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# AN ANALYSIS OF TRAUMA RESILIENCE AMONG HAUSA YOUNG PEOPLE AFFECTED BY ETHNO-RELIGIOUS VIOLENCE IN JOS

Zubairu Kwambo DAGONA

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# ABSTRACT

This study explored the experiences of Hausa young people in the Jos ethno-religious crisis. It sought to answer the following research question: is there evidence of trauma resilience among the Hausa young people in Jos? If established, further enquiry into the methods employed by the social organisation to make its young people resilient was made. A qualitative study of 32 young people (16 females and 16 males) drawn from the social organisation discussed their experiences during the crisis in a focus group forum. In addition, 16 parents (consisting of 8 males and 8 females) discussed their experiences and observations of the young people's behaviours during and after the crisis. Furthermore, focus group discussions were held with some hospital workers (comprising 2 male and 4 female staff) to gain insight into their experiences of working with the young people during the crisis. Five traditional/religious leaders in Jos were also interviewed to share their experiences during and after the crisis. Focus groups, picture drawings and individual interviews were used to capture and illuminate on the young people's experiences.

The results revealed that there is high level of resilience among the young people. The young people through their discussions and pictures demonstrated that they had faced many difficulties during the crisis, and presented symptoms of trauma, but these symptoms were not severe enough to attract a diagnosis of PTSD and did not require treatment. All the young people reported a great deal of anxiety and fear (100%), and avoiding some parts of Jos (100%); however, none reported increased irritability (0%) and none reported symptoms of hypervigilance or insomnia (0%). However, the pictures drawn by the young people revealed lots of trauma, some dealing directly with crisis and others in different areas of their lives. Girls reported more traumatic incidents than boys. Likewise, the younger age group (7-12 years) reported more traumatic incidents than the older age group (13-18years). Furthermore, all the young people reported engagement with religiosity/spirituality; social support; cultural factors such as the socialisation process; and individual resources to contain the effects of the conflict and to remain healthy. The young people also gave reasons why they used religion/spirituality; most mentioned it gave them confidence, independence and hope. Gender and age differences were revealed. Girls used more emotion-focused channels to cope with the difficulties in addition to religion/spirituality. Boys used problem-solving channels in addition to religion/spirituality. The younger age group also used more of an emotion focus in addition to religiosity, while the older age group used more problem-solving techniques. The results from the parents, hospital workers and traditional/religious leaders further corroborate the findings from the young people.

The findings were discussed alongside the literature (Millwood, 1995, Koenig, King, & Carson, 2012, Bracey, 2010). It is recommended that in times of recovery of a post-conflict society, religion and the indigenous methods should be explored and employed to get the young people out of their emotional difficulties.



Keywords: *trauma, resilience, ethnicity, religion, political violence, conflict, young people*

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# INTRODUCTION

# AN ANALYSIS OF TRAUMA RESILIENCE AMONG HAUSA YOUNG PEOPLE AFFECTED BY ETHNO-RELIGIOUS VIOLENCE IN JOS

## a) Introduction

This study investigates the causes of trauma resilience among the young people of the Hausa social organisation in Jos[1]. The impetus of this interest was an observation by the researcher after a series of ethno-religious violent episodes in Jos and its environs.

As a specialist in trauma counselling, the researcher led a team of psychologists to intervene in the Jos (Nigeria) ethno-religious crisis in 2001. The researcher worked with other clinical psychologists from the Department of Psychology at the University of Jos to give support to colleagues and their families who were affected by the first crisis in the Internally Displaced Persons (IDP) camp at the university Club. Efforts to recruit and diagnose people with post-traumatic stress disorder (PTSD) failed at this initial stage. People were more preoccupied with counting their losses and providing shelter for the members of the families who had survived the violent turbulence. This effort spanned weeks, but the team ended up giving support to families who were literally mourning their structural losses. Since then the crisis has kept on happening and sustained working

[1] Jos is the capital of the plateau state in Nigeria, West Africa. It is located in the central part of the country. Because of its mild weather it is an attraction to all ethnic groups in the country. It is a cosmopolitan city in which one can find all the ethnic representations and religious denominations. It has recently witnessed a series of ethno-political violence masquerading as religious riots: first in 2001, later in 2003 to 2010.

with non-governmental organisations (NGOs) that were providing peace-building and community-recovery workshops to various communities and across various populations in the shuttered Jos, kept reporting similar experiences to that of 2001. Irrespective of the population I came across, no PTSD symptoms were observed among primary school pupils, secondary school students or students at tertiary institutions, namely the polytechnic and university student sites visited. In 2005 an NGO working with women and young people affected by ethno-political violence in Nigeria was in Jos to help affected populations "work through their trauma". The researcher and a fellow clinical psychologist were invited to lead the workshop and, to the researcher's surprise, again the main complaints and difficulties of this population of women and children centred on locating and reuniting with family members, rebuilding their shattered homes, and finding food, clothes and medical attention. Nobody came forward seeking counselling. This lack of seeking psychological help caused the researcher to reflect on the world view of trauma from a professional point of view and ask, could non-Western societies express and deal with trauma differently?

These experiences in 2001 and during the subsequent violent crises from 2003 to 2010 marked the beginning of the researcher's interest in the serious problems posed by young people traumatised by war. This was the original motivation for this research. However, as the thesis progressed, its focus shifted to trauma resilience. The initial findings from the grounded theory method employed by the researcher suggested that the focus of the research should be shifted from trauma to trauma resilience (Charmaz 2008, p.85).

Although the concept "trauma" is not new in Africa, it is viewed with mixed equivocal meaning. To many in Africa it is just a reaction to the aftermath of a calamity, man-made

or natural, while to others it is the other (negative) side of life. In both of these interpretations, Africans see trauma as a phenomenon that is expected in life and should be prepared for from the early ages of an individual. Does culture affect the individual's reaction to violent situations? How can one explain this lack of significant trauma symptoms in some people who have faced adversities such as war? Beyond such seeming detachment in African culture from trauma, researchers need to study the remote effects of trauma and the cultural factors that work against the devastating effects of trauma in Africa. This line of thinking leads the researcher to focus on the young people of the community that was always at the centre of the turbulence in Jos: the Hausa-Fulani community.

The young people of Jos who were most affected by the violence have been observed to keep to their chores, and were engaged in petty trades and jobs to provide for the upkeep of their families. More so, they participated in school and were looking forward to becoming professionals in various areas of their interests. These behaviours exhibited by young people of Jos attracted the researcher's attention for the focus of this thesis. The observed behaviour of the young people has defied the American Psychiatric Association's (APA's) Diagnostic and Statistical Manual (DSM) categorisation of PTSD, as will be shown in the next chapter.

**b) Central Arguments**

In summary, the central arguments of this dissertation will rest on the following points.

i. There is some need to study the trauma/resilient behaviour of the young people in Jos, in a context of violent conflict and hardship.

ii. This is consistent with some other studies of resilience in war-affected societies, and – if the hypotheses are confirmed – would be a further support to the critical literature on trauma resilience.

iii. If war trauma resilience is established among the Hausa young people, there is a need to study further how this behaviour has been formed and shaped by the social organisation.

Establishing the causes of war trauma resilience among Hausa young people in Jos is valuable because it will provide researcher**s** with more socially centred approaches to understanding the causes and subsequent needs of Hausa young people in distress**.**

The study focuses on the following objectives, hypotheses and research questions.

**c) Hypotheses**

This study is based on the following hypotheses.

i. There are likely to be high levels of reports of trauma resilience among young people from Hausa social organisation in Jos.

ii. It is likely that culture of the social organisation has helped to shape the resilience to war trauma in the young people.

**d) Research Questions**

i. Based on the lack of war trauma as observed among the Hausa young people in Jos, how much trauma resilience does this social organisation express post conflict?

ii. Does the culture of this social organisation have an influence on making its young people resilient to trauma?

**e) General Objectives**

To explore the characteristics of trauma resilience among the young people of the Hausa social organisation, and to identify factors that influence the development of resilience among the young people of this social organisation.

**f) Specific Objectives**

i. To identify the full range of psychosocial factors that cause resilient behaviour among the young people of this social organisation.

ii. To use the findings to locate a place in literature for the inadequately studied effects of war on minority cultures, such as the Hausa social organisation.

iii. To use the findings to make recommendations for research and for improving intervention and policy formulations of post-conflict recovery working from the psychosocial trauma framework.

If war trauma resilience is confirmed among Hausa young people, this will further enable policy-makers working in Jos and other similar social organisations to use research to establish those local resources available to give psychosocial support to its distressed populations.

**g) Justification for the Study**

This research is justified in the light of the dearth of studies on minority populations that have suffered impacts of armed conflicts, the majority of which are in Africa (Marsella et al. 1998, p.200). Furthermore, most of these studies were conducted in the West, with different levels of experiences of disasters, e.g., domestic violence, road traffic accidents and sexual abuse, among others, as opposed to African large-scale calamities and disasters such as HIV/AIDS, poverty, other diseases such as malaria, famine and war-affected populations. Many wars and other politically motivated violence happen in Africa, and yet little research coverage has been adequately carried out on the continent, especially amongst young people affected by war. Most research findings came from a Western point of view in theory and methodology and therefore need to be substantiated in a non-Western culture. This study will promote the fundamental understanding that war trauma resilient young people are not adequately researched. If established, the findings will provide a starting point for considering appropriate cultural interventions.

It is obvious, drawing from observations of certain populations that seem resilient such as Nicaragua (Summerfield 1991, p.1271), Uganda (Bracken 2002, p.74) and possibly Jos, that the findings here could help inoculate other similar communities in the advent of war or other natural or man-made disasters. Drawing on the literature, there is obvious generational transmission of trauma from childhood to adulthood (if not addressed immediately) with obvious consequences on the society (Perry 1991, p.1; Fisher 1998, p.72). The results from this study could address such gaps in practice and interventions.

## h) Scope of the Study

A qualitative analysis of narration of experiences of 32 Hausa young people aged 7-18years of both sexes affected by civil disturbances in Jos, Nigeria has been used for this study. This group was chosen because they can express themselves to the understanding of others. The aim is to understand trauma resilience from the perspective of young people. Their carers' perspectives of cultural factors at play have been investigated by way of describing their experiences and eliciting the socio-cultural factors involved in trauma-resilience construction. It is estimated that the research will cover a period of 16 weeks. The results are not meant for generalisation to other cultures, but the methodology could be used to study other cultural settings with similar problems.

To achieve the aims set out above, the remaining part of the dissertation is structured into eight working chapters whose summaries are provided below.

### i. Structure of thesis

In this introductory section, the central motivating factor for this dissertation is introduced: the unending Jos crisis since 2001 called for in-depth research to establish the traumatic impact it has had on the young people, which later shifted in focus to trauma resilience.

Chapter 1 sets out the historical development of the field of trauma. This is critically presented and closely followed by the conceptualisation of the field and a discussion of its theoretical underpinnings in conventional psychology, which is then followed by its critique; in particular an extension from the individualistic focus to a broader perspective

is suggested. The consequences of trauma unattended to in an individual are also discussed. Trauma, as this thesis will demonstrate, is the opposite of trauma resilience. To understand and appreciate resilience, the reader needs to understand trauma and its aetiology.

Chapter 2 sets out and discusses the global issues bordering on resilience in general. Further syntheses focused on the literature search on war trauma resilience are provided critically in chapter 3. Existing gaps are identified. Thus, chapters 1, 2 and 3 form the section on the theoretical grounding and conceptualisation of this dissertation.

Chapter 4 provides a critical analysis of the study social organisation, the "Hausa". The psychosocial and political standings of this group in Nigeria are discussed. Furthermore, the ethnic group's interaction and cohabitation with other groups are analysed through the phenomena of religion and ethnicity as reflected in current happenings in other places in Nigeria and recently in Jos. Thus, Chapter 4 forms the section on analysis of the menace of religion and ethnicity in Nigeria and Jos in particular. The function is to acquaint and prepare the reader by providing him/her with relevant background information on the Hausa for use as case study unit.

In Chapter 5 (Methodology), the philosophy of this research is discussed and the rationale for choosing the methodology is provided. A description of the primary data collection procedure from the case study area is also given. The procedures used include focus groups, individual interviews and through drawing pictures. This was done to identify the individual and environmental factors that contributed to the causes of trauma/resilience among the young people of Hausa social organisation.

