

**PSYCHOPATHOLOGICAL ASPECTS RELATED TO THE RELOCATION OF
FAMILIES TO KINSHASA: CASE STUDY OF TEENAGERS**

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ABSTRACT

Inspired by the research of Professor Josué Ozowa on human attachment to objects, this present study examined the psychopathological aspects associated with family moving to Kinshasa. It was conducted among 120 adolescents from the commune of Limited. We administered Penn State and Pediatric Quality of Life questionnaire scales to these participants. The expected results support the conclusion that relocation is the basis for the following psychological disorders in adolescents: insomnia, anxiety, running away, depression, and depersonalization. These results demonstrate the significant impact moving has on individuals' personalities, as adolescents experience it as a leap into the void.

KEYWORDS: Psychopathological Aspects; Relocation; Teenager.

1.0 INTRODUCTION

In everyday life, people visit various places for different reasons. Some places hold little significance for them, while others play a significant role in their lives. The places where individuals live, known as "homes," have a profound impact on their psychosocial identity. These places are imbued with values, emotions, personal and collective histories, and more. Drawing inspiration from

Donald Winnicott's work on attachment and human relationships, Bowlby (1958) emphasizes the importance of early childhood experiences in shaping individuals' relational foundations. He

asserts that for a child to develop socially and emotionally, they need to form a secure attachment with a caregiver who provides consistent and continuous care. This attachment bond evolves over time based on the quality and availability of care.

Building on Bowlby's work, Ainsworth (1992) introduced the concept of "secure and insecure attachment." Through her observations, she identified different attachment styles: secure, anxious-avoidant (insecure), anxious-ambivalent or resistant (insecure), and disorganized (insecure). Ainsworth suggests that the type of attachment a child develops is influenced by the quality of care they receive in early childhood, particularly in response to their needs. She outlines specific behaviors to look for based on the nature of the attachment style.

Recent research in various fields such as marketing, environmental psychology, psychoanalysis, social geography, and clinical psychopathology suggests that humans form attachments not only to other humans but also to products, objects, and places. Ozowa Latem (2021) found that humans can develop attachments to non-human entities in their environment, such as objects or places of residence.

Mialret (2011) argues that a change in living environment brings about new living conditions, which may or may not signify social progress. In contrast, Tocqueville (1935) posits that a change in environment can lead to suffering as it disrupts old social affiliations and introduces new identities.

Psychologically, the stress of moving can have significant impacts, especially when dealing with situations like emptying a deceased loved one's home or relocating an entire family. These experiences can evoke negative emotions and potentially lead to depression. The psychological effects of moving can manifest long after the physical move, with symptoms ranging from insomnia to excessive sleep, irritability, isolation, and various complaints.

The living environment has a significant impact on our mental well-being and social identity. Moving away from one's familiar surroundings can cause anxiety and disrupt the sense of balance. This study focuses on the attachment or detachment individuals feel towards their place of residence.

2.0 METHODOLOGY

2.1. Participant

The target population of this study are adolescents living in Limete, Kinshasa, DRC, who meet the following criteria:

- Teenagers whose families have recently relocated
- Within their first few weeks (plus or minus 7 days) in Limete
- Willing to share their experiences

We contacted 120 adolescents who met these criteria and were willing to participate in the study.

2.2 Study tools

To evaluate the psychological effects of family relocation on the adolescents we surveyed, we used the Questionnaire on Penn State's concerns (QIPS) and the Pediatric Quality of Life Inventory version 4.0 (PedsQL 4.0).

2.2.1 QPenn State Worry Questionnaire

2.2.2 Pediatric Quality of Life Inventory version 4.0 (PedsQL 4.0)

This questionnaire, the Penn State Worry Questionnaire (PSWQ), assesses cognitive intrusions or excessively unrealistic worries, which are the core symptoms of generalized anxiety disorder. It assesses the frequency and intensity of worry without identifying the subject of the patient's worries. It has been translated and studied in many cultures. This questionnaire consists of 16 items that the subject rates on a scale of 1 to 5. The scores of 5 items must be reversed for correction (No. 1, 3, 8, 10, and 11). It is then sufficient to add the scores obtained for the 16 items (range from 16 to 80).

