



Influence of Traumatization and Category of “Biafran– Nigerian” Civil War Veterans on Posttraumatic Stress Disorder (PTSD) among War Survivors

Ezeokana Jude Obinna¹; Chine Bernard chukwukelue²; Nnedum Obiajulu Anthony Ugochukwu³; Omonijo Dare Ojo⁴

¹Associate professor in the Department of Psychology, Namdi Azikiwe University, P.M.B. 5025 ,Awka, Anambra State, Nigeria

²Senior Lecturer in the Department of Psychology, Namdi Azikiwe University, P.M.B. 5025 ,Awka, Anambra State, Nigeria

³Lecturer in the Department of Psychology, Namdi Azikiwe University, P.M.B. 5025 ,Awka, Anambra State, Nigeria

⁴Covenant University, P.M.B 1023 Canaan Land Ota, Ogun State, South West, Nigeria

ABSTRACT

The study examine the long lasting effect of traumatization (Nigeria-Biafra war zone combat trauma) as well as recurrent flooding of traumatic events (ethnic conflict, religious conflict and political conflict) in Biafra “pogrom” survivors. Seventy six Biafran war survivors made up of 18(23.68%) disabled (wounded) combatant Biafran war veterans at Orji township, 30(39.47%) were combatant war survivors and 28(36.85%) were non-combatant war survivors from Anambra and Enugu marginalized cities in Nigeria. The Los Angeles symptom checklist (King, Leskin, Foy and David, 1995) was used to assess their levels of posttraumatic stress disorder (PTSD). There were significant differences in the group's experience of posttraumatic stress disorder (PTSD). The disabled combatants Biafran war survivors had significantly high experience of PTSD than the combatant and non-combatant Biafran war veterans. The combatant war veterans that had experienced intense ethnic, political or religious conflict following the Biafran war had significantly high PTSD than those that had not. One possible implication of this finding is that episodic or enduring posttraumatic stress disorders can still afflict survivors leading to psychological impairments on the individual long after the initial onset of the traumatic event. Subsequent experience of extreme stress disorder reinforces the PTSD sequels in a survivor. The psychologist, Nigerian government, the multinational humanitarian organizations, and other mental health stake holders are to respond to the findings by providing psychotherapy and psychological rehabilitation to these survivors.

KEY WORDS: Combat war veteran, Biafran war, Posttraumatic stress disorder, Nigeria.

INTRODUCTION

The affect of posttraumatic stress disorder (PTSD) on war veterans has been attracting an increasing attention in recent psychological research. Posttraumatic stress disorder (PTSD) is a psychiatric disorder that can occur following the experience or witnessing of life threatening events such as military combat, natural disaster, terrorist incidents, serious accidents, or violent personal assaults like rape and war. Before, During and after the Biafran war in the current Nigeria, millions and millions of Biafran Igbo people were rounded up in several regions, states, cities, towns, and villages in northern and western Nigeria and “slaughtered”. During the 1966 Biafran war, their young girls were first gang raped by scores of men and then carried to Leper colonies to be raped by leper patients before being killed; the Biafran nursing mothers had their breast cut off; while their men when caught are buried alive. Satisfied that the world did not react to these heinous war crimes against marginalized innocent people, the then Nigerian leader General Yakubu Gowon declared a war of genocide on Biafran Igbo people – a war that made the Somalian Genocide look like a mere ethnic clash (Nnedum, 2004, p.97).

*Corresponding Author: Nnedum Obiajulu Anthony Ugochukwu, Lecturer in the Department of Psychology, Namdi Azikiwe University, P.M.B. 5025 ,Awka, Anambra State, Nigeria. Phone number:+234 803 3146 636.

Ever since then, the Igbo people are often exposed to traumatic events that flood their life with pain and sorrow. The recurrent traumatic events like religious conflicts, political conflict and ethnic conflict in the Northern and Western Nigeria, in which the Igbo earn victim-hood, only reinforce their lived experiences of the Biafran annihilation, a pogrom that can only be compared to that of the second world war Nazi. Most of these Biafran war survivors had lost their husband, wife, children, properties and relatives following the flood of these recurrent internal crises and conflict. This led Nnedum (2004, p.94) to assert that “every day, stigmatized and marginalized people, specifically, the “Igbos” routinely suffer from deep-rooted hate crimes emanating from other ethno-linguistic groups in Nigeria. It appears, in recent times that the incidence of habitual armed violence are more devastating than the Biafran war genocide” Thus, this study aim to examine for variations in reported scores of posttraumatic stress disorder among the disabled combatants Biafran war survivor, the combatant Biafran war survivor and the non-combatant Biafran war survivor groups. In addition, the study investigate for difference in scores of PTSD of Biafran war survivors exposed to recurrent post war traumatic events and the scores of Biafran veterans that had not been exposed to post war traumatic events.