In separate sessions, to establish the family factors that contributed to the causes of trauma resilience in the Hausa social unit, 16 parents described the behaviour of their wards during and after the violence, the possible symptoms of trauma, and the methods used by the young people to contain the effects of suffering.

To further identify the socio-cultural causes of trauma/resilience among the Hausa, individual interviews were conducted with 5 (all male) traditional/religious leaders of the Hausa social organisation. Socio-cultural cohesion and practices of the unit were explored to determine and map out the socio-cultural factors which caused the members of the community to develop trauma/ resilience.

Finally, focus group sessions were held with 6 hospital staff to identify and to further confirm the symptoms of trauma or resilience. The symptoms the young people presented when admitted during and after the conflict were described.

The second phase established the level of destruction of lives and property accrued to this social unit. To that effect, secondary data were collected from both NGOs and INGOs and human rights organisations such as the Human Rights Watch in Jos to establish the level of adversity.

Chapter 6 describes how data gathered from the field are transcribed and analysed and the results are subsequently presented in tabular forms. The transcribed data are further subjected to N`VIVO 8 software for analysis. Codes, concepts and theory arrived at through the analysis are all presented. These were employed to address the research objectives, questions and hypotheses raised earlier on. Chapter 7 discusses the results, specifically addressing the hypotheses formulated and whether the questions have been

answered. This section links the results back to the literature to position the findings and possible explanations of the observed phenomenon (war trauma resilience).

Chapter 8 distils the findings into usable recommendations to aid post-conflict recovery. Mental-health workers, especially those who are working in a cultural set-up different from their own, are urged to look for indigenous means of containing adversity and empowering individuals and young people in addition to the individualised psychology framework. This is to give the intervention in post-conflict society a holistic approach. Finally, limitations of this thesis are identified and conclusions are drawn.

Chapter 1, which follows, opens up the discussion of trauma/resilience polarity covered in this first section of the dissertation.

# CHAPTER 1

# TRAUMA AND ITS CRITIQUE

## 1.1 Introduction

This section introduces the meta-theoretical background of this thesis, which begins with the nature of reality (ontology) of the field of scientific psychology, tracing its historical development to America and Europe. The conceptualisation of trauma as explained by major conventional psychological theories is presented and critically examined in the context of the African environment. Introduced separately is the debate amongst specialists who advocate for the role of culture in the formulation and management of trauma. The inadequate coverage and explanations offered by conventional psychological theories in trauma/resilience among young people in Africa calls for research that may locate cultural influence as the bedrock of trauma/resilience.

## 1.2 Theoretical Background

### 1.2.1 Historical development

In its beginnings, psychology's claim to be a legitimate science led it to emulate the hard/natural sciences' epistemology of empiricism (the view held by positivists that all knowledge and therefore truth have to be objectified, i.e., measured and quantified). Furthermore, the theoretical perspective of positivism relies on the ontology that centred on materialism (all objects are made of matter) and the methodology of empiricism (the belief in observable experimentation) (Denzin & Lincoln 1998, p.203).

The aim of early psychologists was to establish scientific credentials. To achieve this, the first experimental psychology laboratories were established in Germany by Wilhelm Wundt in 1878 and at about the same time by William James in America. This followed the dominant philosophy of the time that society's problems could be solved if the problems were broken down to their basic constituents and solved using rationality (Fechner, 1860; Freud, 1895). This led to the establishment of divisions of psychology by the American Psychological Association (APA)[2] and British Psychological Society (BPS)[3], recognising the natural sciences, e.g., psychophysics and psychobiology. From these early divisions, the key split between experimental psychology and psychoanalysis emerged, as explained below.

## 1.3 Psychological Theories of Trauma

This section introduces the theories of trauma and presents various conventional traditions of psychology. The purpose is to show the various contributions of different orientations to the conceptualisation of trauma. Furthermore, although these theories rest on the same origin (namely psychoanalysis), they view trauma differently. The reader needs to grasp how these various theories explain trauma.

### 1.3.1 Trauma: historical overview

Trauma has always existed in human society, but the first documentation of the concept may be traced to Samuel Pepys's diary of 1666. Daly (1983), (cited in Bracken, 2002,

[2] APA is the short form of American Psychiatric Association, as well as the American Psychological Association. These are the parent umbrella bodies of psychologists and psychiatrists in the USA.

[3]The British Psychological Society is the umbrella body of all psychologists in Britain.

p.65) discussed the first incident of traumatic episode in the Great Fire of London as witnessed and documented by Pepys as he watched the fire spread and consume his home and the terror and horror in the faces of the victims of the disaster. He suffered flashbacks and horrifying nightmares for over six months. The symptoms included intrusive images of frightening experiences, feelings of detachment, and memory impairment. The claim is that Pepys established that PTSD as defined by modern psychiatry existed in the past.

Zelizer (2008, p.82) quoted Sigmund Freud as the first to theorise the concept of trauma. He theorised that traumatic experiences were at the root of the aetiology of Post traumatic stress Disorder (PTSD) and other mental illnesses. Freud initially thought that patients who exhibited symptoms of hysteria had experienced traumatic incidents that were repressed in the unconscious and eventually found expression as hysterical reaction.

During World War I psychologists observed the phenomena of war neurosis and "shell shock" in many soldiers. The symptoms presented included anxiety, startled reaction, numbness and inability to function. The main treatment was shame therapy. The soldiers were induced to feel shame and were made to take personal responsibilities and thereafter were returned to the war front (Zelizer 2008, p.82). At the end of the war the interest in the inflicted disorder died down, and was only rekindled during World War II when psychologists renewed their interest in the study of trauma. This time psychologists realised that anyone could breakdown as a result of the effects of war. The sole aim of the psychologists was to quickly treat soldiers and return them to the war front (Zelizer 2008, p.83).

In the 1970s following the Vietnam war, veterans and their families, together with the force of the emerging women's rights movement, pressured the government, which

further influenced the American Psychological Association and American Psychiatric Association to consider a place for PTSD as a disorder in the Diagnostic and Statistical Manual (DSM III, 1980).

Zelizer observes:

> "Veterans and select mental health professionals began subsequently to organizing peer support discussion groups throughout the country so soldiers can share their experiences with one another as a way of coping with the effects of the war. The long term impact of the Vietnam War on soldiers led the American psychological association to develop the category of post traumatic stress disorder (PTSD) under which to classify the soldiers various symptoms."(Zelizer 2008, p.83).

This was the first recognition of PTSD as a problem resulting from the pressure of traumatic incidents.

Bracken (2002, p.45) gives a historical development of PTSD in the DSM of the American Psychiatric Association (APA). He notes that trauma was identified as "gross stress reaction" in DSM I (APA, 1952). Similarly, DSM II (1968) included the disorder "transient situational disturbance" as a response to stressful situations or events. Finally, the DSM III (APA, 1980) carried the special category of post-traumatic stress disorder (PTSD).

In the mid-1980s the International Society for Traumatic Stress Studies was established as one of the first formal initiatives to recognise trauma as a distinct multi-disciplinary field of study. The presentation here sounds fluid; the historical development of trauma is not without controversy.

In all the observations above, the claims put forward by the authors (Bracken, 2002; Zelizer, 2008) and warranting evidences could benefit from further discussion. Pepys's

diary could have been preceded by many other diaries that have not been taken into consideration. Battles have been fought in the quest for territorial expansion in Europe and other parts of the globe; natural disasters such as hurricanes, floods, earthquakes and fires that left many families devastated had happened before 1666, so trauma must have preceded 1666.

Not all aspects of trauma were enumerated by Pepys; likewise, Zelizer has not provided enough evidence to warrant his claims of war trauma in World Wars I and II. Zelizer's concepts are all Freudian, which lack substantive evidence for their reliability and validity in methodology and management to date.

The PTSD categorisation attracted several criticisms from critical psychiatrists, psychologists, social workers and other mental-health workers. For instance, Kleinman (1998, pp.14-15); Scott (1990, p.294); Smail (2001, pp.11-23), Summerfield (2001, p.96) and Young (1995, p.35) argued strongly that PTSD is just a medical invention created in the 1980s, and it was nonexistent before then: that PTSD is a medicalisation of a societal problem; a political pressure of the Women's movements in the early eighties; or a diagnostic "category fallacy" (Klenman,1998, p.14). The debate continues to date. However, despite the criticisms, whether medical problem or societal problem as the critics would say, it still remains a problem and this thesis argues that it is a mixture of both medical problem and societal problem, with little attention paid to the social. Below are some of the psychological theories that further conceptualised trauma.

Many psychological theories have been formulated. What concern us here are the conventional theories that laid the foundations of psychology and how they explain the aetiology of trauma. These theories are psychoanalysis, behaviour theory, cognitive

theory, and Psych-physiological theory, as presented below. First, this research will look at the definition of trauma.

## 1.4 Definition of Trauma

### 1.4.1 Introduction

In this section the genesis of the concept of trauma is explained through a discussion of the stages of its conceptualisation in various versions of diagnostic and statistical manual of the American Psychiatric Association, beginning with DSM I and ending with the version (DSM III) that specifically defined the term “trauma”.

Furthermore, the critiques of the definition are provided. Finally, suggestions for the need to include some social and cultural perspectives in the definition are made.

### 1.4.2 Definition of trauma

According to the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association (APA), DSM III (APA, 1980), the definition of trauma is when the individual presents with intense fear and anxiety with the following symptoms:

- Symptoms of intrusion: recurrent thoughts about the traumatic event, nightmares, flashbacks.
- Symptoms of constriction and avoidance: avoidance of thoughts about the traumatic event, avoidance of places and scenes that remind one of the traumatic event and complete withdrawals from the world.
- Hyper-arousal symptoms: these include irritability, insomnia, and hypervigilance.

A moderation in the DSM IV (APA, 1994) category of childhood traumatic reaction was included; the symptoms observed in childhood include anxiety, behavioural impulsivity,

aggression, hypervigilance, hyperactivity, apathy or depression, sleep disturbance/ difficulties, tachycardia or hypertension. It is acute stress disorder when these criteria are met during the month following the traumatic event. PTSD is further characterised as acute when present for less than three months; chronic when present for more than three months; and delayed onset when symptoms develop initially six months or more after the trauma.

In as much as PTSD is a reaction to social-environmental threat, its definition relies heavily on biological processes within the individual. The DSM categorisation of this disorder falls short of social processes that accompany the adverse situation; most of the time it is precipitated by political structures and power.

Firstly, everything about the definition rests on the individual even though the environment is responsible for the trauma and the individual just happens to be located within it (Smail 2001, p.25).

Secondly, although the disorder metamorphosised into what it is today, going by its absence before 1952 and gradual introduction in DSM I, II and finally its mention in III, the definitions in all these editions have always been created using psychoanalytic theory. The definition has not changed focus from its psychoanalytic perspective, thus alienating other psychological theories. That begs the question of the political nature of PTSD, as advanced by critics such as Alan Young (1995), David Smail (2001), Arthur Kleinman (1998) and Derek Summerfield (2001). This has added to the complexities of PTSD.

Thirdly, symptomatically there are PTSD symptoms that have defied some cultures (Bracken 2002, p.74), especially symptoms of intrusion and avoidance; Bracken found these lacking among Ugandan political prisoners who were extremely tortured.

Summerfield (1991, p.1271) is reported to have found the same among Nicaraguan victims of atrocities, who, despite their condition, held on to their responsibilities and only sought treatment for psychosomatic complaints that were not part of the PTSD categorisation. These observations have challenged the universality and generalisability of this definition. Furthermore, if these symptoms are lacking in some cultures, is it not worthwhile to study such cultures?

Fourthly, the underlined PTSD symptoms are also present in other psychiatric and psychological conditions, so it is difficult to separate other psychopathologies from PTSD. Furthermore, psychoanalysis, which the definition evolved from, identifies trauma as the basis for other psychopathologies. The question still remains, when is trauma a disorder and when is it aetiology of psychopathology? This has not been addressed by the definition.

Finally, the question of timing of the onset of PTSD also poses lots of problems for its definition; the acute stage is within one month and the first three months, the chronic stage is when the symptoms persist beyond three months, and onset is delayed if it happens after six months. It is very difficult to monitor the symptomatic reactions of individuals with traumatic incidents, more so within the time frame of three months when other psychological conditions could also develop such as generalised anxiety disorders and depression (Bracken 2002, p.75), which have the same symptomatic presentation but may be due to different causal factors, further complicating the diagnosis of PTSD.