The Penn State Worry Questionnaire was administered to students and subjects with generalized anxiety disorder (Dugas et al., 2001). The specificity and sensitivity of the questionnaire were investigated in nonclinical and clinical subjects. Among the students ($n = 68$) who scored low on the Penn State, none met the diagnostic criteria for generalized anxiety disorder (GAD) as assessed by the Worry and Anxiety Questionnaire (WAQ). Among the 68 students who scored in the lowest quartile on the Penn State ($m = 59.8$), 78.1% met the criteria for GAD as assessed by the WAQ. In a second study, of the 19 subjects diagnosed with GAD using a semi-structured interview, 17 met the diagnostic criteria for GAD on the WAQ. Conversely, among the 19 subjects classified as nonclinical, only one met the diagnostic criteria for GAD on the WAQ. The worry and anxiety questionnaire therefore appears to have respectable sensitivity and specificity. Test-retest reliability was calculated on students (64 days) and is satisfactory.

The main purpose of this questionnaire is to help doctors, psychologists, and stress management specialists identify individuals in the public who have generalized anxiety disorder.

The PedsQL scale was created by Varni in 1998. It is composed of 23 items divided into 4 categories: Physical health (8 questions), emotional functioning (5 questions), social functioning (5 questions), and academic functioning (5 questions).

It allows for the assessment of the quality of life of healthy children with its general part ("generic module" in English) but also of children with various conditions. Indeed, it has different modules according to the pathologies. The questions are to be answered based on the individual's health/mental state in the last month. This scale exists in the form of a form intended for parents ("parent form") or for children ("child form"). This allows for the assessment of parents' perception regarding the quality of life linked to their child's health. There are also abbreviated versions and versions based on age. The target population is broad, ranging from 2 to 25 years old; for each age group, the wording of the questions is modified for better understanding.

Responses are made on a 5-point Likert scale (0 = never a problem, 1 = practically never a problem, 2 = sometimes a problem, 3 = often a problem, and 4 = practically always a problem) (39, 41, 42). The score is then adjusted to 100 and reversed so that a high score implies a better quality of life. In cases where more than 50% of the questions in a category are missing, the scale is not accepted. The average response time is 5 to 8 minutes.

2.3 Field activities

We started by mapping the town of Limet  and then went door-to-door on the main avenues to find eligible participants for our study. As residents of the town, we sought consent from individuals or groups we encountered, explaining the purpose of the study and inviting them to participate. Once we obtained their consent, we proceeded to administer our research tools.

3.0 STUDY RESULTS

The results were obtained from data analyzed using SPSS statistical software, version 20. They are divided into four categories on the two scales used (QIPS and PedsQL 4.0). The results cover the overall outcome, the normality of the distribution of these scores, the correlation between the scores on these scales, and the impact of moderating variables.

Table1.Overall result all of subjects in the QIPS (N=120)

Statistics / Notes												
N	M	Mo	Me	σ	V	Ace	Ki	Error type	max	mini	Σ	
120	46.95	51	48.50	8,878	78.82	-1,142	3,411	0.438	75	5	5634	

Legend : *N*: effective, σ : standard deviation, *max*: maximum, *M*: average, *V*: variance, *mini*: minimum, *Mo*: mode, *As*: asymmetry, Σ : sums, *Me*: median, *Ki*: arch

Table 1 : presents the following findings: the mean, mode, and median scores are not the same; the standard deviation score of 8.878 suggests a variation in individual scores around the mean; the lowest and highest scores are 5 and 75 respectively; the average score is 46.95. Based on these results, we can infer that relocation is a common factor in generalized anxiety disorders among the surveyed adolescents.

Table 2. Subject results on the PedsQL (N= 120)

Clues	Statistics / Notes											
	N	M	Mo	Me	σ	V	Ace	Ki	Standard error	max	min	Σ
SP	120	10.22	12	10.00	5,051	25,512	0.090	0.345	0.438	23	0	1202
FE	120	8.64	9	9.00	3,529	12,450	0.174	0.104	0.438	17	0	1037
FS	120	8.08	10	8.00	3,549	12,598	0.254	0.091	0.438	17	0	970
ESF	120	8.24	8	8.00	4,398	19,344	0.655	2,307	0.438	28	0	989
Total	120	32.7	32	33.00	13.09	171.43	0.123	0.465	0.438	61	0	3925

Legend : *SP*: physical health, *FSe*: School functioning, *FE*: Emotional functioning, *N*: Number of each index, *FS*: Social functioning, Σ : Sums, *Ki*: Arch, σ : Standard deviation, *M*: Average, *Mo*: Mode, *Me*: Median, *Max*: Maximum, *Mini*: Minimum, *As*: Asymmetry

Table 2 shows the following: Overall, the adolescents contacted obtained a score of 32.7 on the PedsQL. At the dimensional level, it is observed that at the level of physical health, the adolescents contacted had a score of 10.22; at the level of emotional functioning, they had a score of 8.64; at the level of social functioning, they had a score of 8.08, and at the level of academic functioning, they had a score of 8.24. The values of standard deviations indicate a dispersion of scores around the overall mean and the means in each dimension.

