PREVALENCE AND COPING STRATEGIES OF ANXIETY DISORDERS AMONG UNIVERSITY STUDENTS

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GOU/U22/PSY/175

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TITLE PAGE

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A PROJECT REPORT SUBMITTED TO THE DEPARTMENT OF SOCIOLOGY/PSYCHOLOGY, FACULTY OF MANAGEMENT AND SOCIAL SCIENCES, GODFREY OKOYE UNIVERSITY, ENUGU

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF BACHELOR OF SCIENCE (B. Sc.) HONOURS DEGREE IN PSYCHOLOGY

SUPERVISOR: PROF. TOBIAS OBIORA OZOR

JULY, 2026

CERTIFICATION

I certify that this project was carried out by with Registration number in the Department of Sociology/Psychology, Faculty of Management and Social Sciences, Godfrey Okoye University, Enugu, who duly undertook and completed this research work in partial fulfilment of the requirements for the award of Bachelor of Science Degree (B.Sc.) Honours in Psychology.

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APPROVAL PAGE

This project has been approved of having met the requirement for the award of Bachelor of Science Degree (B.Sc.) Honours in the Department of Sociology/Psychology, Godfrey Okoye University, Enugu State.

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DEDICATION

This project is dedicated to Almighty God for His infinite grace, wisdom, strength, and faithfulness throughout my academic journey.

ACKNOWLEDGEMENTS

First and foremost, I give all glory, honour, and praise to Almighty God for His unfailing love, grace, wisdom, strength, and guidance throughout my academic journey and during the successful completion of this research project. Without His divine assistance, this work would not have been possible.

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ABSTRACT

This Study Examines Prevalence of Anxiety Disorders Among Undergraduate Students of Godfrey Okoye University and Their coping mechanisms. 200 students from International Relations, Microbiology, Computer Science Departments participated in this study. Two questionnaires that contain item to access for generalization anxiety disorder scale (Gad-7) and coping strategy indicator-short form (CSI-SF) were administered to them. Data was analyzed with descriptive statistics and pearson product-moment correlation in SPPS version 27.0. The result found that majority of the students surveyed expressed their experience of different degrees of anxiety, ranged from mild to severe; some may experience levels of symptoms that may meet criteria for clinical significance. Also, female students expressed a greater degree of anxiety than male students, and of the three departments surveyed computer science recorded highest average score of anxiety in terms of severity. While coping with anxiety most students employed engagement strategy such as problem-solving, help-seeking and re-framing as their dominant response to dealing with anxiety. The study also found that students employing active-coping strategies experienced less anxiety levels; on the flipside; avoidance and Withdraw strategies resulted in high anxiety levels. The conclusion is that anxiety disorder prevalent in under graduate level, students approach to coping with anxiety significantly impact on his/her anxiety levels. The university authority ought to strengthen counseling support, embark on regular public awareness on the mental health education and promotion as well as encourage the use of efficient coping skill of the students that will favor students for success in life and academics.

CHAPTER ONE

INTRODUCTION

Background of the study

For many students, living independently in university brings with it numerous new responsibilities which signify the first stage of developing a successful career while striking the right balance between various components such as academical pursuits, extracurricular, social life and family relationships, finances and sometime, the pressure to work part time while maintaining one's life balance as part of transition to an adult role in life (Creed *et al.* , 2015). The demands on a students' life require one to adapt and achieve adequate work life balance to deal with the daily challenges arising from the rising pressure, expectation that students face while in University (Dyson & Renk, 2006) but often are at risk of facing most mental related disorders like stress, sleep problems, eating disorders, anxiety, and depression, to name just a few (Cuttilan *et al.* , 2016).

Specifically, a large proportion of mental health disorders in university students is related to anxiety. Based on guidelines from the American Psychological Association (n.d.) Anxiety disorder has been described as: pervasive intrusive thoughts and concerns which can trigger intense anxiety and constant worry or tension. Similarly described by Perrotta (2019) "An anxiety disorder occurs when you worry and fear disproportionately and abnormally to actual life situations". As such, prolonged patterns of heightened anxiety and fears have been demonstrated to lead to adverse outcomes including reduced functioning and performance of cognition (Majeed *et al.* , 2023), increased vulnerability to poor physical health outcome (Woodward & Fergusson, 2001) and sleep disorders(Dunn *et al.* , 2022). This stage of life of a student requires great effort of adjustments in term of social demands and life choices and therefore is often associated with mental disorder like anxiety (Remes., *et al.* 2021). In

universities, students frequently endure heavy work, excessive family expectations, the stress of exams, limited support in a new environment where they are on their own, fear of academic failure, time restrictions and the quest for a job and so forth (Ramon e*t al.* 2020). In addition the anxiety is an internalized form of fear that an person's system develops in response to actual or perceive imminent threat. At times such internalized fear might escalate into panic, with significant manifestations of anxiety in social context and extreme emotional reaction, contributing to interference with social and professional interactions and thus the emergence of the general societal and individual burdens of mental disorders, which also may affect personal functioning (Remes, *et al.* 2021). Mental disorders including stress, anxiety and depression continue to claim increasing portion of global morbidity (Nakie. *et al.* 2021) Among the mentally ill, the students form the core because of the myriad pressures placed upon them. Nigeria is no exception to this disturbing trend as many of her students studying in tertiary institutions have developed and are increasingly developing varying degrees of mental health related illnesses like depression, anxiety disorders, sleeping problem, loss of appetite, etc., the Nigerian environment in general tends to look down on mental illness as personal weakness or 'family' matters that can be taken to traditional healer/herbalist and the victims are often ostracised thus rendering them more psychologically ill and thereby deterring the seeking of timely intervention/counseling services by these students (Mohamed. *et al.* 2024). While there is increasing public awareness through Government and national initiatives, there is however still stigmatization that creates barrier for access to mental health services.

Anxiety

At its heart, anxiety is a feeling of worry and apprehension, normally of a nonspecific and all encompassing nature as an overreaction to a situation that solely is perceived by the anxious person to be threatening. Commonly anxiety is presented through such somatic symptoms as

muscle tension, inability to remain still, exhaustion, breathlessness, muscular abdominal tensions, nausea, and trouble concentrating. Anxiety is extremely close to fear (Chand., 2022), a reaction to the actual or a perceived imminent threat (the so called “fight or flight response”); an anxiety is instead a reaction related to the expectation of a future threat, and thus to a dread about what may come. People who are prone to anxiety might begin to avoid specific situations and activities. An anxiety can also be so persistent as to develop beyond a normal time span after a specific event, resulting in an anxiety disorder (e.g., Generalized anxiety disorder, Panic disorder).

Anxiety disorder is simply an instance in which anxiety becomes too pronounced or too persistent for at least 6 months, or shorter period for children (Hovenkamp-Hermelink et al 2021) – for the cause that induced the anxious state.

Anxiety disorders are among the most chronic disorders in the mental sphere, persisting sometimes for decades, but Anxiety also exists as a symptom or part of another mental illness (e.g., Obsessive-Compulsive Disorder, PTSD). An anxiety is a feeling of inner uneasiness with the dread that is associated with future event(s) (Chand., 2022). Unlike fear, an experience that is triggered by an immediate perceived or real threat, an anxiety is triggered by the expectation of future events (Robinson, et al., 2019).

Nervous excitement, including the feeling of panic and uneasiness, that is accompanied by involuntary movements of the limbs or speech (i.e., “pacing”) that does not correspond to any actual or real danger, is know as an anxiety. At its core, anxiety involves persistent worry and unease typically vague and not tied to a specific cause arising as a disproportionate reaction, or overreaction, to something that only feels threatening on a subjective level. Physical symptoms frequently include tense muscles, an inability to sit still, exhaustion, shortness of breath, a tight or knotted stomach, queasiness, and trouble focusing. Though closely linked to

fear (Chand., 2022) the body's fight-or-flight reaction to an actual or perceived danger anxiety instead revolves around bracing for a threat that hasn't materialized yet.

Someone experiencing anxiety may start avoiding situations that triggered these feelings before. When this emotional state continues beyond what's typical or expected for a person's stage of life or circumstance, it may develop into one of several anxiety disorders, such as generalized anxiety disorder or panic disorder. What separates a diagnosable anxiety disorder from ordinary anxiety is duration and intensity: those with a disorder tend to experience symptoms that are excessive or ongoing for roughly six months, though this threshold can be shorter in children (Hovenkamp-Hermelink et al., 2021).