Hypotheses

H₁: There will be significant difference between the Biafran war survivor groups on posttraumatic stress disorder (PTSD).

H₂: There will be significant difference between the Biafra war survivors exposed to post Biafran war traumatic events and those survivors that were not exposed to post Biafran war traumatic events on PTSD.

METHOD

Participants

A total of 76 participants were randomly selected for this study. 18 (23.68%) were disabled (or wounded) combatant Biafran war veterans at Orji Township, 30 (39.47%) were combatant war veterans while 28 (36.85%) of them were non-combatant Biafran war survivors. 35% of them were from Enugu state while 65% of them were from Anambra state in Nigeria. 55% of the survivors had been exposed to any major post Biafran war traumatic events while 35% had not been exposed to any major post war traumatic events. They were predominantly Christians whose mean age was 56.2 years. Of these 18 (23.7%) of them lives in Orji river rehabilitation centre while 58 (76.3%) of them lives in cities of Enugu and Awka respectively.

INSTRUMENT

The Los Angeles symptom checklists(LASC: King, Leskin, Foy and David, 1995) were used to assess their experience of PTSD. The Los Angeles Symptom Checklist (King, Leskin, Foy and David, 1995) were used to assess the participants experience of posttraumatic stress disorder (PTSD). This 43item inventory provides a systematic assessment of the experience of posttraumatic stress disorder in the life of the participants. It has Five point response option scored “0” not a problem, “1” slight problem, “2” moderate problem, “3” serious problem, “4” extreme problem. Participants were instructed to indicate any of the listed problems that they experience or suffer now, from the list of statements below. The first item statement is “difficulty falling asleep”. If you write “0” on the left hand side of the item, it means that falling asleep is not a problem to you at this time. If you write “4” on the left side of this item, it means you are experiencing an extreme problem of falling asleep at this time. That is falling asleep increasingly becomes a problem as you move from “0” to “4”. So, a score of “0” would mean that the item is not a problem for you, while a score of “1” means that it is a slight problem, a score of “2” means it is a moderate problem, a score of “3” means it is a serious problem and a score of “4” would indicate that it is an extreme problem. The Los Angeles Symptom Checklist was validated in Nigeria by Nnedum and Ezeokana, (2007). The LAC has a cronbach alpha reliability of 0.91 and a one moth test-retest reliability coefficient of 0.89 in Nigerian sample (Nnedum and Ezeokana, 2007).

PROCEDURE

The matron in-charge of Oji river rehabilitation centre gave permission to conduct research in their centre. On the scheduled date agreed upon and with the help of the matron and some Catholic priests who

serve as social worker, in the center the researcher were introduced to the inmates who gave consent to participate in the study.

All the disabled inmate that were healthy, and willing, participated in the study. The principal researcher and his team being conversant with Igbo language effectively interviewed the participants not literate in English, using the questionnaire as a structured guide. The non-disabled groups were randomly contacted through the Biafran soldiers' welfare board and through contact persons in their churches. They gave their consent to participate in the study and were issued the questionnaire containing Los Angeles checklist items. After their responses the disabled participants were given a financial honorarium while the non-disabled war veterans were given light refreshments.

Statistical Analysis and Design

The statistical program for social sciences (SPSS) was used in analyzing data, with the use of frequency and (MANOVA) multiple analyses of variance as statistical methods of choice. The design was a comparative 3 (wounded combatant soldier, combatant soldier and non-combatant) X 2 (post war conflict: experience ethnic, religious or political violence vs Did not have that experience) X 1 (PTSD).

RESULT

A significant difference was observed for posttraumatic stress disorder ($F_{2, 73} = 21.5, p < .001$) in which further comparison of the means using LSD test showed that PTSD scores were high for disabled combatant Biafran war veterans (20.61) than Biafran war combatant survivors (18.2) and the non-combatant Biafran war survivors (6.2). The result confirmed hypothesis 1. As expected, Hypothesis 2 was also confirmed ($F_{1, 74} = 24.2, p < .001$). That is, combat war veterans that had experienced intense ethnic, political or religious conflict scored significantly high on PTSD scores ($M = 21.4, SD = 9.4$) than Biafran war survivors that had no post war traumatic event ($M = 16.7, SD = 6.7$).