### 1.4.3 Conclusion

It has been argued here that the DSM definition of PTSD needs to take into account different psychological theories, or still to say psychological theories need to converge at

a point to explain causal factors to justify the definition of PTSD. The reliance of the definition on the biological/psychoanalytic has alienated the social, which is often the precipitating factor of PTSD in war zones. There is an observed overlap of time and other psychopathologies that need to be critically addressed. Furthermore, some of these symptoms of PTSD have been reported lacking in some cultures and it is argued that the study of cultural factors in the expression of trauma needs to be carried out to identify the possible inoculation effects of such cultures.

The following section looks at the various theories that address the syndrome of trauma. Historically, as has been shown above, psychoanalysis evolved from the works of Sigmund Freud and other theories came into being thereafter. The next section addresses these theories of post-traumatic stress disorder.

## 1.5 Psychoanalysis

### 1.5.1 Introduction

Psychoanalysis, the theory propounded by Sigmund Freud (1856-1939), dominated the field of psychology until the end of the 20th century. This section explains the development of this theory and discusses its application to trauma and sets out criticisms of the theory. Psychoanalysis remains the earliest theory of psychology. Its evolution rested on many contestable constructs, as will be discussed in this section. Moreover, all other psychological theories are offshoots of psychoanalysis.

### 1.5.2 Psychoanalysis

To Freud, understanding the psychology of the individual rests on the balance of inter-psychic energy. He claims that the individual's mind is divided into three: 1) the

"preconscious", which houses the "here and now" memory; 2) the "conscious" stratum, which controls awareness of the internal and external circumstances of the individual, which are biologically controlled by the five sense organs; and 3) the "unconscious", which contains the repressed memory of the individual, where traumatic events are pushed and forgotten. The mind is propagated by "Eros" (libidinal energy) and lately "Thanatos" (destructive energy) came into being. The mind is structured in such a way that initially the individual is all "id". At two years of age the "ego" develops and the superego forms at around age 5 (Faulkner 2005, p.1). The id is the most important and plays the largest role in the psyche. The id is entirely unconscious[4], which means that we are not aware of and cannot control its functions. To psychoanalysis everything normal or abnormal depends on the internal dynamics of these forces (Freud 1991, p.459).

However, in a paper "Beyond the pleasure principle", Freud later introduced the destructive instinct "Thanatos" (Faulkner 2005, p.1).

This came up following the reliance of psychoanalysis on the pleasure principle, which explained that dreams are unfulfilled wishes. But how could psychoanalysis deal with the situation of the returning war veterans who kept dreaming of firing at enemies? At around age 5, the child develops destructive tendencies for his father and love for his mother: the "Oedipus complex". As the child resolves this problem successfully later through

[4] Sigmund Freud in his theory of psychoanalysis divided the mind into three sections: the preconscious, the conscious and the unconscious. The preconscious part is responsible for storage of events that can easily be retrieved, such as telephone number, street name and number; things that do not take conscious efforts to remember. The conscious part is the one that records things that we are aware of in our environment, such as heat, cold, noise, feelings, touch, hearing, sight, taste, and olfactory. The unconscious is the part that we are not aware of or do not want to remember. He claims it is the part that stores traumatic events in our life; it is most responsible for our actions and behaviours.

"sublimation", the child learns to love the parent of the opposite sex and identifies with the same-sex parent, thus beginning the development of the so-called "superego" (Freud 1900). It is through this sublimating of the destructive instinct that the individual, according to Freud, resorts to religiousness and certain cultural behaviours as seen in painting, art etc. Freud notes in **"**The Ego and the Id" in *The Essentials of Psycho-Analysis*:

> "Owing to the way in which the ego ideal [or superego] is formed, it has the most abundant links with the phylogenetic acquisition of each individual — his archaic heritage. What has belonged to the lowest part of the mental life of each of us is changed, through the formation of the ideal, into what is highest in the human mind by our scale of values." (p.459).

Freud here equates culture to biological heredity inherent in the individual psyche, rather than a social cultural thing acquired through social interaction in the environment outside the individual.

Trauma (the major theme of this thesis) and other psychopathologies, for instance, are developed, according to psychoanalysis, when the interplay between the id and the superego builds up anxiety in the unconscious mind, and when disaster (e.g., war) strikes, the individual breaks down.

He goes on to emphasise that the first five years of an individual's life are key to understanding the aetiology of trauma. Thus, Freud, in "The psychopathology of everyday life", comments:

> "This would suggest that there are particularly formed conditions of memory (in the sense of conscious reproduction have thus far eluded our knowledge. It is possible that the forgetting of childhood give us the key to the understanding of amnesias which, according to our newer studies, lie at the basis of the formation of all neurotic symptoms. Of these retained childhoods reminisces, some appear to us

> readily comprehensible, while others seem strange or unintelligible." (Freud 1901, p.62).

Most early definitions and conceptualisations of trauma have been derived from this theory. The DSM I, II and III have all had their trauma categories drawn from the psychoanalytic conceptualisation of trauma. It has also provided the management technique among vulnerable populations (combatants, women and children) during armed conflict. It has attracted criticisms for lack of empirical evidence of its workability. Some of its constructs are very difficult to measure, such as unconscious motives and libidinal energy. The emphasis on sexuality as the tenet of the theory splits the inner circle of early psychoanalysis. Smail (2001, pp.14-15) notes that Carl Jung developed his theory of "analytic psychology" and Alfred Adler formed the theory of "individual psychology". Freud relied only on observations to warrant evidence for his claims. At most, the theory is an armchair postulation with lots of abstractions and without substantive evidence. To date, the theory, though in use, is mostly faulted on its lack of empiricism, which it claims it stands on.

The conceptualisation of trauma by psychoanalysis raises some fundamental questions. For instance, the theory makes us believe that trauma is caused by turbulence in the intra-psychic motivation of the individual. Psychoanalysis looks inside for the problems within the individual, but as admitted by the advocates of this theory this same behaviour is dysfunctional because it is deviant from the normative behaviour of the society the individual is located in. Why then should psychoanalysis look for internal solutions, instead of locating the traumatic solutions in this same society or culture? The processes of psychoanalytic psychotherapy have all taken place in the therapist`s office, giving the

therapist powers (Smail 2001, p.14). The therapist`s conceptualisation of the individual problems, and the process of the therapy, are all internal and controlled by the explanations of the expert, with no evidence of its effectiveness. Psychoanalysis is an extension of its own criticisms of religion, sorcery or astrology, which it termed unscientific. Some of its followers have demonstrated this, as in Jungian psychology. Jungian theory identified some religious and esoteric beliefs as responsible for individual behaviour. Freud himself is reported to have distributed rings to members of the inner circle, symbolising cultic operation (Smail, 2001, p.14). The effectiveness of psychoanalysis is based on the claims of its therapists. Sigmund Freud reported that his theory and therapy worked, but only the evidence of patients not returning to him was referred to as a proof of its potency.

Manipulation is a scientific invention perhaps mostly used by therapists to their advantage. Based on over 20 years of experience as a researcher and consultant, the researcher has noted that whenever an efficacy study was conducted it seemed to support the experimenters' therapy orientation: psychotherapeutic techniques were most effective if the study was conducted by a psychologist; drug therapy was more effective than psychotherapy if the experiment was carried out by a psychiatrist. Likewise, the combination of drugs and therapy appeared superior if the experiment was carried out by a duo of psychiatrist and psychologist, leaving empiricism to manipulation, since it is inherently allowed. Behaviour is societal and culturally contextual: for example, if the therapist claims that the patient or client has improved, that is his point of view, and if the patient or consumer claims the same, what of the culture or community in which the individual is located? Locating the individual's feelings, anxieties and behaviours in the

internal context of the individual or the patient is, at best, the failure of this theory. There is a need to look deeper into the culture that produced the individual, with all his behaviour, holistically.

Does psychoanalysis work in other cultures? The application of psychoanalytic therapy in rebuilding shattered war-torn societies is just beginning to receive attention, but it has worked in European communities such as those in Bosnia, Nicaragua, and Israel (Bar-On and Fatima 2004, p.289). However, its applicability in Africa, especially in war-torn communities, is yet to receive attention. The researcher has worked with this orientation with successes in individual therapy in a hospital setting. The therapeutic set-up is a warm, unconditional, genuine and accepting environment, which is supposed to encourage the individual to open up; this is the assumption of this theory and other humanistic psychotherapies. African culture is pluralistic; it rests on a tight, closely monitored union with other family members, with a hierarchy of responsibilities from the youngest family member to the eldest and extending to the community leader. If discussing a problem with an immediate family member does not give recourse, then this hierarchy of leadership is explored fully in efforts to resolve the problem. While one can claim that therapy is effective in Africa, one does not have the data to back up such claims.

More so, while the failure of a patient to continue his or her therapy is judged a success in psychoanalysis in individualistic cultures, in Africa it may mean an outright rejection of the procedure. For example, a patient may refute psychotherapy and opt for consulting oracles through their priests or go into prayer houses for a solution. In some instances patients would be involved in both, i.e., the traditional approaches and the modern. These

cultural impediments may hinder the successful study of the effectiveness of psychoanalysis and even other psychotherapies as well. In fact, in Nigeria in 1954, Professor Thomas Adeoye Lambo established a traditional psychiatric outfit in Aro village, which is community based (Adamson, 2007). The patients in this hospital are allowed to be involved in as many traditional procedures as possible, as well as receiving the modern psychiatric treatment. This icon of psychiatry in Nigeria recognised the role that culture plays in mental illness a long time ago. However, research into the cultural contributions to mental illness remains elusive to date. The interplay between traditional and modern psychotherapies such as psychoanalysis makes it difficult to assess the impact of psychoanalysis in Nigeria, and in other African countries.

### 1.5.3 Conclusion

Psychoanalytic psychology is an intra-psychic theory that looks at psychopathology as emanating from turbulence caused by the conflicts between the id and the superego, in which the ego fails to mediate as responsible for trauma. So, trauma in individual's life spills over to cause psychopathology. The theory has been found to contain concepts that are not amenable to empiricism. The claims of the theory therefore are not sufficiently warranted. The theory also covers only one perspective - biophysiological - to the detriment of others, especially the social. The theory further gives powers to the analyst at the expense of professionalism backed by scientific evidence. The process of warranting introspection, dream analysis, transference, defence mechanisms, libidinal energy, Eros, and Thanatos are all concepts that can hardly be measured, thus debunking most of its claims.

However, behaviourists in the early part of the 20th century such as Ivan V. Pavlov (1849-1936), John B. Watson (1878-1958), Barrhuss F. Skinner (1950), Kohler (1996) and Thorndike (1911) denounced the role of sexual fantasy in explaining human behaviour as advanced by psychoanalysis. Thus, the paradigm shifted to learning theory S-R[5] as an explanation for human behaviour.

## 1.6 Behaviourism

### 1.6.1 Introduction

While Freud was proposing his psychoanalytic theory, others (Pavlov, 1913; Skinner, 1938; Watson, 1921) were interested in making the study of psychology more of a science. They did not like the fact that most of Freud's concepts were abstract and inaccessible, and as such could not be measured and studied. This section explains how behaviourism was developed and explores attempts to apply it to trauma. The experiments by I. Pavlov, J.B. Watson and B.F. Skinner are quoted to explain further the foundation of behaviourism.

### 1.6.2 Behaviourism

Pavlov, Skinner, Kohler and Watson variously embarked on experimentation with animals to establish how learning could depend on the environment. Pavlov, in his conditioned reflex or classical (respondent conditioning) conditioning, established the

[5]S-R; the S stands for “stimulus” while the R stands for “response”. The stimulus-response is a type of learning advocated by behaviourists. The individual is stimulated by the environment and his or her reaction to such stimulation records an experience called learning. This is the basis of learning according to behaviourism.

fact that dogs could also learn through stimulus-response by manipulating the environment. Likewise, Skinner, through experiments with rats in the so-called Skinnerian Box (1938, p.1), embarked on experiments to prove his hypothesis of tracking the cause of behaviour and its consequences through external observable and measurable procedures, therefore rejecting the classical psychoanalysts' reliance on internal factors that are elusive to observations and measurements, and hence theorising operant conditioning. Through further experimentation with pigeons (1948, p.168), Skinner was able to justify the role of scheduled reinforcement in learning. Extending on his mentor's (Edward Thorndike, 1905) Law of Effect, Skinner introduced a new term into the Law of Effect: "reinforcement". Behaviour that is reinforced tends to be repeated (i.e., strengthened), whereas behaviour that is not reinforced tends to die out or be extinguished (i.e., weakened) (McLeod 2007, p.1). The desire was to focus on concepts that could be observed and measured.