Symptoms of anxiety

A variety of physiological symptoms, depending on the affected bodily system, can occur as a result of anxiety:

(a) Nervous system- headache, tingling/numbness (paresthesia), muscle twitch (fasciculations), dizziness (vertigo), or light headedness (presyncope).

(b) Gastrointestinal- stomach aches, nausea, diarrhea, indgestion, dry mouth, and the presence of a “lump in the throat” (globus). Stress hormones, released during periods of anxiousness, disrupt normal digestion, which can worsen existing irritable bowel syndrome and sometimes trigger it.

(c) Respiratory- difficulty breathing or excessive sighing when taking breath.

(d) Cardiovascular- heart pounding (palpitations), elevated heart rate (tachycardia), and/or chest discomfort (chest pain).

(e) Musculoskeletal- fatigue, tremor, and muscle spasm (tetany).

(f) Skin - excessive sweating (perspiration), itchy skin.

(g) Urinary & Reproductive- freqent urination, urinary urge, painful sex (dyspareunia), difficulty with erecetion (impotence), and chronic pelvic pain syndrome.

Types of anxiety

Anxiety in its various forms are many. A person who faces the anguish, nihilistic tendencies, crisis of meaning, may experience the Existential Anxiety, along with the Mathematical Anxiety, performance stage fright, test anxiety or Somatic Anxiety. It refers to the Anxiety and the fear of being ridiculed and judged by the people, this is known as Social Anxiety.

Anxiety disorders

The main group of mental disorders with excessive, excessive anxiety and fear are called anxiety disorders. Anxiety refers to the fear of the future, fear refers to the immediate threats. In either situation, the same physical changes can occur such as a racing heart and tremors.

Anxiety disorders include: Generalized Anxiety Disorder (GAD), Panic Disorder, Social Anxiety Disorder, Separation Anxiety Disorder, Phobias, Agoraphobia and Selective Mutism, with the specifics lying in their respective causes, their nature and their consequences.

Often several of these disorders coexist. Genetic as well as environmental factors play a role in the origin of anxiety disorders. Generally, an anxiety disorder can be diagnostically considered if the symptoms occur for at least 6 months, lead to an excessive response to the situation, cause noticeable impairment of normal daily functioning, (Folk, 2021). Similar symptom images may result from other causes such as an overactive thyroid gland, heart diseases, a large caffeine intake, excessive alcohol consumption or a Cannabis use or even withdrawal of some drugs. Unaccompanied, anxiety disorders tend to be chronic. There are several therapeutic approaches available: Changes in lifestyle, treatment with drugs and psychotherapy. Cognitive Behavioral Therapy is the most widely used psychotherapy, drugs like Antidepressants or Beta Blockers can calm the symptoms. In a 2023 review study, exercise was mentioned to reduce Anxiety levels.

Short-term versus long-term anxiety

Anxiety can either be viewed as a transient "state" that goes in and out of consciousness or a long-lasting "trait" or predisposition of personality. Trait-based anxiety, as indicated, is a stable inclination to worry about the future. In the latter definition, officially recognized disorders that involve such persistent feeling of worry and fear.

Psychological effects of anxiety

Anxiety is usually associated with ineffective coping techniques such as, rigidity or problem-solving rigidity, denial, avoidant behavior, impulsivity, unrealistic expectations of oneself, negative thinking, emotionality, and difficulty focusing on the solution. Such ineffective coping is reinforced by self-expectations about what will occur (hopeless expectation) as well as the response to bad feedback (Rowland, DL, 2019). Neuroticism, personality trait, along with pessimistic attitude has additionally been recognized as risk factors. Distorted patterns of thought such as, “overgeneralizing, catastrophic, making assumptions of what people think, thinking based on emotions, dichotomous(“the “binocular trick”) thinking, and filtering,” can generate anxiety. For example, an individual who tends to “overgeneralize and believe that “always” will occur” is going to be over anxious in harmless situations since he anticipates embarrassments in social settings (Phillips et al., 2015). Furthermore, an enhanced level of anxiety can lead to upcoming anxiety-arousing situations. In fact, it is a cyclic process where anxious thinking stimulates anticipation anxiety as well as the stress from actual circumstances causing further anxious thinking. Such distorted thinking patterns is the main focus of cognitotherapy treatment.

Another way of conceptualizing anxiety stems from a psychodynamic view, and can stem from unconscious conflict(s), conflicting wish(es) or feared(s) and these may manifest

themselves as ineffective defensive measures (e.g., repression, suppress, anticipate, regress, somatize, passivity aggression, or dissociation).

These patterns are created as mechanisms in attempt to cope with an individual's early experiences, and relational conflicts such as the lack of effective empathic functioning or difficulties with a mother/father or caregiver. As a case in point, a child who was constantly taught that his anger was unacceptable, might suppress and repress his angry feelings that may surface in the form of indigestion (e.g., somatizing) When the person feels somebody trigger it, however, the person isn't even conscious of his or her own anger. Psycho dynamic approaches to the treating anxiety can help resolve unconscious conflict, whilst CBT approaches anxiety differently by altering dysfunctional thinking styles.

Statement of the problem

Anxiety disorders represent one of the most prevalent mental health challenges among university students globally, with research indicating that undergraduate students face unique stressors that predispose them to heightened levels of anxiety. These stressors include academic pressure, financial constraints, adjustment to a new environment, examination-related stress, peer relationships, career uncertainty, and, for many, the transition from adolescence to adulthood. Left unaddressed, anxiety disorders can significantly impair students' academic performance, social functioning, and overall quality of life, and in severe cases, may contribute to depression, substance abuse, or suicidal ideation.

Despite the growing recognition of anxiety disorders as a serious public health concern, mental health issues among university students in Nigeria remain largely under reported and inadequately addressed. Many students silently battle symptoms of anxiety without seeking professional help, often due to stigma associated with mental illness, lack of awareness, inadequate campus counseling services, or the misconception that such struggles are a "normal" part of student life. This gap between the prevalence of anxiety symptoms and the

utilization of appropriate coping mechanisms raises serious concerns about the psychological well being of the student population.

Furthermore, while some students adopt healthy coping strategies such as seeking social support, engaging in physical exercise, or practicing relaxation techniques, others resort to maladaptive coping mechanisms including social withdrawal, substance use, or avoidance behaviors, which may exacerbate their anxiety symptoms over time rather than alleviate them. However, there is a paucity of empirical data on the specific prevalence rates of anxiety disorders and the coping strategies employed by undergraduate students within Godfrey Okoye University, making it difficult for university authorities, counselors, and policymakers to design targeted interventions.

It is against this background that this study seeks to investigate the prevalence of anxiety disorders among undergraduate students of Godfrey Okoye University and to examine the coping strategies they employ in managing anxiety-related symptoms. Findings from this study will provide valuable insights that can inform the development of effective mental health support systems and intervention programs within the university community.

Purpose of the Study

The purpose of this study is to investigate the prevalence of anxiety disorders and the coping strategies adopted by undergraduate students of Godfrey Okoye University. Specifically, the study seeks to:

i. Determine the prevalence of anxiety disorders among undergraduate students of Godfrey Okoye University.
ii. Identify the coping strategies commonly adopted by undergraduate students in managing anxiety disorders.
iii. Examine the relationship between anxiety disorders and coping strategies among undergraduate students.

iv. Determine whether there is a significant difference in the prevalence of anxiety disorders between male and female undergraduate students.
v. Determine whether there is a significant difference in the coping strategies adopted by male and female undergraduate students.
vi. Examine whether the prevalence of anxiety disorders varies across different academic levels (e.g., 100–400 level) among undergraduate students.

Operational definition of Key study variables

Anxiety: Anxiety is the body's natural emotional response to stress or perceived danger. When severe and persistent, it manifests as an abnormal degree of excessive worry, fear, and other emotional symptoms that interfere with day-to-day activities. In this study, anxiety is measured using the Generalized Anxiety Disorder-7 (GAD-7) scale, developed in 2006 by Robert L. Spitzer, M.D., Kurt Kroenke, M.D., Janet B.W. Williams, Ed.D., and Bernd Löwe, M.D.

Coping: Coping refers to the mental and behavioral strategies individuals employ in attempts to prevent, reduce, or manage disorders associated with anxiety. In this study, coping is assessed using the Coping Strategies Inventory (CSI), developed by Tobin, Holroyd, Reynolds, and Wigal in 1989.