DISCUSSION

The disabled combatant Biafran war survivors experienced high posttraumatic stress disorder (PTSD) than the combatant Biafran war survivors and the non-combatant Biafran war survivors. The non-combatant Biafran war survivors had the least experience of PTSD. One possible implication of the findings is that the non-combatant war survivors were not exposed to life threatening traumatic events. This findings add to the contextual and structural validity of the LASC in Nigeria. Conversely, the disabled combatant Biafran war survivors often termed "wounded Biafran soldiers", were exposed to intense combat bombardment and loss of close friends, and death by installment – loss of hands and limb, loss of legs and laps etc. Thus, it is plausible that the solitary, seclusive environment of the neglected rehabilitation centre may have proved the quiet moments that may encourage meditation, rumination, dissociative flashback episodes and illusions of horror that sustains the sequels of PTSD long decades after the Biafran war pogrom. However, combatant Biafran war survivors that have had series of life threatening traumatic events after the Biafran war significantly experience high post traumatic stress disorder than those survivors who had not been exposed to life threatening situation following the Biafran war. Combatant Biafran war survivors, who experienced the post Biafran war religious, ethnic and political conflict that renders them victimhood may have always remember the traumatization experience of the Biafran war pogrom. As such, it may rekindle in them the images of life bugging combat war zone situation. The findings show that at the time of the study, over four decades after the Biafran war, a small but significant number of former Biafran war veterans who had had experience of intense combat situation were still suffering from diagnosable PTSD following recurrent exposure to intense life threatening events.

Conclusion

This is the first systematic attempt to study posttraumatic stress disorder among Biafran war veterans in Nigeria. There is the possibility that individuals who had a psychological scare such as disabilities caused by war may have longer sequels of PTSD than war veterans that had no psychological scare on them. It is plausible that the psychological scare or disability sustained during war may function as reminders of the war zone situation to the person. In addition, combatant war survivors who were exposed to series of intense situation or life threatening event have high experience of posttraumatic stress disorder.

Conversely, combatant war survivors who were not exposed to any subsequent traumatic event following the war have low experience of posttraumatic stress disorder. Therefore, the incidence of intense stressful event, after a war zone trauma, may facilitate sustained posttraumatic stress disorder.

Recommendation

The Nigerian federal government shall take emergency action to psychologically rehabilitate the combatant Biafran war survivors. There is urgent need for the federal government to control ethnic and religious conflict in post civil war Nigeria. The Nigerian Psychological Association need to develop special coping protocol for soldiers who had experienced war zone combat trauma.

REFERENCES

- Ford, J. D. (1999). Disorders of Extreme Stress Following War-Zone Military Trauma: Associated Features of Posttraumatic Stress Disorder or Comorbid but Distinct Syndromes? *Journal of Consulting and Clinical Psychology*. 67, (1), pp. 3-12.
- King, L. A., King, D. W., Leskin, G., Foy, D. W. (1995): The Los Angeles Symptom Checklist: a self-report measure of posttraumatic stress disorder. *Assessment*: 2: 1-17.
- Nnedum, O. A. U. (2004). Etiology and Consequences of Internal Population Displacement in Nigeria: A Psychological Analysis in O. N. Oranye and N. A. Nnonyelu (eds). *Understanding Social Sciences*, Oktek (Nig) LTD, Enugu, Nigeria, pp. 88-95.
- Nnedum, O. A. U. and Ezeokana, J. O. (2007). The Validation of Los Angeles Symptom Checklist (LASC) in Nigeria. *Nigerian Psychologist: An International Journal*. 2, (1), pp.6-12.
- Solomon, Z; Neria, Y; Ohry, A; Waysman, M and Ginzburg, A. (1994). PTSD Among Israeli Former Prisoners of War and Soldiers With Combat Stress Reaction: A Longitudinal Study. *Am J Psychiatry*, 151(4), pp. 554-559.
- Sutker, P. B; Allain, A. N. and Winstead, M. D. (1993). Psychopathology and Psychiatric Diagnoses of World War II: Pacific Theater prisoner of war survivors and combat veterans. *Am J Psychiatry*, 152 (2), pp. 240-245.