3.1 Normality of the distribution

Table 3. Normality of QIPS scores

Statistics Index		Notes
Setting	Average	46.95

	Standard deviation	8,878
Difference	normal	45
	pathology	55
Kolmogorov Smirnov		0.729
Asymptotic significance		0.24
Decision		normal

Table 3 : indicates that the probability (0.24) linked to the distribution of our study results is significantly higher than the critical probability (0.05). Consequently, we accept the null hypothesis, suggesting no difference between this distribution and a theoretically normal one. In conclusion, the distribution concerning the worry questionnaire scale is deemed normal.

Table 4. Normality of PedsQL scores

Statistical indices		notes
Setting	Average	32.7
	Standard deviation	13,093
Difference	normal	32
	pathology	45
Kolmogorov Smirnov		0.260
Asymptotic significance		0.33
Decision		normal

Reading the data reported in Table 4 indicates that all the probabilities associated with the distributions of the results of our study (0.33) are statistically higher than the critical probability (0.05). Thus, we accept the null hypothesis of lack of difference between these distributions. Therefore, we conclude that the relative distribution of Pediatric quality of life score does not differ from the theoretical distribution. Thus, we resort to parametric statistics for inferential analyses.

3.2 Bivariate correlation

Table 5. Correlation between QIPS and PedsQL

Clues		Correlation	Asymptotic significance
QIPS		0.975	0.00
	SP	0.035	0.0706
PedsQL	FE	0.022	0.813
	FS	0.105	0.258
	ESF	0.099	0.282

Table 5 : shows a highly significant correlation between the Penn State Worry Questionnaire scale and the Pediatric Quality of Life scale. Overall, the correlation of subjects' results on these two psychological tools is highly significant ($r = 0.975$). Regarding the dimensions of PedsQL, it is observed that physical health has a non-significant correlation with QIPS ($r = 0.035$; $p < 0.01$); emotional functioning has a non-significant correlation with QIPS ($r = 0.022$; $p < 0.01$); social functioning has a non-significant correlation with QIPS ($r = 0.105$; $p < 0.01$); and social functioning has a non-significant correlation with QIPS ($r = 0.099$; $p < 0.01$).

3.3 Influence of moderating variables

Table 6. Significance of the sex variable in the QIPS

Sex	Statistics/scores	t	Asymptotic significance
Male	N	50	
	average	46.32	
	Standard deviation	9,569	
	Standard error	1,353	0.655
Female	N	70	
	average	47.40	
	Standard deviation	8,392	
	Standard error	1,003	

It is clear from Table 6 that the associated probability is (0.513) is greater than that of threshold (0.05); therefore, the value t (0.655) is not significant therefore the sex variable did not influence the results of this tool.

Table7.Meaning of the number of children variable in the QIPS

Number of children	Sum of squares	df	Average square	F	Asymptotic significance
Intergroup	16,569	34	0.487		
Intragroup	34,422	85	0.405	1,203	0.245
Total	50,992	119			

Table 7 : shows that the associated probability (0.245) is higher than the threshold (0.05). Therefore, the observed F (1.203) is not significant, indicating that the number of children variable did not influence the subjects' scores on the Penn State questionnaire.

Table 8. Significance of the variable rank in the sibling group in the QIPS

Sibling rank	Sum of squares	df	Average square	F	Asymptotic significance
Intergroup	15,911	34	0.468		
Intragroup	33,956	85	0.399	1,171	0.276
Total	49,867	119			

Table 8 : shows that the associated probability (0.276) is higher than the threshold (0.05).

Therefore, the observed F (1.171) is not significant, indicating that the sibling rank variable did not influence the subjects' scores on the Penn State questionnaire.

Table 9. Significance of the father's profession variable in the QIPS

Father's profession	Sum of squares	df	Average square	F	Asymptotic significance
Intergroup	27,203	34	0.237		
Intragroup	52,389	85	0.248	1,298	0.168
Total	79,592	119			

Table 9 : shows that the associated probability (0.168) is higher than the threshold (0.05). For this reason, the observed F value (1.298) is not significant, and therefore, the father's profession variable did not influence the subjects' scores on the Penn State questionnaire.