Disorders: Disorders refer to clinically significant disturbances in a person's mental, emotional, or behavioral state that cause subjective distress, limit or interfere with an individual's ability to live, work, or study, or involve a marked departure from "normal" functioning. In this study, disorders are assessed using the Generalized Anxiety Disorder-7 (GAD-7) scale, developed in 2006 by Robert L. Spitzer, M.D., Kurt Kroenke, M.D., Janet B.W. Williams, Ed.D., and Bernd Löwe, M.D.

Prevalence: Prevalence refers to the degree to which a particular problem or characteristic (e.g., an anxiety disorder) affects a population, either at a specific point in time (point prevalence) or over a defined period (period prevalence).

Strategies: Strategies refer to deliberate and patterned actions aimed at achieving a specific goal.

Undergraduate: An undergraduate is a student who has not yet fulfilled the requirements for a bachelor's degree and is currently enrolled in courses at Godfrey Okoye University.

Conceptual Framework

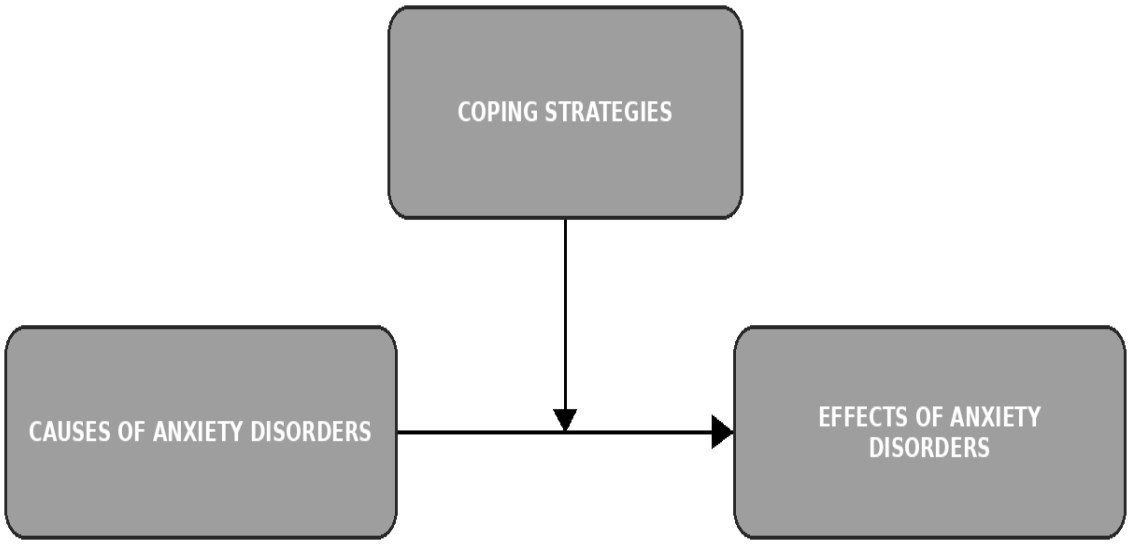

Fig. 1: Conceptual Framework

The following diagram illustrates the hypothetical influence of different elements and coping strategy moderating between their effect and the anxiety symptoms. For example, whereas cause serves as a mediator of its impact as one factor predicting outcome, coping changes either or both nature, strength of the influence between the two variables.

CHAPTER TWO

Review of Relevant Literature

The review of literature is examined from two perspectives, theoretical and empirical reviews.

Theoretical review

Psychoanalytic Theory

Cognitive behavioral Therapy (CBT)

Behavioral Theory

Humanistic Theory

Psychoanalytic Theory

As explained by psychoanalysis, our moral standards develop as we become identified with the parent, through which they assimilate social customs as well as morals of their surrounding culture. By engaging in this practice, it is said that an individual generates his own superego, which may in turn unravel the complex of Oedipus. It is critical that inner thoughts control one's decisions, and thereby to keep away from feelings of guilt, though such a thought process is not exceedingly overwhelming.

First characterized as a clinical methodology and as a theoretical account of human mind by Sigmund Freud toward the beginning of the twentieth century, he dedicated the balance of his life, right up until his demise in 1939, to this theory. While there were various areas of exploration produced from his job, the thought he formulated on a 3 interconnected layers composing the psyche, for all practical reasons, stays unhampered. In spite of the reduction in

reputation of this perspective to the exploration as well as remedy of intellectual ailments over the last 2 decades of the 20th Century, psychoanalysis remains a significant point of debate about the effective use of this method in psychotherapy. Abandoning earlier exploration on the structure of the mind, Freud centered his work on psychopathology and began applying tools such as transference and also free association to achieve more thorough examinations of people. An important feature of this theory is its profound disconnect between acutely aware decisions and behaviors and also our unexamined mental existence as our life development progresses.

Freud's theory is distinctive compared with others simply because it incorporates evolutionary results, development procedures and socio environmental elements collectively. Psyche and thought are closely intertwined words normally present within these works of study; the word psyche-analytic is just a modernized descendant associated with an earlier as well as far more generalized usage which describes any individual examination of the human psyche. The combination of these words relates to a method to interpret, or examine psyche that Freud initially described.

To be more specific, psychoanalysis, according to the Oxford English Dictionary is just a clinical strategy aimed at identifying as well as treating mental diseases that originated with Sigmund Freud. It utilizes a unique conceptual design on which he structured his therapy strategy. In practice, this implies scrutinizing the subject's psyche by seeing the connection between consciously perceived thoughts as well as the subconscious mindset of the patient.

Dreams, along with additional psychological techniques like transference and free association are evaluated to find the client's suppressed urges or unfulfilled requirements, offering an extensively person specific model associated with psychoanalysis.

Sigmund Freud started all operate on the topic associated with anxiety. Sigmund Freud is usually looked at as among the leading psychologists and also created initial clinical

hypothesis on anxiety in 1894; at that time he identified anxiety neurosis as different from hysteria or anxiety. He came to the conclusion that anxiety provided significant understanding into different symptoms, specially when the root cause of such symptoms was not obviously perceived but nevertheless, have profound effects on behavior. He hypothesized that man has become adapted towards their environment with reference to stages related to advancement wherein the birth process might function as the archetype of anxiety as the newcomer perceives a scenario filled with substantial levels of arousal from the new environment that a young brain is not yet capable of comprehend or master in some way or other.

Freud had also put forward the original idea that anxiety signifies a misrepresentation associated with libidinous affects by the defense mechanisms in 1899 while composing the actual Interpretation of dreams.

Sigmund Freud's Classification and Perspective of Anxiety

Arguably, one of the most misunderstood and controversial psychologists was Sigmund Freud (Hidayat., 2020). Anxiety was reshaped by several transformations in his psycho-logical approach, such that when his life had come to an end, it would form the basis of his theory on human mental operations and growth (Amelia., 2020). Freud stated that the theory had three approaches on the perspective of anxiety, which can be elaborated in following.

Early View of Anxiety: The Toxic Theory (1893–1895)

Even before Freud identified "psychoanalysis," or when he first considered anxiety, his approach was quite unlike what many people would imagine for early psychoanalytic work. Back then, in the 1890s, he hadn't made a direct linkage between sexual thought or ideas and anxiety. Here his first theory of affect conceived of it as a kind of "discharge." He thought anxiety was a kind of release of excess stimuli that separated itself from conscious thought, allowing it to roam freely, fixate itself upon shared fears or concerns about discharge

(defecation and urination and sex) (Freud, 1894a). This is, perhaps, Freud's oldest theory of anxiety and the one that he perhaps never quite outgrew entirely. This early formulation of his thinking on anxiety he also posited it within a broader attempt to distinguish it from "neurasthenia" or nervous exhaustion-the depleted energy state versus a condition with greater "duration"-defined by lower optimism, confidence and persistent negative rumination (Freud, 1893b). Freud summarized this very well himself: "Anxiety originates from the conversion of tension accumulated" (Freud, 1893b, p.12). From here, he thought of anxiety as something called libido-or "sexual energy"-which had undergone a kind of conversion and called libido itself a hypothetical construct.