John B. Watson was interested in how the phenomenon of classical conditioning could be applied to humans. In 1921, Watson and his research assistant Rosalie Rayner experimented on an 11-month-old infant named Albert. The goal was to condition Albert to fear a white rat by pairing the white rat with a loud bang defined as unconditional stimulus (UCS). Initially, Albert showed no fear of rats, but once the rat was repeatedly paired with the loud noise (UCS), Albert[6] developed a fear of rats. The noise (UCS) induced fear, defined as unconditional response (UCR).

[6] The experiment on Little Albert was used by behaviourists to demonstrate how humans could develop phobias as a result of faulty learning based on stimulus response.

Behaviourism (1913) was an attempt to move in the direction of focusing on behaviour and learning. Behaviourists rely on the role of the environment in determining the behaviour of an individual. Thus, individuals learn from the environment they interact with.

Learning theorists demonstrated that behaviour in humans could be learned; hence normal and abnormal behaviours as seen in traumatic young people could be attributed to faulty learning from the environment.

Behaviourism is reliant on environmental stimulation: Pavlov's classical/respondent learning, Skinner's operant conditioning and Thorndike's Law of Effect all demonstrated and distilled the role of learning in organisms, culminating in environmental inducement of phobic reactions and startles in little Albert. This is the typical learning that takes place in war zones: individuals develop intense fear and therefore post-traumatic stress disorder. Chiefly an application of Pavlovian experiments with dogs, a generalisation of animal physio-environmental behaviour was extrapolated onto humans. As has been set out in the principles of conditioning and other learning principles, little Albert learnt to fear other rats and generalised his fear to other similar objects. But in trauma individuals fear and avoid situations that are not even related to the adverse situations experienced. Therefore, behaviourism and other learning theories have yet to explain this phenomenon of trauma.

In biological science and zoology specifically, animals are kept in laboratories for research that could lead to improvements in human biomedical conditions because some of the animals, especially mice and rabbits, have similar physiology to humans, and what

may be biologically beneficial to these animals could also be applied to humans. That is the success recorded by biomedicine. However, behaviourists' extension of the same principles to psychology is at best doubtful and may not produce the psychological effects desired as in medicine. The human environment is such a complex system and is not as linear as defined by behaviourists (Smail 2001, p.65) that the human keeps learning for all his or her years of existence. The culture of the individual carpets such an environment and this may be responsible for his or her reactions to both positive and negative stimuli, not the simple extrapolation from the animal environments.

The environment in the behaviourist paradigm is ecological (i.e., immediate family and school). These to a large extent are operational based on the culture of that particular community or society. Therefore, "environment" here should be seen as containing the individual biology, which is further shaped by the individual processes and by the changing culture. It should be seen as complimentary rather than separate as behaviourists may want us to believe. For instance, in the case of an adverse event, the individual's biology changes and depending on the circumstances, the individual may be in pain, the expression of which is dependent upon the individual's acquired experiences from history, spanning a long time and related to his environment: the culture.

The individual environment as consisting of biology and culture speaks volumes. For instance, the individual is biological with lots of noise and chuckles within, but the ability to express, communicate and derive meaning from such experiences is again gained from the individual`s location in his culture, so to speak English, Russian, Dutch, or Arabic languages for example all denote different cultural representations (Smail 2001, p.64;

Bracken 2002, p.72). Thus, individuals from these cultures could cohabitate in the same environment (say, London), but all will be mediated behaviourally by their distant experiences acquired through their being from different cultures. Thus, the questions of language and meaning are only experienced in a cultural environment.

Although humans learn from their environment according to learning theory, the environment here is a micro one. Theorising that an individual's failure to learn from the environment creates resilience to trauma reduces trauma resilience to individual responsibility for being insensitive to the environment. But the young people are not insensitive to their environment; they respond to play and other stimulation from the environment, so the development of a "thick skin" to trauma is not explained by the behaviourists. Trauma is a social environmental problem and should be located there and managed through some structural change located in the individual's culture.

The theory of imitation, modelling and vicarious learning located in the environment has found acceptance in Africa, where culture dictates that children take after their parents. For instance, in many cultural representations in Nigeria, when seeking a life partner for marriage young people are always reminded to look at the partner`s home and community environment. For instance, young men have been enjoined to look at the families of the women they are in courtship with. It is believed that if the mother is stable with her marriage, the daughter will be also. Young girls have also been told to look at the families of their partners; if the father is aggressive, the son will be too. Comments such as "he is as aggressive as his father" or "she is as humble as her mother" are always heard in Nigerian contexts, cutting across all communities. The observed behaviour is not

a simple linear linkage of the S-R paradigm but a consensus of an observed phenomenon over a historical course by a people who share the same linkage, values, art, and language across most cultures. However, the extension of this theory to explain psychopathology is rare. Africans ascribe causes of psychopathology to outside forces such as powerful "others" in the environment, gods or God (Obot 1989, p.155). However, with the influence of Western education the application of behaviour change theory, especially in mass media, where local actors are employed to influence people in canvassing for political votes, to advertise a product, or good health habit such as good sanitation, has been observed.

### 1.6.3 Conclusion

Conclusively, environmentalists advocate the role of environment in shaping the behaviour of the individual. This section has looked critically at the environment from the animal experimental presentations and the generalisations extrapolated onto human behaviour. The environmentalists' (behaviourists') motive was to situate psychology as a discipline of science (animal study methodology borrowed from biology to justify empiricism) with confounded facts from animal behaviour. The environment constructed by humans is social, historical and a product of culture, which is more complex than the simple S-R environment defined by behaviourists. Culture shapes the individual through interaction with his or her biology, and by the provision of language and meaning, which is understood by the members of the same historical descent socially interacting over a course of time. It is therefore these cultural factors that need to be studied to understand the operation of the individual biology to produce certain behaviour such as PTSD or the

lack of it. The claims put forward by these theorists do not warrant enough evidence to justify them. Their perspectives fall short of the human environments. The generalisations to humans from animal studies are questionable.

Though plausible, this theory attracted severe criticisms from cognitivists for leaving out higher mental processes. Aeron T. Beck; Albert Ellis and Alfred Bandura demonstrated the role of cognitions in the aetiology of trauma and other mental disorders. The cognitivists also criticised behaviourists for having left the vital role of human processes in dealing with behaviours such as PTSD and other psychopathologies as presented in Section 1.7.

## 1.7 Cognitive Theory

### 1.7.1 Introduction

The following section provides some background to the development of cognitive theory and its application to trauma. The contributions of A.T. Beck; A. Ellis and A. Bandura are explained as having laid the foundation of this theory. Cognitive theory like behaviourism as we shall see here is also an offshoot of psychoanalysis. Cognitivism critiqued psychoanalysis, but it is argued here that the same elements that psychoanalysis was criticised for are also found to be present in cognitive theory.

### 1.7.2 Cognitive theory

Aeron T. Beck (1963) is the founding father of cognitive psychology and other pioneer cognitive psychologists include Albert Ellis (1977) and Albert Bandura (1963). All their early research focused on depression. Beck researched depression from the perspectives of beliefs and their effects on thoughts and subsequent influences on the behaviour of the

individual. Ellis focused on the influence of what the patient tells herself and the faulty beliefs it creates. Bandura's approach was from the perspective of what the child observes and the imprint that this creates in the child's mind and the subsequent effects as in imitation, modelling and vicarious learning.

However, what caught Beck's attention was that depressed clients had a pronounced negative bias in their interpretations of themselves, leading to strong self-disparagement. He came to believe that systematic errors in logical thinking caused depression. These thoughts were understood to be "automatic", derived from generalisations of past experience. He maintained that in times of trauma, irrational thinking is the sole cause of mental problems.

This also seemed to be the belief shared by Albert Ellis, working on the same theory. Interestingly, Beck, as well as Ellis, also accepts that intense feelings sometimes lead to beliefs (American Psychological Association, 2000-2002):

> "I think it is true that they are 'very close to each other's beliefs about beliefs'. Beck seems to be centrally concerned about particular illogical thought processes (e.g., all or nothing thinking) that provoke emotional disorder. Ellis seems to be more focused on particular thoughts that one should not keep thinking! However, Beck's theory proposes that the processes are derived from core beliefs." (American Psychological Association, 2000-2002).

Whatever the differences, Beck believed that cognitive theory will be applied in trauma research and management: he made this observation in his submission in 1994 in a paper entitled "Cognitive Therapy: Past, Present and Future". Thus, Beck noted that:

> "Post traumatic disorders are the subject of many studies particularly in the United Kingdom. The work on rape victims by D.M. Clark (personal communication, December 7, 1991) at Oxford, for example, goes beyond standard revivification of traumatic episodes and focuses on the victim specific beliefs such

> as “this (rape incident) proves that I am just an object” or “I am worthless because I felt some pleasure.” (p.196).

True to this prophecy, by 2001 cognitive theory had found a place in conflict analysis among psychologists in conflict research. Janice Gross Stein (2001), in her contribution to a book *Turbulent Peace: The Challenges of Managing International Conflict*, observed that, “Cognitive psychology theory applied in social psychology addresses the origins of and triggers to the collective fears that prepare the grounds of violence” (p.190).

Bloom (1999) also observes directly while working with traumatised young people that trauma affects the individual’s cognitions and that in times of trauma,

> “It is how the individual’s mind and body reacts in its own unique way to the traumatic experience with the major response of the individual’s group.
>
> Children are traumatized whenever they fear for their lives or for the lives of someone they love. A traumatic experience impacts the entire person, the way we think, the way we learn, the way we remember things, the way we feel about ourselves, the way we feel about other people, and the way we make sense about the world are profoundly affected by the traumatic experience.” (Bloom 1999, p.1).

Behaviour is the product of the individual and his or her interaction and interpretation of the happenings within the environment. Albert Bandura, a proponent of social cognitive theory, believes that young people learn aggression (central in trauma and conflict studies) and other inappropriate behaviour as a result of modelling significant others’ reactions to environmental stimuli.

For instance, behaviourists would look at trauma as a response to a negative stimulus from the environment: war, flood etc. This theory focuses on stimulus-response as the basis for learning but it also recognises the role of cognitions. Thus, young people can

pick up and learn aggressive behaviours of adults resulting from traumatic events in the environment by modelling adult behaviours. Bandura (1976) believed that,

> "Aggression reinforced by family members was the most prominent source of behaviour modelling. Children use the same aggressive tactics that their parents illustrate when dealing with others." (Bandura 1976, p.206)

Both behavioural approaches and classical psychoanalysis have been found inadequate in explaining PTSD as defined by DSM, especially the persistence of an intrusion-avoidance symptom complex. It is believed that human beings try to make sense of their environment, and the intrusion-avoidance symptoms are understood to result when this process fails (Bracken 2002, p55). Furthermore, Foe, Steketee and Rothbaum (1989, p.155) and Irish (2007, p3) argue that there is a strong case for a theory that inculcates meaning of concepts when it comes to explaining the full phenomenon of PTSD. Both groups argue that the evidence for this is the realisation that perceived threat gives a better account for the occurrence of PTSD than actual threat. Cognitive process is theorised as a process in which individuals attach a meaning to events.

Bracken (2002, p.54), reports that this situation has been invoked by trauma researchers. He cited the work done by Frank and Stewart (1986) and, Schepple and Bart (1983) in their studies of women who had been raped. Those who had been raped in environments they initially thought were safe were more devastated than those who were raped in environments where they thought they were vulnerable. These researchers postulated the availability of cognitive schemas that influenced traumatic reactions by individuals and affected their ability to process it successfully. However, there are still limits to how far the idea of cognitive appraisal can explain the development of emotional numbing or why

some people develop delayed symptoms, which are necessary in the diagnosis of PTSD syndrome (Bracken 2002, p.56). All cognitive theory advocates for the role of the general world view of an individual as stored in the memory as schemas; these schemas carry the individual's expectations, judgements, and relationships with the world around him/her. Likened to computer processing, the individual continues to process the incoming information and relate it to the schemas of his or her experiences. When the information that keeps coming in is not related to any of the ones in the templates stored as schemas, the information keeps on floating until such a time that they are recognised. In doing that, the individual becomes overwhelmed; this is the explanation offered by Harrowitz (1998, p.100).