Table 10. Meaning of the sex variable in PedsQL

Sex	Statistics/scores	t	Asymptotic significance
Male	N	50	0.56 0.53
	average	32.62	
	Standard deviation	11,985	
	Standard error	1,678	
	N	70	
Female	average	32.76	
	Standard deviation	14,057	
	Standard error	1,678	

Table 10 : shows that the associated probability (0.53) is higher than the threshold (0.05); therefore, the t-value (0.56) is not significant. Consequently, the gender variable did not influence the subjects' results in this tool.

Table 11. Meaning of the number of children variable in PedsQL

Number of children	Sum of squares	df	Average square	F	Asymptotic significance
Intergroup	22,485	49	0.459	1,127	0.320
Intragroup	28,507	70	0.407		
Total	50,992	119			

Table 11 : shows that the associated probability (0.320) is higher than the threshold (0.05). For this reason, the observed F (1.127) is not significant and therefore, the number of children variable did not influence the subjects' scores in the Pediatric quality of life.

Table 12 Significance of the sibling rank variable in PedsQL

Sibling rank	Sum of squares	df	Average square	F	Asymptotic significance
Intergroup	20,721	49	0.423		
Intragroup	29,145	70	0.416	1,016	0.470
Total	49,867	119			

Table 12 shows that the associated probability (0.470) is higher than the threshold (0.05). For this reason, the observed F (1.016) is not significant and therefore, the sibling rank variable did not influence the subjects' scores in the Pediatric quality of life.

Table 13 significance of the father's profession variable in the QIPS

Father's profession	Sum of squares	df	Average square	F	Asymptotic significance
Intergroup	33,946	49	0.693		
Intragroup	45,645	70	0.652	1,062	0.403
Total	79,592	119			

Table 13 : shows that the associated probability (0.403) is higher than the threshold (0.05). For this reason, the observed F value (1.062) is not significant, and therefore, the father's profession variable did not influence the subjects' scores in the Pediatric quality of life.

4.0 DISCUSSION OF RESULTS

After presenting and analyzing our results, we will now discuss them to derive meaning and compare them with previous studies. Our objective is to identify the psychological disorders caused by moving and evaluate the psychological impacts of moving on individuals' personalities.

Based on our quantitative results, the subjects in our study had an average score of 46.69 on the Penn State questionnaire, exceeding the theoretical average of 40. This suggests that moving serves as a trigger for generalized anxiety disorders in adolescents residing in the municipality of Limete. Moving is perceived as a daunting experience, leading to destabilization among adolescents. These findings align with the research of Fried and Gleisher (1961), who found that the relocation of residents in Faubourg de Boston disrupted the community's sense of belonging.

The Pediatric Quality of Life scale revealed that our respondents had an overall score of 32.7. In the different dimensions of the scale, they scored 8.64 for emotional functioning, 10.22 for physical health, 8.08 for social functioning, and 8.24 for academic functioning. Compared to the theoretical averages of 16 and 10, it appears that the adolescents experienced a disruption in their quality of life due to moving, particularly in the physical health dimension.

The study suggests that moving is a significant factor contributing to generalized anxiety disorders among adolescents in the municipality of Limete, as it disrupts their quality of life. Generalized anxiety can manifest through symptoms such as anguish, insomnia, avoidance, depression, and depersonalization, confirming the initial hypothesis of the study.

Findings of the study support Agneray and colleagues' (2014) thesis, highlighting the strong connection between individuals and their living environment. The habitat significantly influences a person's identity and can impact their psychological well-being. Events related to the habitat can affect individuals based on their perception and the importance of their living environment in maintaining their psychological balance.

Statistical analysis showed that sociodemographic variables such as gender, number of children, sibling rank, and father's profession did not affect participants' scores on the Penn State Worries Questionnaire and the Pediatric Quality of Life scale. This suggests that all adolescents, regardless of these factors, feel distressed by their family's relocation. These results are consistent with previous research by Löw and Altman, as cited by Ozowa (2021), indicating that attachment to a place is formed with specific places and applies to all types of restricted places. The adolescents in the municipality of Limete have a strong attachment to their former home, and the move severs the bond they have established with their living environment.

5.0 CONCLUSION

In conclusion, this study highlights the significant impact of moving on adolescents, leading to psycho-affective disruptions. This can manifest in various psychological issues such as generalized anxiety disorder, insomnia, and a decrease in quality of life. Moving can negatively affect the personality of adolescents by causing anxiety, emotional shock, and psychological grief related to attachment to their old home.

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