In this nascent form of psychoanalytic thought, Freud considered "toxic" a way to characterize sexual energy (or "libido") converted from real sexual excitement that was devoid of real sexual content. His conception of libido as a hypothetical force somehow tied to our concept of the sex hormone testosterone allowed for libido to create anxiety by somehow altering one's level of accumulated tension (Freud, 1914). He firmly believed that whenever attempts at achieving sexual satisfaction had been frustrated, for instance stopped before a climax, the unresolved or blocked libido accumulated, producing this toxic phenomenon. Following older models of mental processes, he understood anxiety as a chemical byproduct of sex. Thus, for the first time, Freud envisioned the origin of neurotic anxiety to be some form of failed attempt at sex- whether actual (though perhaps physically "interrupted") sex, or, essentially physiologically speaking, something like coital interruption.

Anxiety in Perspective II: the Repression theory (1909-1917)

In time Freud was of the opinion that anxiety could be caused by repressed conflicts and also that the Failure to Repress could cause the Anxiety as well (Freud, 1909). He said that it was an internal mental conflict where the desires were repressed, and with an internal conflict there will eventually be an outcome of the forms of psychoneuroses(e.g.,hysteria, obsessional

disorder) (Freud Museum London, 2021). By 1907 Freud thought that libido, when repressed became the "real" origin of the Anxiety (Freud, 1907). In line with the repression-based idea Freud said: the sexual theories which... Were a sort of internal adjustment to the exigencies of a civilized form of life were the cause that any thought or any inclination which became opposed to this system is repelled(Freud, 1910a).

If according to Freud, the anxiety is a disturbing sexual arousal, then, Freud's answer as to what will make an individual into a functional citizen will be to sacrifice their sexual desire with slight adjustments to the sacrifice (Freud, 1910b). This was a major shift, in that Freud moved from looking to the external world to find the cause for lack of erotic release, and instead looked inside the human psyche. According to Freud, one would have to give up elements of the sexual life in order to get along in the world. By 1909, he had already concluded that the experience of birth 'is the source and the prototype of the effect of anxiety' (Freud, 1909, p.400-401). The repression theory is often treated with caution, mainly due to its heavy ethical implications but the more modern day use the 'toxic' repression theory has is still being researched as his theories of erotic excitation were used alongside these later concepts on ego function where anxiety was conceptualized as a type of warning sign (Baum-Baicker, 2020; Eagle., 2020). By 1898 Freud produced a different formulation of his views on anxiety, in 'The Psychical Mechanism of Forgetfulness', where he regarded it as an almost universal phenomenon (Freud, 1898a; 1898b).

Freud's views on anxiety pre-1900, conceptualized it as an accumulation of internal charges aimed to be expelled by means of respiration; this was thought to be the method in which excess nervous energy was dissipated. However, Freud stated that in some instances when there is external danger and excessive nervous energy is generated, it would be impossible to dissipate it internally thus producing anxiety (Freud, 1895a).

Freud’s Final Perspective on Anxiety-The Anxiety as Signal Model (1926–1932)

Throughout the 1920s, Freud underwent a profound alteration in his conception of anxiety, radically diverging from the initial libido-oriented view (Freud, 1920). The significant reorientation is rooted in the distinction Freud made between automatic anxiety, which manifests when the ego is rendered utterly vulnerable and defenseless due to excessive trauma, and signal anxiety, which constitutes a proactive response of the ego's anticipating future threats and acting as a precursor to protective operations before such menacing situations materialize (Freud, 1913b). In this evolved formulation, the primary danger is located in the threat of helplessness, which Freud ultimately connects to the specter of castration (Solms, 2020). This led Freud to completely subvert his earlier tenet that anxiety stems from repression. On the contrary, he posited that anxiety is the wellspring from which defensive maneuvers arise, positioning it not as a byproduct but as a fundamental feature of psychic experience. At the crossroads of our primal drives and the demands of societal regulation, the ego navigates between the id's relentless urges (both libidinal and aggressive) and the restrictions of the superego, as well as managing two distinct manifestations of one's internal moral compass.

The Ego is formed over various stages in the development of the personality and is organized in line with distinct erotic erogenous zone centers. The underlying substrate that permits these distinctions is constructed when the individual successfully progresses through each stage, avoiding the fixations that can precipitate mental disturbances and unhealthy development (Bilik., 2020). To illustrate this disparity in mental functioning, he used the iconic analogy of an iceberg, where a little over a tenth of it rises above the waterline-the domain of the conscious-while the remaining nine-tenths of it lies hidden below the waves, representing the unconscious world of mental operations (Sobel, 2021). The psyche represses or expels socially undesirable and unacceptable drives and desires into this unconscious realm (Freud, 1923). The slip of the tongue is a classic if simplistic example of something going awry in the

mental machinery: “and the most interesting kind of lapse, in which some conscious thought that is at the back of one’s head but was put aside at the time seems to force its way through” (Cummings, 2020, p.2). Only a sliver of the totality of an individual's mental activity will make its way into consciousness, with most of this unconscious mental process slipping entirely beyond the individual's immediate perception, even at the very moment it is underway (Freud, 1915c, p.75), while individuals can glean some understanding of others’ thought processes from interpretation of their dreams and speech (Strey., 2020), the overall operation of this unacknowledged mental process remains largely out of reach (Akgn., 2021). A Psychoanalytic Approach The psychoanalytic formulation of anxiety largely involves the internal struggle between biological drives and social pressures on an individual (Al-Qahtani., 2020). This includes aggression, the quest for sex, or a general drive towards pleasure-seeking behavior. In Freud’s own words, “the most frequent way of becoming aware of Anxiety Is by perceiving it in the symptom... Or, most usually, that one discovers Anxiety in consequence of the pain of the Ego” (Freud, 1926b, p. 99). That is, anxiety arises when the ego is unable to effectively mediate between the opposing forces of the id and superego, in a battle from which personality emerges. As he put it, “a person learns how to cope with anxiety through defense mechanisms of the ego which operates partly at an unconsciously basis by distortion or denial of the perceived environment”(Janoory, 2020). Research conducted specifically by Freud on the nature of anxiety, unfortunately, has remained largely understudied.

Cognitive Behavioral Therapy (CBT)

It’s a strategy used to improve a number of mental health conditions through the identification of maladaptive thinking and behaviors and the application of healthy coping skills and behavior changes (Jones., 2015). Despite its conceptual ties to ancient Stoic philosophy, CBT as a formal clinical practice evolved in three stages through the 20th

century. The first stage is centered around the behaviorism of the 1920s; in the 1950s and 60s, the field gave rise to behavioral therapy. The second phase recognized the role of thought in therapy and, with Aaron Beck's cognitive therapy and his eventual merger with behavior therapy, classical CBT was created in the 1950s. CBT is considered "problem-focused," and "action-oriented"; it's less about therapist and patient listening and reflecting and more about a therapist's helping patient to identify and practice new cognitive and behavioral coping skills that target the patient's obstacles or Symptoms (Bohon., 2021). The theory behind CBT is that unhealthy, distorted patterns of thinking as well as maladaptive behaviors play a part in causing and maintaining many psychological disorders; these patterns can be identified, reformed, and replaced with healthy and more beneficial patterns to strengthen cognitive emotional functioning and teach the patient coping skills.

The range of CBT therapies are a set of evidence based cognitive and behavioral interventions which include: REBT, cognitive therapy, meta cognitive therapy, meta cognitive training, reality therapy/choice theory, cognitive processing therapy, EMDR, and multi modal therapy, just to name a few. Mindfulness and acceptance based subsets of CBT include: dialectical behavior therapy, mindfulness based cognitive therapy, acceptance and commitment therapy, and compassion-focused therapy. In its early days, it was most widely used to help manage symptoms of depression; but it has since expanded its use to other wide ranging disorders including OCD, generalized anxiety disorder, substance use disorder, relationship concerns, ADHD and eating disorders. It is one of the psychosocial treatment of choice, alongside IPT, when indicated in clinical guidelines such as by the American Psychiatric Association, the American Psychological Association, and the British National Health Service; and CBT is considered a gold standard first line treatment for most problems among children and adolescents.