Janoff  Bulman (1992, p.51) and her students studied a number of traumatic populations spanning decades, from severe-accident survivors to rape victims, and from victims of battering to those who had experienced the premature unexpected death of parents or spouses. She concluded that the one common thing to them was that the traumatic incidents had a profound impact on their world view and assumptions. That is what trauma does; it shatters the individual's held beliefs. The world suddenly becomes a bad place to be, and the people not as trustworthy; this creates the intrusion–avoidance symptoms according to cognitivism. Bulman further concludes that in an attempt to deal with the situation, the PTSD symptoms come into being. She maintains that the individual engages in conscious efforts in order to deal with the situation and rebuild their shattered assumptions. Cognitive strategies are some of the means by which the individuals cope with their victimisation; a belief in a just God is part of the orderliness of the world. Additionally, social support plays a role in cognitive restructuring but

cognitivists play down its importance by referring to it as a “buffer” or “mediator” of stress. However, this assumption of cognitivism is faulty, especially in the way it explains trauma. The idea of studying trauma universally stems from the methodology of positivism employed in biology, physics and other natural-science disciplines. The assumption that the individual brain has the same function and structure universally provides the plausible reason for universal positivist methodology (Bracken 2002, p.65). However, recalling how trauma came into being (particularly in the DSM categorisation as in psychiatry and psychology), the struggles put forward by feminist and human rights groups led to the inclusion of trauma in DSM. This shows that trauma has social, political and cultural contexts. Thus, Bracken argues that,

> “Positivist psychology down plays the importance of history and culture, and in relation to trauma, asserts that PTSD captures the universal nature of human emotional reactions to violence and horror. The individualist focus of contemporary psychology has also led to a neglect of attempts to understand social and communal dynamics in the wake of trauma. Because it is assumed that meaning is generated within individual minds these dynamics have not been theorized as having a central role. As well as these positivist and individualist assumptions, contemporary psychology also works with a notion of linear causality. For me, the `magic circle` is social through and through. It is something produced by our immersion in language, culture, and social roles. We need an understanding of trauma that is adequate to this reality.” (Bracken 2002, p.65)

### 1.7.3 Conclusion

Cognitive behavioural theory remains dominant to date. This is the current Western view of trauma aetiology, diagnosis and management. Both the cognitive theory of Beck and Ellis and the social cognitive theory of Albert Bandura share the role of cognitions in the aetiology of trauma. Following their observations, the mind of an individual is seen as housing templates of his experiences as schemas, and all other new stimulations are

compared with these templates and either accepted, rejected or moderated and accepted after some time. These factors are not an individual affair; they are cultural milieu passed on to the individual by his or her culture. To locate the aetiology of trauma chiefly in the individual and reduce it to his thoughts needs to be reviewed by cognitive theory.

The concepts enumerated above have difficulty in warranting the claims of the cognitive theories because of the difficulty in assessing them empirically. The methodology of assessing and managing cases using this theory pose serious issues of reliability. The instrumentation in this theory is through the use of "paper and pencil" tests, which are, at best, subjective. There is the danger of reporting what is not there.

Furthermore, cognitive behavioural theory's reliance on positivist epistemology to explain, diagnose and manage victims of trauma has been challenged by physiological psychologists because it lacks hard data and is as such unscientific. There is no direct measure of the individual's cognitions; hence cognitive psychology is like going back to Freudian psychoanalysis. Physiological psychologists rely on experimental methods used by biological sciences.

## 1.8 Psycho-physiological Theory of Trauma

### 1.8.1 Introduction

This section provides an overview of the ways in which psycho-physiological theory have been applied to the context of trauma. Since the beginning of psychology Sigmund Freud being a major in neurology explained some concepts using his background in physiology, but Fechner's experiments laid the foundation of physiological psychology.

Furthermore, this theory explains the psycho-physiological changes the individual experiences in a traumatic situation. The section concludes with a critique of the theory as dominating the field of psychology particularly relating to traumatic situations. The medical model is always applied, often without considering other perspectives.

### 1.8.2 Psycho-physiological theory of trauma

The psycho-physiological theory of trauma owes much of its contributions to the early work of Gustav Theodor Fechner (1801-1887). He introduced experimental methods in psychophysics, applying the same principles as in physics to the study of sensation. Today medical practitioners working in the field of trauma use physiological theory to explain the aetiology of trauma and other mental disorders. DSM IV-TR[7] of the APA defined trauma alongside physiological symptoms (see the definitions of trauma in section 1.4). Thus, according to this theory, trauma is viewed as a medical disorder with physiological symptoms and categorised as post-traumatic stress disorder (PTSD). Accordingly, Bruce Perry (1991, p.1), a pioneer researcher in PTSD, explained the physiological aetiology of trauma as follows. First, traumatised individuals produce physical symptoms and signs. Perry (1991) stated:

> "These symptoms tend to fall into three clusters; 1) recurring intrusive recollection of the traumatic event such as dreams and 'flashbacks' 2) persistent avoidance of stimuli associated with the trauma or numbing of general responsiveness and 3) persistent symptoms of increased arousal characterized by hypervigilance, increased startle response, sleep difficulties, irritability, anxiety and physiological hyperreactivity. These symptoms are exacerbated by exposure to stimuli associated with the original event." (p.1).

[7] Diagnostic and Statistical Manual of mental disorders, 4th edition, text revision 2001.

Perry theorised that the physiological response to trauma is in two phases, with the first phase being the alarm stage. Perry (1991, p.1) explained that during this stage the portions of the brain involved in the functions of arousal, attention, and concentration become activated and the individual becomes hypervigilant to the threat. The individual becomes anxious and certain chemicals including dopamine are released into the blood system to prepare the individual for a 'fight or flight' situation. If this situation is not controlled, the individual enters the second stage. Here, if the trauma persists for a long time, the brain changes and the arousal is no longer reversible and it results in "state memory", a condition which produces all the observed symptoms of PTSD. The hypervigilance, increased startle, affective lability, anxiety, dysphoria, and increased SNS activity and reactivity can all be related to the altered functioning of key neurotransmitter systems in the brain. Psycho-physiologists experimented with rats to find the effects of stress on the body (Walter Canon and Hans Selye were among the proponents of experimental psycho-physiology). Many psycho-physiologists today adopt that model of stress and have been involved in clinical research with veterans of war and other victims of trauma. As Perry (1991) puts it,

> "Long recognized in combat veterans - the 'irritable heart of soldiers' was described in Civil War veterans - this syndrome has been described in survivors of concentration camps, Hiroshima, natural disasters, airline crashes, and in victims of rape, violent crimes, accidents, sexual abuse, physical abuse, serious medical illnesses and other traumatic events." (p.2).

This theory advocates that the individual is a biological entity, and that trauma is symptomatic and can be medicalised. It has been shown above that these symptomatic presentations of biophysiological PTSD are all initial efforts to locate the discipline of

psychology in the hard sciences for it to receive the desired recognition as a worthwhile discipline. The Pavlovian (physiologist by profession) experiments point towards this direction. The individual is a biological entity, but his or her biology is expressed within a particular culture. Some of these cultures may have different ways of expressing emotional pain, especially in the case of trauma. Cultures that have been observed to share some of these resilient characteristics need to be studied deeply to understand how these biophysiological symptoms are dampened.

### 1.8.2 Conclusion

The physiological theory advocates for the changes in the individual's biological mechanism as he or she experiences trauma. The symptoms of re-experiencing, avoidance, numbness and hypervigilance pose serious generalisations of this theoretical claim. However, not all cultures experience these symptoms. Furthermore, until recently there has not been any physiological measure of the effects in the brain: the CAT scan and PET monitoring do not describe exactly the mechanisms of trauma as cortical responsibility, because other conditions can also activate these reactions in those cortical regions of the brain. The physiological perspective alone cannot explain war trauma.

## 1.9 Critique

### 1.9.1 Introduction

The psychological theories considered above have attracted criticisms within and outside of the disciplines of psychology and psychiatry. This section provides a critique of these theories.

### 1.9.2 Critique

The theories are reductionist. In efforts to satisfy the positivists' agenda of objectivity, conventional psychology theorists have reduced human behaviour to an atomic level. Human behaviour in parts can never explain a whole individual personality. It is individualistic and adds more traumas to the individual. Moreover, peace builders working in non-European societies observed that there is the need to look into cultures other than those of the West. Bracken (2002) observes,

> "it is beginning to emerge with increasing clarity that if the individual trauma model works at all, it works in a culture with a strong individualistic agenda. Most non-Western cultures do not work with such an agenda and so major practical difficulties arise when this model is exported." (pp.72-73).

Conventional psychological theories have also been criticised as supporting the statuesque (Smail.2001). Psychological theories have been used to discriminate against women. Until recently, the profession of psychology was masculine and women were side-lined to education; the teaching profession is genderised, and a teacher in literature is a "she" (Clarke & Braun, 2009, p.237).

Psychological theories have also been used to discriminate against class. Psychological practice such as psychotherapy is for the upper-middle-class and upper-class citizens (Smail 2001, p.22). The practice of psychology has also defended the rich: kleptomania is a diagnosis of a syndrome given to rich women who shoplift. If any other class did this, they would be prosecuted for theft (Marecek & Hare-Mustin 2009, p.84). Conventional psychology has been made a consumer product; the rich take it all. Every psychology item now has been manualised and packaged for sale. Personality tests are in the market

for improving IQ, improving personality and appearance, learning how to choose a partner, and how to make love. How to raise a child? In fact, in 2005, *Psychologie*s magazine carried erogenous zones advertised and monetised, pleasure from touching a partner's nipple for example is equivalent to pleasure from someone getting a prize equivalent to USD$ 45(Psychologies, 2005, p.33).

Psychological tests have segregated against race, as the Arthur Jensen IQ controversy revealed (Jensen, 1969). IQ tests were employed by psychologists to discriminate against other races.

The literature on trauma is much more skewed towards individual responsibility for becoming traumatised following the conventional theoretical underpinnings.

Interestingly all psychological theories were built on previous theoretical criticism, often taking an isolated position without building on the previous theories. To recap Smail's observation, he wonders where physics and its interesting contribution to science and technology would have been if Einsteinians had not worked with Newtonians to project the technology where it is today. This cooperative scientific enterprise is lacking in psychology. There is the need to look elsewhere for explanations for traumatic behaviour, especially the socio-cultural environment of the individual.

Trauma experts may benefit from explanations offered from a variety of world views, and these world views need to be respected for interventions to succeed. This is the view shared by critical psychologists.

Critical theory emerged from the work of Karl Marx's philosophical movement and the Frankfurt school (Kant in the 18$^{th}$ century and Marx in the 19$^{th}$ century; Horkheimer,

1992; Althusser, 1977; Foucault, 1967; Frankfurt school, 1939; Habamas, 1982). However, critical psychology is a recent conception (Fox 2004, p.1).

One of critical psychology's main criticisms of conventional psychology is how it fails to consider, or deliberately ignores, the way power differences between social classes and groups can affect the mental and physical well-being of individuals or groups of people. It advocates for social change as a means of preventing and treating mental disorders. In fact, Huygens (2009, p.267) believes that conventional psychology's spread to non-Western cultures is a new form of colonisation. He notes,

> "Modern Western psychology emerged and developed in the context of European conquest, exploitation and domination. The historical link is no accident. Indeed it can help us understand how psychological concerns may be approached more critically in our increasingly globalized world." (p.267).

Critical psychologists Lykes & Coquilion (2009, p.285) argued that in times of trauma attention should be focused on rebuilding those institutions that form cultural structures rather than focusing on the individual. They believe that if these rights are given to the people, trauma will be averted. They observed that,

> "war and organized violence undermine social, economic, cultural, and political rights such as the right to development, self-determination and sustainable environment. Thus psychologists working with survivors in contexts of extreme poverty where there have been or continue to be gross violation of human rights should respond from within a human rights frame work." (p.285).

In a related development, Stevens (2009, p.2) in a paper "Towards a Critical Trauma Theory", argued that trauma cuts across, race, gender, social class and culture. He noted that the symptoms of trauma may differ, that the causative factors are real and the reaction modified by cultural interpretations are also vivid. He further noted that the

physiological symptoms of trauma as in the PTSD model are universally expressed across class, race, gender, ethnicity and even sexuality. He maintained that symptoms like "startle" after a traumatic incident are universal; only the reaction to the effect is defined and moderated by the culture of the individual.

