (2-tailed)	.000	
	N	360	360

**. Correlation is significant at the 0.01 level (2-tailed).