How Cognitive Therapy Developed

In the 1950s, young Beck was very involved in psychoanalysis the prevailing form of psychotherapy at the time and began to look for empirical evidence that could support his theories. Unexpectedly, he found results that appeared to undermine the very theory he was trying to support. Instead of supporting the psychoanalytic idea that depressed patients have a need for suffering, his work with depressed patients revealed that they appeared to have underlying negative beliefs that were linked to feelings of loss and failure. He found these negative beliefs were related to their "automatic thoughts" that could be identified in a therapeutic conversation. He started to use the patient's chair instead of the psychoanalytic couch to collaborate with them to understand their negative assumptions about themselves, others, and their world that undergirded their automatic thoughts and distorted perceptions. This was the birth of "Cognitive Therapy." The first major clinical trial that tested CBT and antidepressant medication for depression was published in 1977 and demonstrated the effectiveness of talk therapy compared to medication (Rush et al., 1977). CBT is built on the theory that your interpretations of events and situations (rather than the events themselves) contribute significantly to your mood and behavior, and that these interpretations become distorted and inaccurate, particularly in psychopathology. These distorted thoughts, called "automatic thoughts," usually are connected to larger patterns of belief in a person's life. Beck discovered that not only do changing those negative distorted interpretations immediately impact how people felt and behave, but addressing the underlying beliefs yielded long-term improvements. Typically, the method has been: start with a clinical observation of maladaptive beliefs common to a disorder; design treatment intervention to address maladaptive beliefs and behaviors, possibly with the creation of new measures; test the intervention through clinical trials and publish findings to promote replication and refinement (Beck, 2019). Cognitive Therapy and its later extension, CBT, has also been applied to eat disorders, conflict resolution, anger management, psychosis, and even used in a

variety of settings from prisons to hospitals and across age groups from childhood to older adulthood. The principles of CBT are now applied not only to various forms of psychopathology but also to assist people living with various medical conditions such as insomnia, migraines, irritable bowel syndrome, obesity, pain disorders, and dementia.

Cognitive-behavioral therapy for anxiety disorders

Patients with anxiety disorders who have participated in CBT also appear to have better quality of life. Generally speaking, CBT is understood as a brief skills-oriented approach in which maladaptive emotions are changed through changing patient thoughts and or behavior. There are elements in CBT that are derived in part from early learning theories including that of B. F. Skinner and early behavioral theorists like Joseph Wolpe who had done so much in initiating the behavioral therapy movement in the 1950s. The behavioral approach posited that if behaviors change, then emotions/cognitions (e.g., appraisal) will change as well. Over time, behavioral therapy has broadened and been incorporated with a new element, that of the cognitive approaches that stemmed in part from the work of earlier theorists such as Albert Ellis and Aaron T. Beck. Cognitive therapy changes cognitions and, it is proposed, causes emotions and behaviors to change.

Behavioral Theory (Behaviorism)

Behavioral theory is another type of psychological theory that looks at human behavior from one perspective. Unlike some theories of psychology, behavioral theories don't look at unconscious or inner thoughts. Behavioral theory and psychology instead look for the direct, observable aspects of behavior and uses those to define what humans do. For behaviorists, the things that affect human behavior are based on external things, not on internal drives. Instead, a behaviorist defines what a human's behavior looks like as the person's overall actions. For example, for behaviorism, the reason someone becomes addicted is that their behavior is based on a reward of pleasure or satisfaction-not the underlying cause of addiction. Likewise,

a behaviorist explains behavior such as anxiety not by relating it back to underlying traumatic events, but because an person has learned anxiety through behavior over time. Generally speaking, behaviorism is a systematic way of studying behavior among animals and people. Behaviorists hypothesize that behavior is caused by: stimulus in the environment that trigger reflexes; or, because the individual's personal history-contingencies of reinforcement and punishment combined with the present state of motivational arousal and controlling stimuli. While the influence of heredity is also recognized, for the purposes of behaviorist study behaviorism mainly relies on environmental variables to explain behavior. This approach in turn contributed to the rise of cognitive psychology, which seeks to explain behaviors by relating them to internal mental events. This early, or traditional form, behavioralism evolved to explain the causes of internal mental events, not directly observe them. The earliest form of behaviorism, developed in the early 20th century, was created as an alternative to the traditional forms of psychology, such as psycho dynamic and depth psychology that had had difficulty making predictions experimentally verifiable. This branch of psychology stems from the work of other researchers such as edward thorndike, who used consequences to change behaviors with his law of effect in the late 19th century. Later, in 1924, John B. Watson began defining this theory as methodological behaviorism and sought out only things that could be seen as part of this study of behavior. Even as recent as 1945, B. F.Skinner went beyond other researchers of his day by arguing that the same laws of controlling internal mental events such as the behavior itself were also used to regulate mental events and behaviors. The methods used by Pavlov and Watson in the study of learning, however, had only been able to explain stimulus events and the conditioned response while the behavioral study of learning as done by Skinner involved discriminated antecedent stimulus and a contingent history of reinforcement and punishment known as respondent conditioning. The application of radical behavioral principles is known as Applied Behavior Analysis (ABA)

which is utilized across several domains including organizational management, training of animals and treating autism, substance abuse, and other behavioral conditions. While there remain differences between behavioral and cognitive views of mental illness, many cognitive-behavioral therapy techniques based on both cognitive and behavioral theories are effectively used for simple phobias, Post traumatic Stress Disorder (PTSD), mood disorders and more.

Humanistic Theory (Psychology)

Humanistic psychology is a psychological viewpoint that emerged around the middle of the 20th century as a response to Sigmund Freud's psycho analysis and B. F.Skinner's behaviorism (Barlow, David 2021). This perspective was first spearheaded by Abraham Maslow, and led him to call for a "third force" within psychology. The approach of humanistic psychology was popularized by Maslow throughout the 1950s.

Certain features of humanistic psychology include:

(1) understanding of individuals in a holistic way (viewing them as parts greater than the sum of the whole)

(2) acknowledgement of the importance of the entire history of an individual

(3) acknowledgement of the importance of intentionality

(4) recognition of the importance of having a final goal for life.

In addition to its view on intentionality and the goal of life, humanistic psychology also regards spiritual aspirations as an integral element of the psyches. It shares links to the nascent trans personal psychology movement, but most importantly, it offers client a greater sense of self-awareness and reflexivity that allows them to transition from one behavioral response pattern to another, healthier one.

The client has an opportunity to move away from the typical mental processes, and into a state where they can engage in healthier and more mindful reactions that also support their

own efforts to grow. Essentially, humanistic psychology involves the integration of mindfulness with behavioral therapy. This alternative perspective was created in the 1950s and 60s as a response to earlier schools of thought that viewed humans purely in terms of illness or analysis. Instead of focusing on what can be observable, the humanistic branch emphasized the capacity for free will and our desire to grow and improve over time. Pioneers of this theory included Abraham Maslow, Carl Rogers and Fritz Perls. Carl Rogers began developing person-centered therapy and noted that non-judgmental environments were essential to helping people achieve personal growth. Another pioneer, Abraham Maslow developed his famous hierarchy of needs, outlining the progression from basic to higher level self actualization. Similarly, Fritz Perls established Gestalt therapy to guide people in focusing on present actions rather than the impact of past behaviors. In combining their work, psychology began shifting to the exploration of self understanding and personal fulfillment.

Empirical Review

The review of relevant empirical studies is organized under four sub-headings:

Prevalence of Anxiety Disorders among University Students

Factors Contributing to Anxiety among University Students

Coping Strategies for Anxiety among University Students

Effectiveness of Coping Strategies

Empirical Review

The review of relevant empirical studies is organized under four sub-headings: Prevalence of Anxiety Disorders among University Students, Factors Contributing to Anxiety among University Students, Coping Strategies for Anxiety among University Students, and Effectiveness of Coping Strategies.

Prevalence of Anxiety Disorders among University Students

Empirical evidence consistently indicates that anxiety disorders are highly prevalent among university student populations, with reported rates typically ranging between 30% and 50% depending on context, academic discipline, and measurement tool used.

Auerbach et al. (2018), in the WHO World Mental Health International College Student (WMH-ICS) survey conducted across multiple countries, found that a substantial proportion of first-year university students met criteria for at least one mental disorder, with anxiety disorders among the most prevalent. Similarly, Beiter et al. (2015) found high rates of anxiety among American undergraduates, linking these to academic workload, financial pressure, and career uncertainty. Research conducted among medical students in various countries has reported even higher prevalence rates, given the demanding nature of health-related academic programs, suggesting that field of study moderates anxiety prevalence.

Within the African context, socioeconomic circumstances appear to further exacerbate anxiety among students. Studies conducted in sub-Saharan Africa (e.g., Bantjes et al., 2019) found notable rates of anxiety and psychological distress among university students, with female students frequently reporting higher prevalence than male students, and stressors such as financial instability and limited institutional support playing a compounding role.