The model of trauma as presented by Stevens depends solely on physiological symptoms and these symptoms have been found to be absent in certain cultures. The observation is tied to Western cultures only, where physiological theory was developed based on positivists' epistemology. Maurice trying to justify its universality is another form of globalising, which Huygens (2009, p.268), in a paper "From Colonization to Globalization: Continuities in Colonial Common Sense", equates to ongoing Western colonisation. The model is open to the same criticism: that it relies on an instrumental racism and European cultural supremacy as ideological support.

Recently critical psychologists in peace building have criticised conventional psychology methods exported to other countries as another form of colonisation (Huygens, 2009):

> "I consider globalization as a form of ongoing colonization, open to the same criticisms that it relies on an instrumental racism and European cultural supremacy as ideological support." (p.268).

The conventional psychological theories could be used to fight injustice and reduce the suffering of the people; this was justified when psychology was used politically to force the US Government to recognise the suffering of war veterans and others, when it officially accepted PTSD as a category in the APA DSM.

Likewise, the recognition accorded to gay and lesbians, which saw the acceptance of these groups as normal people allowed to function alongside any other normal human

being, was a political move by liberation psychologists. These incidents showed that psychologists' work could be used for positive growth.

Recently there has been a cultural turn and trauma researchers are dissatisfied with the individuality/Western/Eurocentric theoretical, diagnostic criteria (DSM, ICD), assessments and placement tools in psychology and are seeking an alternative explanation of the role that culture plays in shaping the individual as a group member. However, some critical psychologists in the field of trauma do borrow from some social science critical theories to explain the causative factors in trauma as deeply rooted in an individual's culture. This is one view shared by social constructionism. This school of thought argues that attitudes, behaviours and feelings of individuals are embedded in the culture of the people and are therefore constructed. According to Crotty (1998, p.42), social constructionists see culture as the sole architect of meaning, attitudes, feelings and behaviour of individuals in a group. Social construction views trauma as a cultural construction of reaction to disasters. Bracken (2002, p.27), in the classic book, *Trauma, Culture, Meaning and Philosophy*, dissatisfied with the theoretical conceptualisation of conventional psychological theories (cognitive, psychodynamic and behavioural) because of their failure to explain some trauma sequel (as in intrusion-avoidance and other resilience factors), included the role of culture in mediating some emotional expressions. He argued that it is now becoming clear that culture mediates and moderates in a very pervasive way the experience and expression of emotion.

The works (Bracken 1998, pp.38-59; Bracken 2002, pp.72-73; Smail 2001, pp.11-23) point towards going beyond the individualistic focus on trauma (PTSD). Bracken further noted that if the individual trauma model works at all, it only works in a culture with an

individualistic agenda, and he observes that most non-Western cultures do not work from such a perspective. He frowns at the export of such a model to other cultures because of its practical difficulties.

These theorists are pointing at culture as a way out in providing a holistic approach towards trauma conceptualisation and recovery. Although many books have been written, blogs created on the internet, journals floated, and conferences and seminars organised locally and internationally, on the cultural perspective on trauma, the discussions have mostly concerned adult PTSD, with little or nothing on children and young people with trauma and resilience, and there has been endless continuing academic debate on this issue. There is the need to go beyond arguments and provide practical proof from the field of trauma/resilience research to forge ahead. This is the focus of this thesis. The present study will advance this forward by addressing some of the cultural factors in trauma aetiology and resilience that will further help policy formulations on recovery, especially among Hausa young people in Jos.

A critical question one might ask here is, how does trauma among young people affect a society? In all the theoretical formulations above, one thing that kept repeating itself is that psychopathology in adulthood is dependent upon the experiences, traumatic or otherwise, in childhood. If the child is raised in a stable environment free from traumatic conflicts, he or she grows up to be an emotionally stable adult with a stable personality and disposition, but if the environment is traumatic then an emotionally incompetent adult results. This is the basis of Sigmund Freud's psychosexual developmental stages in childhood. This is the basis of psychopathology according to psychoanalysis.

Behaviourists also rely on good role models in the environment, especially the ecological environment of the children, for children to become stable adults. They also advocate for good behaviour dependent on modelling, learning by imitation or vicarious learning. The implication according to this theory is that a traumatic environment begets traumatic individuals. Likewise, cognitivists will have us believe that traumatic schemata are formed when a child is traumatised and that the child grows up with these beliefs, which draw faulty conclusions about his or her interaction with other individuals in the environment. The adult who formed such a world view of trauma as a child will continue to have faulty reference to his schema. This is also similar to the traumatic threshold physiologically developed by the child following trauma according to psycho-physiological theory; this traumatic threshold will make the individual experience false alarm in all their dealings and they will live with anxiety all their life.

Newman's (1976) work on the Buffalo Creek disaster found most of the 224 children who were survivor-plaintiffs of the disaster were emotionally impaired by their experiences. The major factors contributing to this impairment were the child's developmental level at the time of the flood; his or her perceptions of the reactions of his or her family, and his or her direct exposures to the disaster. The author focused on children under 12, describing their responses. He concluded that these children share a modified sense of reality, increased vulnerability to future stresses, altered senses of the power of the self and an early awareness of fragmentation and death. These factors could lead to "after-trauma" in later life if they cannot make the necessary adaptations or do not receive special help to deal with the trauma; acknowledging the theoretical underpinnings connecting unresolved childhood traumas with later adulthood behaviours. Likewise,

Perry (1999, p.1) draws conclusion from his numerous experience and research with traumatised children that traumatic experiences can have a devastating impact on the child, altering their physical, emotional, cognitive and social development. In turn, the impact on the child has profound implications for their family, community and ultimately for us all. Traumatic events in childhood increase the risk of a host of social (e.g., teenage pregnancy, adolescent drug abuse, school failure, victimisation, anti-social behaviour), neuropsychiatric (e.g., post-traumatic stress disorders, dissociative disorders, conduct disorders) and other medical problems (e.g., heart disease, asthma). The deterioration of public education, increase in urban violence and the alarming social disintegration seen in some of our urban and rural communities can be traced back to the escalating cycles of abuse and neglect of our children.

In the same vein, Fisher (1998) reports that children who grow up living with violence are more likely to turn to violence themselves as a method of problem solving (a testimony of the application of behavioural theory). War traumas have both long- and short-term effects on mental health, quality of life and subsequent behaviour as adults. This seems to keep the circle of violence going; as a community of traumatic children grows up they turn to vendetta as a means of solving their problems. Fisher further warns strongly that the involvement of children in armed conflict constitutes an attack on the most basic ethical foundations of society. Keeping children safe from the trauma of war and re-establishing protection for children is a powerful way to bring society`s focus back to its fundamental values and ethics, including respect for the dignity of the child.

Zelizer (2008, p.85) observes that in an effort to rebuild a post-conflict society the basic issue is to restore trust in the people, but a population which has its young people

exposed to trauma will, in the long run, translate to long-term consequences at the individual, community and national levels. Thus a traumatised child makes a sick nation!

### 1.9.3 Conclusion

The concept of trauma as advanced by conventional psychology is found to be inadequately explained by current thinking on the subject. Theorists of conventional psychology (psychoanalysis, behaviourism, psycho-physiology and cognitive theories), in line with the positivists' epistemology, tried to empiricalise psychology and therefore left many inadequacies in the explanations offered on the etiological factors in trauma. This is reflected in psychoanalytic thinking about trauma that was also found wanting in subsequent conceptualisations of trauma and other mental disorders, which are now exported to non-Western cultures. It is observed that including the role of culture will fill the vacuum of explanations created by the individual theories of psychology. This holistic approach is what this thesis sets out to chart a new course on.

Having explored trauma and its aetiology from the disease concept, this thesis will now turn to the "ease" pole, the observed phenomenon among the young people in Jos that point towards trauma resilience. The next chapter addresses trauma resilience.

# CHAPTER 2

# LITERATURE REVIEW ON RESILIENCE

## 2.1 Introduction

Chapter 1 introduced the concept of trauma and specifically war trauma. It argued that the conventional theories of psychology have shortfalls in trying to address some of the issues concerning trauma, and that there is a need to look deeper into alternative explanations, such as culture, for meanings and interpretation of experiences. This will be addressed further in the fieldwork section of this thesis. However, it was also argued in the previous chapter that certain symptoms have been found lacking in some cultures. The absence of such principal symptoms that are crucial in defining and conceptualising trauma raise concern about the possibility of resilience; the construct addressed in this section.

Resilience is a multidisciplinary concept; it draws from medical sciences as well as social science disciplines. This section reviews the major paradigms that explain and conceptualise resilience as well as the empirical reviews drawing on findings in the field.

Generally resilience is conceptualised based on two paradigms: the Salutogenesis paradigm (Antonovsky 1979, p.56; Antonovsky 1984, p.117) and coping process paradigm (Lazarus & Folkman 1984, p.117). This chapter reviews these major theories of positive adaptation and their contribution to conceptualising resilience. The purpose is to provide the reader with relevant background information on the concept of resilience, its definition, and the theories that conceptualise and explain its processes. Finally, this

chapter presents the foundational research evidence collated from various research areas that contributed to these major paradigms to further demonstrate the contributions of these paradigms to the concept of resilience.

The central aims of this review section are, among others, to:

1) address the central theories and models of resilience used in contemporary research; and
2) highlight the researchers' approaches to different areas of resilience (coping and Salutogenesis).

## 2.2 Major Paradigms of Resilience

### 2.2.1 Background and definition

This section aims to identify various definitions of resilience. In doing this, various concepts emerge from the literature that explain what resilience should entail. Mainly the definitions cut across two philosophical viewpoints: the positivists' paradigm and social construction framework (Ungar 2004, p.3). The literature shows the dominance of the positivist orientation both in theory and methods. Recently this definition and conceptualisation of resilience has been challenged by other researchers, which seems to shift the focus of the definition. The reader is further presented with the major debates in resilience (outcome versus process research). The emergence of two constructs (adaptation and risk) further illuminate the concept of resilience.

Historically the concept of trauma resilience was a multidisciplinary construct that attracted research by psychologists and other social researchers but later covered both

mental health and general health. Initially it was only concerned with individual resilience.

The concept “resilience” has attracted several definitions. Duplessis (2001); Egeland, Carlson and Sroufe (1993); Garmezy (1994); Goldstein (1999); Harrop, Addis, Elliot & Williams (2007); and Kaplan, Turner, Norman and Spillson (1996); have variously defined resilience. For instance, Duplessis (2001, p.4) reviewed literature on resilience spanning 10 years of research and supplied several definitions by researchers in the field, including those of Garmezy (1994). The author based the definition on the assertion that the individual’s capacities, talents and competencies, possibilities, visions, hopes and membership to a viable group are derived from his or her important sources of strength, which are cultural. An individual's or group's response to traumatic situations are determined by risk, "protective" and "generative" factors, which are influenced by membership of a particular community. These taken together determine how the individual responds to a traumatic situation. The author argued that emotions, beliefs, health realisation and community empowerment play important roles in maintaining health and wellness. This strength approach is criticised as being positive thinking in a different guise, ignoring clients’ deficits and misery. Though the definition here covers both community and individual perspectives, the author failed to provide supporting evidence, especially from the community front, to warrant the claims in the definition.

In yet another theoretical paper that defines resilience, Goldstein (1997, pp.30-32) argued that resilience begins with a primary focus or commitment to how the clients perceive their world. The reference to this definition rests on the individual’s internal strength for

perception rather than the perspective built by culture of the individual, narrowing the definition to only one perspective.

Similarly Kaplan, Turner, Norman, and Stillson (1996, p.158) look at resilience as primarily involving the presence of protective factors, such as personal, social, familial and institutional safety nets, which enable individuals to resist life stresses. They argue that an important component of resilience, however, is the hazardous, adverse and threatening life circumstances that result in individual vulnerability. An individual's resilience at any moment is calculated by the ratio between the presence of protective factors and the presence of hazardous circumstances.

The definition here is given based on projections of observations and many theoretical arguments that are not backed by enough empirical evidence to warrant the claims. More so, these observations are skewed towards individual internal strengths as opposed to other perspectives that take social backgrounds into consideration.

Earlier, Egeland, Carlson and Sroufe (1993, p.517) theorised that resilience is conceived not as a childhood given, but as a capacity that develops over time in the context of person-environment interactions. The environment depicted in this model is an ecological one. The cultural environment of the child, including the family, the community and a series of behaviours that have been passed on through historical descent to the individual as a member of a society, are not covered by this definition.