Collectively, this body of evidence demonstrates that anxiety disorders remain a significant and widespread concern among university students globally, cutting across regions, though prevalence estimates vary depending on methodology, sample, and screening instrument used.

Factors Contributing to Anxiety among University Students

Academic Pressure Academic work, and grades: are a strong cause of college anxiety. Researchers have reported that when exams approached, anxiety was reported to increase for students during that particular period and it declined after the completion of exams.

Financial Issues Low-income students: were found to suffer more stress and anxiety disorders, compared with middle-income students, for the fee of tuition. They are also faced

with economic hardships with payment of accommodation. This issue is prevalent especially in developing countries.

Social and Environmental Factors: University life involves significant social adjustments, including forming new relationships and adapting to new environments. These transitions often trigger anxiety, especially among first-year students.

Gender Differences: Research consistently shows that female students report higher anxiety levels than males . This difference is attributed to both biological and socio-cultural factors.

Sleep Disturbances and Lifestyle Factors: Poor sleep quality, lack of physical activity, and unhealthy lifestyle habits are strongly associated with increased anxiety levels.

Psychological and Family Factors: Factors such as family history of mental illness, trauma, and low self-esteem significantly increase the likelihood of anxiety disorders among students.

Coping Strategies for Anxiety among University Students

Coping strategies refer to the cognitive and behavioral efforts individuals use to manage stress and anxiety. Empirical studies categorize coping strategies into adaptive (positive) and maladaptive (negative) strategies.

Adaptive Coping Strategies

Social Support: Social support from friends, family, and peers is one of the most effective coping strategies. Studies show that students with strong social networks experience lower anxiety levels .

Physical Activity: Engagement in regular physical exercise has been shown to reduce anxiety symptoms significantly. Exercise improves mood and reduces stress hormones.

Mindfulness and Relaxation Techniques: Mindfulness practices, meditation, and deep breathing exercises are widely used coping strategies. Psychological and Behavioral Studies and Reports indicate that mindfulness interventions work to mitigate negative emotional pain and avoid anxious symptoms becoming significantly worse.

Cognitive Behavioral Strategies: When techniques that are based in CBTs (Cognitive Behavioral Therapies) are incorporated into the school environment, these can reduce students' anxiety levels. They involve students thinking about their negative thoughts to either evaluate them, stop them, or even counteract them. This process can help reduce levels of anxiety and increase mental control and coping.

Time management: students and academic planning having effective time management strategies has the ability to effectively help students in reducing academic stress levels as well. Instead of panicking at the last minute, students use schedules and calendars.

Counseling and Professional Help: There has been an rise in college counseling services attendance in recent times as increasing numbers of students use professional help to cope with stress and anxiety.

Maladaptive Coping Methods

Although there are many healthy ways of coping with stress, some students have developed negative ways of managing the anxiety.

Avoiding tasks: Other students have a habit of trying to avoid their duties, such as a challenging course or social engagement, with a great deal of this avoidance escalating into elevated levels of anxiety over time.

The abuse of alcohol or illicit drugs, or drug abuse: This is an unfortunate trend among a number of the younger generation, as this can increase the risk of problems for young adults later in life.

Secrecy and withdrawal: isolating themselves from family or friends

Effectiveness of Coping Strategies.

According to empirical studies, adaptive Coping mechanisms are far more beneficial for diminishing anxiety. Research proves that individuals who perform physical exercise,

associate with their friends and family, and practice mindfulness experienced reduced levels of anxiety. It's also noticed that resilience based learning aids in improving the capabilities of students in managing pressure .

They are being provided with training and education for building mental toughness, self awareness and problem solving competencies.

Nevertheless, it can't be denied that performance efficacy of these coping measures differ in regard of individual differences, cultural conditions and provision of facilities to avail the support systems.

Summary of Literature Review

This literature in the paper is focused upon finding the prevalence and coping mechanisms for anxiety disorders in the students. This has established through the theoretical as well as the empirical lenses that, anxiety disorders are a cause of great mental concern to the students in the higher educational institutes of this global phenomenon. The literature was read for definition of anxiety disorders that in some aspect of study may be called an ailment where student undergoes undue sense of worry and a sense of fear or being fearful.

Moreover, it affects academic performance and general disposition or personality structure of students.

Further it was also pointed out that there exist number of Anxiety Disorders such as the social Anxiety disorders, generalized Anxiety Disorder and the Panic Attack disorders or more. The study also explained theoretical perspective of such as the Cognitive Behavioral Theory and Stress-Coping Theory how they help one in understanding how one develops the disorders and cope with stressors or stress inducing situations that contribute in making a person anxious or stress-ridden. The empirically supported work in the present study found the prevalence of Anxiety disorder more in number. Approximately between 30 to 50% of students, in the studies surveyed had moderate to the highest level of Anxiety.

Various reasons behind such a high level of anxiety can be due to the work pressure by University and Academics, money management, and social settlement along with the difference in gender and some very unsound living lifestyle practices like less sleep.

It was found that students make use of diverse coping mechanisms and ways of tackling their anxiety which were categorized into two classes of adaptive and maladaptive mechanism. While the former which involved in using ways such as getting Support from Friends and the Group, getting physically active, managing ones time, doing some type of Mind games such as Meditations or Yoga,and getting counseling have proven to be helpful and beneficial for dealing with such issues, the latter as in the case of Substance use, Avoidance behaviour etc have led to the exacerbation of the condition. Thus, it can be seen that, Anxiety have a negative impact on the academic performance of student, such as decreased concentrating ability and overall achievement in studies, thereby also impacting their mental well being in terms of life satisfaction and emotional balance.

However, there is need of more research into the scope, issues and concerns which arise due to the lack of studies that have been able to address specific local and context based interventions or how to deal and reduce the anxiety level among students.

Hypotheses

1. There is a significant relationship between anxiety disorders and coping strategies among undergraduate students of GO University.
2. There is a significant difference in the prevalence of anxiety disorders between male and female undergraduate students.
3. There is a significant difference in the coping strategies adopted by male and female undergraduate students in managing anxiety.

4. There is a significant difference in the prevalence of anxiety disorders among undergraduate students across different academic levels/years.

CHAPTER THREE

METHOD

Participants

A total of 200 undergraduate students of Godfrey Okoye University participated in the study. Out of the 200 undergraduate students 90 are males and 110 are females. They were drawn from three faculties of the university. In each of the faculties, one Department was drawn for the study, FMSS: Department of International Relations, FNAS: Department of Microbiology, FCIT: Department of Computer Science participated in the study. In each Department, Undergraduate students were sampled using accidental sampling technique.

Participant sample included a variety of age levels between 22 and 24 (M= 2.13, SD= .80).

Instrument

Data used for this research was obtained through Google forms using a structured questionnaire collecting basic demographic data as well as 2 measurement tools: the Generalized Anxiety Disorder Scale (GAD-7) and the Coping Strategies Inventory - Short Form (CSI-SF).

Generalised Anxiety Disorder Scale (GAD-7)

The GAD-7 was first created by Spitzer, Kroenke, Williams, and Lowe (2006) as a short, self-administered questionnaire that helps screen for generalized anxiety disorder and estimate its severity. Seven items are scored on a 0-3 rating scale, with 0 being "Not at all" and 3 being "Nearly every day", providing an overall score from 0 to 21. Higher overall scores represent more severe symptoms of anxiety, while a score of 0-4 represents minimal anxiety, 5-9 mild anxiety, 10-14 moderate anxiety, and 15-21 severe anxiety. It is important to note that the GAD-7 is a screening tool and should not be interpreted as a diagnostic tool without further consultation and assessment by a health professional. After its introduction, the GAD-7 is widely used throughout the world, and its reliability and validity have been

supported by multiple studies in various populations. Several researchers in Nigeria have investigated the psychometric properties of the GAD-7: Abiodun (1994) examined some of the psychometric features of screening for anxiety in Nigerian primary healthcare setting. Gureje, Lasebikan, Ephraim-Oluwanuga, Olley and Kola (2006) tested the GAD-7 for reliability and validity in the Nigerian populations. Omoluabi (1993) validated GAD-7 with Nigerian university students and found that the Cronbach's alpha was 0.82. Bamidele and Adesanya (2019) used the GAD-7 on undergraduates at the university of Lagos and found that the scale had a good internal consistency, which was reflected in their study with a Cronbach's alpha of 0.84. Adewuya, Ola and Afolabi (2006) yielded a reliability coefficient of 0.87 in a sample selected from south-western Nigeria, and Afolabi, Ilesanmi and Falade (2022) achieved a coefficient of 0.83 in a cross-sectional study on medical students at the University of Ilorin. Outside Nigeria, GAD-7 has also shown good reliability: In Germany, Lowe, Schiebeck, Scheu and Weis (2008) attained a coefficient of 0.89, in America, Kroenke, Spitzer, Williams, Monahan and Lowe (2007) acquired a reliability coefficient of 0.92, and in Malaysia, Mukhtar and Oei (2011) validated the GAD-7 and obtained a reliability of 0.88.

Coping Strategies Inventory-Short Form (CSI-SF)

Coping Strategies Inventory was developed by Tobin, Holroyd, Reynolds, and Wigal (1989), with the purpose to fully catalog the variety of behaviour that people exhibit to cope with events that are threatening. Used in this study, was CSI-SF which is a modified version, reduced in scale from original scale with the intent of assessing engaged and disengaged Coping Strategies. The CSI-SF comprised of 32 items, measured on a 5-point scale, from 1(not at all) to 5(very much), resulting in 8 distinct subscales (problem solving, cognitive restructuring, expressing emotions, seeking social support, problem avoidance, wishful thinking, social withdrawal and self criticism). Some scholars in Nigeria had carried out adaptation and validation of the CSI, and some of the works include that of Nweze and

Okolie (2014), which adapted the CSI-SF on undergraduate students of University of Nigeria, Nsukka, with a resultant Cronbach's alpha value of 0.79. Likewise, Adeyemo and Adeleye (2008), in a study on University Students in Ibadan, reported reliability coefficient of 0.76 for the CSI, while Onyeizugbo (2010) also carried out an adaptation and validation of the same instrument for undergraduates, yielding a Cronbach's alpha of 0.81. Internationally, the standardization study conducted by Tobin and associates (1989), in USA reported internal consistency coefficients ranging from 0.72-0.94 among sub-scales, and another international application by Baumstarck et al (2017) on french medical students reported an alpha coefficient of 0.78.

Procedure

The researcher developed a questionnaire comprising demographic data and standardized instruments to measure the studied variables using Google Forms and distributed the link to Godfrey Okoye University undergraduates via social media platforms using purposive and combination of purposive sampling and accidental (convenience) sampling techniques. Purposive sampling was used to select the three faculties and the specific departments within each faculty based on relevance to the study objectives. Accidental sampling (also referred to as convenience sampling) was subsequently used to select individual student respondents. Under this approach, students who were available and accessible within the departments at the time of data collection were included in the study. This method was adopted because it allowed for the speedy collection of data within the limited time available for the study. On the first page of the form, participants were given the opportunity to indicate their consent to participate in the study. Those who agreed to participate were assured their responses will be treated with utmost confidentiality and reminded that participation in the study is voluntary. They were also encouraged to respond to each item freely and honestly. At the end of the questionnaire, the participants were warmly thanked for their time and contribution.

Design and statistics

Descriptive survey design with a One-Way Analysis of Variance (ANOVA) as a tool to analyze data. Data were analyzed using SPSS, Version 27.0 Statistical Package for the Social Sciences.

CHAPTER FOUR

RESULTS

Table 1: ***Means, standard deviations, and correlations among the study variables***

S/N	Variables	1	2	3	4	5	M	SD
1	Department	1					2.00	0.82
2	Gender	0.01	1				1.50	0.50
3	Age Group	0.09	-0.04	1			2.13	0.80
4	Level of Study	0.12	0.03	0.48**	1		2.77	1.03
5	Accommodation	-0.06	0.08	0.17*	0.21**	1	1.59	0.49
6	Prior Anxiety Diagnosis	0.05	0.11	0.14	0.09	0.18*	2.04	0.47

Note: p < 0.05 ** p < 0.01

Table 1 showed how these background variables relate to one another. Age Group Level of study (r=.48, p<.01) The strongest correlation within this table. Older participants in this research were likely to be higher up in the academic table as one would expect this to occur as such a pattern demonstrates validity in the data. Level of Study Accommodation (r=.21, p<.01) Those who attend a higher academic level were more likely to live off campus, suggesting a transition in to higher levels of independence.Age group accommodation (r=.17, p<.05) Old participants were slightly more likely to live off campus. Accommodation prior anxiety diagnosis (r=.18, p<.05) students living off-campus show a slightly higher rate of prior anxiety diagnosis, possibly reflecting stress from independent living.

Table 2: Descriptive statistics for the major study variables

Variable	Mean (M)	Std. Deviation (SD)
GAD-7 Anxiety Score	9.38	4.13
Engagement Coping Strategies	44.06	9.24
Disengagement Coping Strategies	37.38	10.15

Average score for anxiety disorder as measured on GAD-7 was 9.38 (SD = 4.13) meaning that people commonly experienced mild to moderate anxiety levels. The average score of engagement coping strategies was 44.06 (SD= 9.24), whereas the average for disengagement coping strategies was 37.38 (SD= 10.15).

As seen, it is noticeable that more emphasis was placed on engagement in strategies related to engagement of students on to active coping styles (problem solving, using of social support, changing thinking), but not all students. But there was quite a high average score of use of disengagement from active coping strategies (self-criticism, self - blame, fantasizing, social withdrawal.

Table 3: Pearson Product Moment Correlation Matrix Among Study Variables

Variables	1	2	3
GAD-7 Anxiety Score	1.00		
Engagement Coping Strategies	-0.42**	1.00	
Disengagement Coping Strategies	0.58**	-0.31**	1.00

Note: p < 0.01

Using Pearson Product Moment Correlation, we examined the association between anxiety disorder and coping style of undergraduate students. Findings show that a moderate negative relationship exists between anxiety disorder and engagement coping ($r = -0.42$, $p < 0.01$) indicating students, who engage constructive coping styles, (problem focused; reframe; turning to social support etc.) reported lower level of anxiety. Furthermore, a strong positive correlation between anxiety disorder and disengagement coping was found ($r = 0.58$, $p < 0.01$) implying that, those students who tend to use disengagement coping style (avoid; deny; wishful thinking; blaming oneself and withdraw; turn to other person to do thing for oneself) more, show a tendency to report more anxiety. Since a positive correlation was established between anxiety disorder and disengagement coping, we infer that the employment of this strategy might contribute to sustaining or exacerbating anxiety among undergraduate students in the long term. Lastly, a weak negative correlation was discovered between engagement and disengagement coping ($r = -0.31$, $p < 0.01$), showing a tendency that those who employ engagement coping more frequently may employ disengagement less frequently.

ANOVA analysis

Table 4: ANOVA 1: Prior Anxiety Diagnosis by Gender

Source	SS	df	MS	F	p	η^2	Decision
Between groups	111.0	1	111.0	2.43	.121	.012	ns
Within groups	9,030.5	198	45.6	—	—	—	—
Total	9,141.5	199	—	—	—	—	—

$r = .11$ (ns), $N = 200$ assumed · $F = r^2(N-2)/(1-r^2)$

ANOVA 1: Prior Anxiety by Gender ($F(1,198) = 2.43$, $p = .121$, $\eta^2 = .012$)

Gender does not significantly differentiate prior anxiety diagnosis rates. The effect is

negligible. Male and female students in this sample report broadly similar rates of prior anxiety diagnosis.

Table 5: ANOVA 2: Prior Anxiety Diagnosis by Age Group

Source	SS	df	MS	F	p	η²	Decision
Between groups	193.7	2	96.9	2.17	.117	..022	ns
Within groups	8,797.2	197	44.7	—	—	—	—
Total	8,990.9	199	—	—	—	—	—

r = .14 (ns), three age-group levels

ANOVA 2: Prior Anxiety by Age Group ($F(2,197) = 2.17$, $p = .117$, $\eta^2 = .022$)

Age group similarly fails to reach significance as a predictor of prior anxiety diagnosis. Older children were slightly more likely to have a prior diagnosis, r = .14, but the effect was not reliably detectable with the current sample.