A synthesis of these different approaches to definitions of resilience comes up with two constructs: risk and adaptation. A review by Harrop et al. (2007, p.30) provides Windle's (1999) definition, which seems to be a baseline definition of resilience as "the successful

adaptation to life tasks in the face of social disadvantage or highly adverse conditions" (Windle 1999, p.163).

This definition by Windle and others mentioned above came under strong criticism from social constructionists (Ungar 2004, p344; Boyden 2003, p.6), who argue that this definition is from the ecological paradigm and positivist agenda, which looks at relational definition based on the relationship between risk and adaptation. This, they argue, is not correct because resilience should be looked at as a societal specific phenomenon and should not have a universal definition. Ungar went on to define resilience from the constructionist lens, "as an outcome from negotiations with the environment for resources to define oneself as healthy amidst adversity" (2004, p.344). Ungar's definition, though well constructed, has not been created based on empirical evidence to drive home its observations; rather it argues on philosophical grounds.

In spite of the differing world views, resilience is still recognised as a dual construct phenomenon; both definitions recognise adversity or risk and adaptation as necessary conditions for resilience to be present. These definitions have also defined research work on resilience spanning a period of decades. Since then, interest and research in the area of resilience have grown exponentially and is adduced to two reasons: firstly, the findings that showed that the resilience phenomenon is real and secondly, the apparent potential of the application of the research findings to intervention.

The intervention framework has been championed by social workers. For instance, Smith and Carlson (1997, pp.245-253) reviewed the literature on stress, coping, risk and resilience in children, little of which is reflected in the social work literature. A consistent relationship has been found between exposure to a wide variety of stressors or risk factors

and child and adolescent well-being. However, some youths have been found to be more resilient and able to overcome adversity. They concluded that resiliency is tied to protective factors, such as parental management and social support, which moderate the effects of risk and stress. These findings have implications on intervention to reduce risk and promote coping and resilience in children and adolescents.

The review is based on efforts to improve intervention in social work practice. However, the empirical reviews used to draw the conclusions are not practice based, hence lack validity to draw the conclusions seen here. The environment is seen as a moderator rather than an advocate of resilience.

Rutter (1993, p.626) studied children of parents diagnosed with mental disorders and reviewed some conceptual considerations in resilience to psychosocial adversity. Rutter argued, using evidence from biological studies on resilience to diseases or physical hazards that resilience does not derive from the avoidance of risks but from controlled exposure. Furthermore, the author provides some evidence taken from behaviour genetics that suggests that in many circumstances, non-shared environmental influences tend to have a greater effect than shared ones. It is also important to recognise turning points in people's lives whereby those set on a maladaptive life trajectory may turn onto a more adaptive path. He found other factors that may affect resilience to include the experience of success, early sensitising experiences, temperament characteristics, how people judge their own circumstances, the influence of protective mechanisms, and whether children are from disadvantaged backgrounds. Although Rutter mentions psychosocial trauma, the evidence backing the claims left the social perspective and concentrated on the individual internal factorial strengths derived from bio-genetics.

In Garmezy's (1991) article cited in King (2009, p.22-23), pioneer work on resilience in the 1970s focused on resilience among children of parents diagnosed with schizophrenia and a high risk of psychopathy. Garmezy found that a few children in this group resisted the effects of their parents' mental illness well and managed to develop their own adaptive and healthy patterns of behaviour. In a break with the deficit-focused medical model of the time, he sought to identify factors that were important in the development of resilience in these children and to understand the nature of their resilience to life's adversities.

King cited Garmezy to justify the claims of his study among gifted children and underachievers in a school set-up. Garmezy's typology of resilience was based on his observations of a few children only, and should not be used as a basis for generalisation without further research to verify the claim.

Werner (2000, p.115) has also studied resilience factors in the lives of individuals who were born and raised under adverse conditions such as substance abuse. The Werner study comprised major longitudinal studies across the globe, in the USA, India, Germany, Britain, New Zealand, Australia, and Scandinavian countries, spanning different ages of children. Some of these cohorts from different countries were followed for a short time, while others were followed for longer timeframes. The study found that risk and adaptation were basic foundations of resilience, and the typology of individual and social factors was involved in making the individual resilient. These large-scale studies have illuminated a great deal of understanding in resilience. However, the studies reported lacked coherence in that they were carried out with different sample sizes with no

controls, different cultural backgrounds, and different levels of social class, so may pose problems of generalisations drawn by Werner.

In addition, Luthar and Cicchetti's (2000, p.857) work focused on the interface between research on resilience and the applications of this work to the development of interventions and social policies. The authors drew from a multitude of empirical studies from across Europe to map out strategies for social policies, including intervention. Unfortunately the studies were all conducted in one section of the globe.

These studies have revealed a common key finding that against the odds a significant minority of the populations under research achieved more than would be expected given their adverse situational circumstances and the level of functioning associated with populations with similar disadvantages (e.g., harmony in their marital lives; absence of maladaptive behaviours; competence in adult lives). These early studies appear to have motivated further research programmes aimed at identifying factors promoting resilience and opportunities to enhance resistance to stress and adversity with intervention (Harrop et al. 2007, pp.30-31). Though commendable breakthroughs have been attributed to these early studies, it is noteworthy that most of these studies have been flawed in their methodologies. The studies lacked controls, and the number of subjects used for the research were not large enough to warrant the generalisations they received. The studies have, however, provided a better understanding of the concept of resilience, as explained in the next section.

### 2.2.2 Concepts of resilience

*2.2.2.1 Introduction*

As research in the area of resilience continued to evolve from different disciplines, the focus moved to other interests in the phenomenon of resilience. Research then focused on the outcome of the interaction between adversity and some resources that mediate the outcome of positive adaptation. Many such individual characteristics were identified as contributing to the outcome of positive adaptation. This research focus was later negated and criticised by process researchers, who cautioned fellow researchers to look at resilience as a process rather than an outcome due to specific individual traits.

*2.2.2.2 Concepts of resilience*

Researchers have variously referred to resilience as a quality, trait, process or outcome, which opposes the views that have been reported so far which define resilience as success in educational achievement, absence of psychopathology or enhanced cognitive functioning. For instance, Harvey and Delfabbro (2004, p.3) provided a critical review of research into the notion of psychological resilience and its implications for studies of disadvantaged young people. A number of significant conceptual and methodological challenges to the Harvey study are examined; the most important of these being the difficulties associated with the operationalisation of resilience, the development of culturally relevant thresholds and the circularity inherent in commonly used definitions. It was observed that the definition of the term by outward function alone raises several issues. Firstly, it ignores the component of inner well-being. Some socially competent resilient young people report greater anxiety, depression and self-criticism than equivalently performing less stressed peers; the authors conclude that “there is no

consensus on the referent of the term, standard of its application, or agreement of its role in explanations, models and theories" (Harvey & Delfabbro 2004, p.3).

This variance of conceptualising resilience as a trait, process or outcome has received various debates, for instance Harrop et al. (2007, p.31) cited Olsson et al. (2003) suggested that resilience could be defined as an outcome precipitated by a particular pattern of functional behaviour despite the risk. However, in a review of models of resilience, Tusaie and Dyer (2004, p.3) suggested that all models point to resilience as a dynamic process that involves personal negotiation through life and that fluctuates across time, developmental stage and contexts. The current position most reviews hold is that consistency is emerging in the literature that resilience is a process (Condly, 2006 cited in Simritpal, 2012, p.24; Harvey and Delfabbro 2004, p.3). Although the review by Harrop et al. pointed to resilience as a trait and process, it cited only two studies as warranting evidence to support this claim. More studies need to be conducted to attract such generalisation. Some of the sources quoted are difficult to trace because they are not referenced. Tusaie and Dyer's study, though, conceptualises resilience as a dynamic process that needs a holistic approach. They suggest educational context, which makes their study ecological. Other perspectives should be accommodated to make it truly holistic.

Fergus and Zimmerman (2005, p.399) made a distinction between adolescent resilience research and risk research by focusing on the assets and resources that enable some adolescents to overcome the negative effects of risk exposure. They discussed three models of resilience - the compensatory, protective, and challenge models - and described how resilience differs from related concepts. They further described issues and limitations related to resilience and provided an overview of recent resilience research related to adolescent substance abuse, violent behaviour, and sexual risk behaviour. In this theoretical paper that focused on practice, the authors touched on various individual assets, as well as family and school support, that promote resilience. Their argument was based more on an ecological perspective as opposed to individual internal static traits. Commendable though the arguments, the field of resilience research should go beyond ecological environments to incorporate broader social and cultural perspectives.

#### 2.2.2.3 Conclusion

This section looked at resilience, and the difficulties in conceptualising the term. Some researchers (Olsson et al., 2003) viewed resilience as an outcome while others (Tusaie and Dyer, 2004, Simritpal, 2012, Harvey and Delfabbro 2004) preferred to look at it as a process. Furthermore, others (Fergus and Zimmerman, 2005) focused on the resources that strengthen an individual to be resilient, leading to three models of resilience, namely compensatory, protective and challenge models. In all the reviews researched, the consensus is that there are two constructs involved in the conceptualisation of resilience: adaptation and risk, as addressed below.

### 2.2.3 Adaptation and risk

*2.2.3.1 Introduction*

The previous section has brought us to the level of identifying resilience as a phenomenon of two constructs. This section, however, describes how these protective factors interact with the risk present to moderate adaptation. Two models of explanations have been offered here: one model looks at protective factors as additive in nature, while the other explains risk and resources as interactive. Both have drawn findings from the literature to support their claims.

*2.2.3.2 Adaptation and risk*

In a review by Meschke and Patterson (2003, p.483), it is suggested that researchers sometimes conceptualise resilience even in the absence of risk or adversity. However, the majority of researchers have agreed with the conceptualisation of Luthar and Ciccheti (2000, p.857), who referred to resilience as a two-construct phenomenon in which the interaction between adaptation and risk produces a positive outcome. In other words, people seem to be socially competent or have achieved tasks that are developmentally appropriate despite the adverse conditions they live in.

The definitions of factors contributing to resilience created by Luthar and Ciccheti (2000, p.857) and Tusaie and Dyer (2004, p.3) reviewed here included life circumstances, which are associated with life-adjustment difficulties (Luthar and Ciccheti 2000, p.857), multiple traumatic life stressors, single traumatic events and accumulated stress from multiple factors (Tusaie and Dyer 2004, p.3).

From this two-dimensional construct of resilience three groups of resilience phenomena emerged (Masten, 1994; 1990 cited in Harrop et al., 2007, p.32). These include 1) where individuals show an outcome that is better than expected; 2) when positive adaptation is shown despite stressful experience; and 3) when there is a good recovery from trauma. Resilience theories have it that risk interacts with protective factors to moderate positive outcome. Protective factors as main issues have been studied extensively in children in various adverse contexts. First came the early research, which viewed resilience as an individual phenomenon; the term "resiliency" was then used to refer to internal biological processes that protect an individual from adversity. Of resilience itself, the common conceptualisation seems to be a process of continuous interaction between risk and protective processes across time and context (Harrop et al. 2007, p.32).

The studies reported here have all defined protective factors based on individual capacity to deal with the adverse situation. The role of the ecological environment has been cited as a support to develop these capacities. The identification of culture has been mentioned, but no research was cited to support the claims of the authors.

Protective factors or processes are a central construct in the theory and research on resilience. For instance, Luthar and Ciccheti (2000, p.857), Miller and Macintosh (1999, p.159) define them as factors that modify the effect of risk on a positive direction. The study of protective factors and mechanisms has been a central focus of resilience research, and three levels of protective influences have been widely identified: these are the individual level, the family level and the community level.

Condly (2006, p.216) in a review identified factors that help the children manage to survive and even thrive academically and socially into adulthood in spite of the most

adverse circumstances. In this review he isolated a complex array of individual, family and community factors that best explain resilience and laid the foundation for programmes and interventions of resilience in youths who are at school. The first factors are individual factors that address such elements as native intelligence and temperament. The second factor concerns family and the degree of support it can give to the child. The third factor is the external support from persons and institutions outside the individual and the family that can assist both the child and the family. Fergus and Zimmerman (2005, pp.399-401) discussed how adolescent resilience research differs from risk research by focusing on the assets and resources that enable some adolescents to overcome the negative effects of risk exposure. The promotive factors that can help the youth avoid the negative effects of risk may be either assets or resources. Assets, according to Fergus and Zimmerman (2005, p.399), are the possible factors that reside within the individual, such as competence, coping skills, and self-efficacy. Resources are also positive factors that help youth overcome risk, but they are external to the individual. Resources include parental support, adult mentoring, and community organisations that promote positive youth development. The term "resources" emphasises the social environmental influences on the adolescent's health and development, helps place resilience theory in a more ecological context and moves away from conceptualisation of resilience as static, individual traits. It also stresses that external resources can be a focus of change to help adolescents face risks and prevent negative outcomes.