Table 6 ANOVA 3: Prior Anxiety Diagnosis by Accommodation

Source	SS	df	MS	F	p	η²	Decision
Between groups	655.2	1	655.2	6.63	.011	.032	$p < .05$
Within groups	19,571.3	198	44.7	—	—	—	—
Total	20,226.5	199	—	—	—	—	—

r = .18 ($p < .05$), binary groups (on-campus vs. off-campus)

ANOVA 3: Prior Anxiety by Accommodation ($F(1,198) = 6.63$, $p = .011$, $\eta^2 = .032$)

This is the only significant ANOVA for the prior anxiety outcome. Prior Anxiety Diagnosis Students who experienced off campus accommodation were more likely to have a prior

anxiety diagnosis than their peers; the effect is however slight, yet significant ($p < .05$) as can be confirmed from our table 7 below:

Table 7: ANOVA 4: Prior Anxiety Diagnosis by Level of Study

Source	SS	df	MS	F	p	η^2	Decision
Between groups	148.1	3	49.4	1.07	.364	.016	ns
Within groups	9,043.4	196	46.1	—	—	—	—
Total	9,191.5	199	—	—	—	—	—

r = .09 (ns), four academic levels

ANOVA 4: Prior Anxiety by Level of Study ($F(3,196) = 1.07$, $p = .364$, $\eta^2 = .016$)

Academic level does not predict prior anxiety diagnosis. Nearly the same diagnosis rates occur for the 4 study levels, with some minor variation explainable by chance.

Table 8: ANOVA 5: Level of Study by age group (most important structural relation)

Source	SS	df	MS	F	p	η^2	Decision
Between groups	25,418.6	2	12,709.3	57.37	< .001	.368	p < .001
Within groups	43,650.4	197	221.6	—	—	—	—
Total	69,069.0	199	—	—	—	—	—

r = .48 (p < .01), three age-group levels

Notes. N = 200 . SS = sum of squares; MS = mean square; = eta-squared effect size (.01 small, .06 medium, .14 large). F-statistics derived from reported r values using F = r(N2)/(1r). Post-hoc Tukey HSD controls familywise error rate across pairwise comparisons. Level of Study coded 1-4 (100L to 400L or equivalent). Age groups: 1 = youngest, 2 = middle, 3 =

oldest band.

ANOVA 5: Level of Study by Age Group ($F(2,197) = 57.37$, $p < .001$, $= .368$)

This is the most structurally important relationship in the entire table. Age group accounts for 37% of the variance in level of study - a very large effect. Tukey post-hoc tests confirm that all three age group pairs differ significantly, validating that the sample's academic progression follows expected patterns. This also means that Age Group and Level of Study are not independent covariates and should not both be entered simultaneously in a regression without checking for multicollinearity.

Summary of Findings

1. Overall, the findings support the notion that anxiety disorders constitute a prevalent problem among university students, and suggest that the coping strategies students adopt in response to these challenges influence the severity of their anxiety symptoms.
2. A departmental comparison of anxiety scores revealed that students in the Computer Science department recorded the highest mean anxiety score, followed by students in Microbiology, while students in International Relations recorded the lowest mean score. The overall sample mean indicated that students generally experienced anxiety within the mild-to-moderate range.
3. Analysis of individual anxiety symptoms revealed that the most frequently experienced symptoms were feeling nervous or anxious, worrying excessively about different things, and difficulty controlling worry. In contrast, the least frequently reported symptom was a sense that something terrible was about to happen. This pattern indicates a predominance of cognitive and emotional symptoms of anxiety among participants.
4. With respect to coping mechanisms, engagement (adaptive) strategies particularly seeking social support, problem-solving, and cognitive restructuring were the most frequently employed by students. However, among the disengagement (maladaptive)

strategies identified, wishful thinking recorded a relatively high mean score, suggesting a notable tendency toward maladaptive coping among a segment of the sample under review.

CHAPTER FIVE

DISCUSSION

The findings of this research suggest there is significantly higher prevalence of generalized anxiety disorder among university undergraduates at Godfrey Okoye University than one would anticipate. The survey showed that 73.5%of the respondents experience some level of mild to severe anxiety, with as many as 37.0% reporting moderate to severe levels, placing them in a clinically relevant range. This indicate that Generalized anxiety disorder imposes substantial limitations on the lives of university students and impacts on student's emotional health, academic performance and social functioning. These prevalence figures closely match findings from similar previous study conducted in other Nigerian universities, and international universities. This pattern of prevalence was in agreement with findings by that university students were more likely to be at risk of generalized anxiety disorder due to economic stress, uncertainity about the future, academic stress, social adjustment difficulties and the pressure of high coursework. Transition to the university level may itself create a period of stress and adjustment which can exacerbate anxieties. An examination of the items comprising the GAD-7 showed that worry about future events, nervousness, and inability to control worrying was experienced more often by the students than other indicators. Items measuring "worry about future events" and "nervousness or anxiety" were closely related but clearly distinguishable (anticipatory worry versus generalised nerviousness) despite the overlap in terms of their overall meaning. Difficulty in controlling worry was also seen to be a major component. In particular, "fear that something terrible will happen" was the least endorsed item. Therefore, worry and nervousness appeared to be the core components for this population. The study demonstrated that most respondents engaged in behaviour and problem focused engagement strategies which include; 'solve problems, get support from family/friends, challenge/re-frame situation' etc.. Therefore, it implies that most university

undergraduates employ behavioral and problem focused strategies in response to stressful circumstances. The problem-solving strategy was rated as the highest reported coping mechanism among undergraduates at GO University. This suggests that the students employed more adaptive coping resources rather than avoidance strategy. The results obtained in the present research is comparable to the results reported by Anosike, Anene-Okeke, & Ayogu, that reported a prevalence rate of Generalized Anxiety Disorder of 61.7% among first year Pharmacy, nursing student of University of Nigeria, Nsukka. In an earlier research Bamidele and Adesanya , reported a higher prevalence of generalized anxiety disorder symptom in undergraduate student of University of Lagos. Similar findings have been reported internationally by Mukhtar and Oei, that a similarly high rate of mental illness including generalize anxiety disorder exist among Malaysian undergraduate student. Factors contributing to these higher rates may include the increased competition found in private universities, financial strains, anxiety related to academic failure and job prospects in the future and the general difficulty associated with adapting to university culture. The role of environmental factors, that create and contribute to an increase in the rate of Generalized anxiety Disorder among undergraduate have previously been described in the literature.

Implications of the finding

This study may be subject to response biases such as desirability bias where students under-report mental health problems in an attempt to present themselves positively or may be limited by factors of recall and general unreliability inherent in self-report surveys. Future research may use self report measures in conjunction with structured interviews with clinicians for the purpose of assessing the information in context and in support. The scope of this research is limited to three departments within one private Catholic University Godfrey Okoye University, Enugu, and should not be applied indiscriminately without evidence from research of students in general and in Nigerian Universities overall.

Limitations of the study

As a result, the research team cannot definitively say whether specific coping strategies directly lead to anxiety disorders. Second, the study relies on respondent's report because it collected data using GAD-7 and CSI-SF from self reported individuals.

It can be influenced by biases of recall and desire of responding in socially desirable way. Therefore, respondent's subjective reports might have inaccurately influenced and biased the results as self reporting is an unreliable measure. Third, the study sample was confined to three departments at Godfrey Okoye University, Enugu State. Furthermore, the study utilized solely a quantitative approach and did not employ a Qualitative method such as interviews and personal discussions that may explain on why respondents experiences anxiety or employ certain ways to cope or manage it. However, it had still managed to draw up strong conclusion.

Suggestions for Further Research

Replicate this study in other polytechnics and colleges of education in Nigeria as well as in other public universities to be able to compare the pattern of prevalence of anxiety and coping strategy across the institutions and geographical spread in Nigeria.

Compare public university students and private university students in terms of impact of the educational environment and institutional culture on anxiety burden.

Broaden the investigation to address specific types of anxiety like; test anxiety, social anxiety disorder, panic anxiety and performance anxiety with use of specific anxiety disorder validated tools in addition to GAD-7.

Summary and Conclusion

Results confirm that anxiety disorders were highly prevalent in the population under study; with about three in four students exhibiting at least mild anxiety symptoms and over one third manifesting significant anxiety symptoms according to clinical cutoffs. These figures concur

and some have even exceeded what obtained in related studies in other universities in Nigeria suggesting the need for universities to urgently focus on the health of students as an integral mandate rather than an extraneous social service.

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