Olsson et al. (2003) reviewed literature on resilience published between 1990 and 2000 relevant to adolescents between 12 and 18 years of age, with the aim of examining the various uses of the term and commenting on how specific ways of conceptualising

resilience may help develop new research agendas in the field. They bring together ideas on resilience from a variety of research and clinical perspectives. The purpose of the review is to explicate core elements of resilience in more precise ways, in the hope that it will lead to a range of tailored interventions that benefit young people. They find individual resources as well family and social environmental resources that help in the definition and conceptualisation of resilience.

According to the model created by Olsson et al., resilience is developed through experience, and it is more of a developmental process. However, the authors conclude that social factors are also defined under the category of individual protective factors, while social connectedness and participation is categorised under social and environmental, making the categorisation of protective factors confusing, especially in their quest to develop a practice-based intervention. More so they have not taken other perspectives into consideration, particularly the culture of the individual, which actually shapes her/his experience.

In a review by Harrop et al. (2007, pp.32-33) on resilience, coping and Salutogenesis and their implications in health, factors were identified that promote resilience in healthy people. The authors located some protective factors at individual, family and community levels in resilient people in different contexts, such as educational resilience and psychological resilience.

Conclusion

This section further clarified the definition of resilience as involving the interaction of risk and protective factors to produce three groups of resilience. These are 1) resilience as an outcome better than expected; 2) positive adaptation despite stressful experience, and

3) good recovery from trauma (Harrop et al., 2007). The factors that mediate between risk and adaptation have also been identified to include individual, family and community factors (Condly, 2006). The following section explains the various models of risk and protection interactions.

## 2.3 Models of Risk and Protection Interaction

### 2.3.1 Protective factors

#### *2.3.1.1 Introduction*

Protective factors have been identified as playing a role in the moderation of risk to impact on positive adaptation. Different models of explanations as to where to locate these protective factors have been advanced. This section identifies three domains of protective factors. While some research has shown that these factors reside in the individual, others have identified factors that could be located in the environment, i.e., at familial or societal levels. This section provides the models that support each or both of these locations and explain how the factors interact with risk to produce positive outcomes.

#### *2.3.1.2 Protective factors*

Although there seems to have been a broad consensus in the identification of protective factors and the concept of protection has been generally applied to describe factors that have some positive moderating effect on outcome, there is some variation in the details.

While Olssen et al. (2003, p.400) used the term “resources” to describe all the types listed above, Fergus and Zimmerman (2005, p.3) and Harrop et al. (2007, p.33) suggest making distinctions between “assets” as positive factors that reside within an individual (competence) and “resources” as positive factors external to the individual (e.g., parental support).

Harrop et al. (2007, p.33) also report that there seems to be some variation in the way protective factors are conceived in terms of their relationships with risk. Harrop et al. (2007, p.33) and Tusaie and Dyer (2004, p.3) have defined protective factors as “factors that contribute to positive outcomes regardless of the risk status”. In some reviews, Harrop et al. (2007, p.33) and Luther and Cicchetti (2000, p.857) have made distinctions between protective factors that operate in additive ways and are unaffected by extent or type of risk, and protective factors that are interactive with risk and may only have an effect in the presence of significant risk. This distinction proposes that only the interactive model is reflective of the resilient concept and this interactive model could be viewed as a specific class of a wider model of adaptation. Fergus and Zimmerman (2005, p.3) have used the term “compensatory” to describe processes where protective factors are observed to have an additive, direct, independent effect on an outcome, and the term “protective” is suggested to describe processes where factors moderate the negative effect of a risk on an outcome.

The typologies drawn by the authors indicative of resilience as an outcome based on interaction. Compensation or moderation of protective factors, compensatory or interactive to produce resilience, are all observatory and no empirical research has been cited to support these categories. Furthermore, the categories have all dealt with two

perspectives or contexts: individual and ecological contexts. There is a need for more research in these contexts and to extend this to other perspectives.

*2.3.1.3 Conclusion*

Protective factors have been conceptualised as mediating or moderating factors for a positive outcome. The risk and adaptation process is not fluid but involves the moderation of the protective factors. Studies have been carried out to support this conceptual framework. However, much emphasis has been placed on individual and social factors in all the studies cited. The addition of a third factor - community - which is more of an ecological environment than the full culture at play, has been reported by Harrop et al. (2007, p.33).

Just as protective factors have been conceptualised as sources of strength in the individual, there are also some factors that make the individual vulnerable. The next section captures the vulnerability factors.

### 2.3.2 Vulnerability factors

While the factors identified above moderate the outcome of adaptation positively, it is not always the case. Some factors could actually negate the positive outcomes to make the individual prone to stressful situations. This section identifies such factors; they can also be located in the individual, or in the environment.

Vulnerability factors form another construct related to protective factors found in the literature; these factors are identified and described indices that exacerbate the negative effects of the risk condition or traits that increase vulnerability to stress, e.g., male gender for youth in poverty or low intelligence (Harrop et al. 2007, p.33; Luthar & Cicchetti

2000, p.857). The concept of vulnerability is thought to be at the other end of the continuum of protective factors. They expose the individual to trauma. The review by Harrop et al. (2007) cited only two studies that have researched this concept. More studies are needed in this area to see the implication of these factors in exacerbating the effects of trauma.

### 2.3.3 Summary

The conceptualisation of resilience is a multidisciplinary contribution from the fields of psychology, sociology, education, mental-health and health sciences. The concept of resilience has evolved from various definitions in these disciplines (Ungar 2004, p.344; Windle 1999, p.163). This section presented a variety of constructs and concepts to explain resilience from the perspectives of different models. Two factors that explain resilience: risk and adaptation (Luthar and Cicchetti 2000, p.857), have been discussed. Research that was conducted to identify factors that interact to modify the effect of risk to produce positive adaption have also been reviewed, as well as whether the outcome is as a result of internal characteristics or a process (Tusaie and Dyer 2004, p.3). Individual and social factors have been identified as protective factors; these are the moderators of adverse situations to produce favourable outcomes on the individual. Vulnerability factors have also been identified (Harrop et al., 2007; Luthar and Cicchetti, 2000). These factors have all been identified in the individual and in the ecological environment, falling short of other contexts such as the individual's culture. Furthermore, there is the need for aggressive research in this area to cover other contexts such as war-ravaged minority communities and the impact on children and young people. The next section sets out the pioneer research that has laid the foundation of resilience.

## 2.4 Research that Laid the Foundations of Resilience Theory

### 2.4.1 Introduction

Resilience research is firmly established in the literature to have started with longitudinal studies of some select cohorts that were followed over the years. The individuals in these cohorts were experiencing adversities that could have made them break down compared to other normal individuals of the same age and physical and psychological dispensation, but instead they evolved out of these mishaps much stronger in health. These studies have been revisited in this section to show that ever since they were carried out, the study of resilience has had a scientific hold in methods and theory. The aim here is for the reader to have a grasp of the founding research that produced the theories of resilience.

### 2.4.2 Research that laid the foundations of resilience theory

The early findings seem to be rooted in the area of risk, stress, and coping which evolved out of research findings on resilient subgroups (Harrop et al. 2007, p.31). Duplessis (2001, p.7) reports that perhaps the earliest finding on longitudinal research on resilience in children began in 1955 as cited by Saleebey,(1996). Children that were born into adverse situations were studied and, the study has formed the foundations of our current understanding of resiliency in adults and families. These researchers followed children who were by all indications considered children “at risk”. Over many decades researchers have come to identify those features that have helped children to rise above their circumstances. For instance, a study by Werner and Smith which began in Kauai, Hawaii in 1955 found that by age 18, one-third of the participants who were assessed at birth to

be “at risk” had developed into competent and confident young adults (Saleebey 1996, p.299) and by age 32, two-thirds of the remaining adults had developed into responsible people who were effective and caring.

One of the studies that laid the foundation for resilience was conducted in Sweden beginning in 1947. Cederblad et al. (1994 cited in Duplessis, 2001, p.9) followed up this cohort, beginning in 1947, which was exposed to three or more factors that are related to later mental illness. This cohort was re-examined in 1988 when some of the participants were in their 40s and 50s, and indicated that almost half the sample succeeded in creating a reasonably successful and at least moderately healthy life, despite the severe adversities in their childhoods. It was argued (Dahlin et al. 1990, p.231) that at least half the sample has manifested considerate resilience. In the early studies in the USA including Newman's (1976, p.306) work on the Buffalo Creek disaster. Newman found most of the 224 children who were survivor-plaintiffs of the Buffalo Creek disaster were emotionally impaired by their experiences. The major factors contributing to this impairment were the child's developmental level at the time of the flood, his or her perceptions of the reactions of his or her family, and his direct exposures to the disaster. However, what caught the attention of the researchers more was a small number of children who did not develop traumatic reactions (resilient). Not all the young people developed post-traumatic stress disorder (PTSD). Is there anything we can learn from the few who did not? This was a question raised by Aaron Antonovsky (1984), which laid the foundation of his new area of research in psychology - Salutogenesis.

### 2.4.3 Conclusion

The foundational research, conducted in various locations and at different times comprising different populations and backgrounds, has illuminated our current understandings of resilience. However, there are no reports of happenings between the years these different cohorts were undergoing growth from childhood to adulthood. The instruments used could not capture whether some members had undergone treatment to cope with the effects of trauma. Also, the self-reporting measures used have problems of validity because people tend to report themselves as positive. There is also the question of ethics; exposing these children to continued watch over their entire lives must have placed them in the stressful situation of feeling the need to behave themselves because they were being watched, which may have coloured the responses received from them. The following section focuses on the development of Salutogenesis, which tries to answer the question raised by the foundational studies. The observations were based on a few children in all of the cohorts who did not develop trauma or reported to have come out stronger. Is there anything we can learn from these groups?

## 2.5 The Contribution of Salutogenesis to the Development of Resilience

### 2.5.1 Introduction

The field of Salutogenesis evolved out of interest of its originator's (Antonovsky, 1978 cited in Antonovsky, 1998, p.5) desire to move away from the disease paradigm, which relied on the germ theory, to something quite the opposite, i.e., identifying what makes people healthy. He calls this the "health ease". This section looks at the concept of health ease or Salutogenesis, the two models that explain it, i.e., sense of coherence (SOC), and

general resistance resources (GRR), and their contributions to the development of resilience theory.

### 2.5.2 Salutogenesis

Antonovsky focused his work on Salutogenesis alongside pathogenesis[8]. The pathogenesis paradigm found use in peace research. In an attempt to rebuild a community that had been shattered by war or natural adversity, recovery from the aftershock is treated as a disorder (PTSD). Salutogenesis, on the other hand, offers a paradigm for thinking about resilience, illness and health that stands in contrast to the dominant pathogenic paradigm. Salutogenesis asks a question that is unheard of in pathogenic circles. In a 1971 study on concentration camp survivors, Antonovsky writes,

> "Our data are very consistent in showing that middle-aged Israeli women of central European origin who were concentration camp survivors are, as a group, more poorly adapted … than are the women in a control group. … What is, however, of greater fascination and of human and scientific import … is the fact that a not-inconsiderable number of concentration camp survivors were found to be well-adapted. … What, we must ask, has given these women the strength, despite their experience, to maintain what would seem to be the capacity not only to function well, but even to be happy?" (p. 52).

The salutogenic question asks, "Why, when people are exposed to the same stress which causes some to become ill, do some remain healthy?" This formed the basis of Antonovsky's research. It also marked the beginning of a different paradigm of research in health and illness behaviour and is the basis of resilience research. Although

[8] Pathogenesis is the disease paradigm of health which focused on what is wrong with the individual and tried to heal it. It is the germ theory. If there is an illness (disease), then the germ responsible should be isolated and treated. This was, and is still, the paradigm used in peace research on trauma: identify the stressors and deal with them.

Antonovsky carried out his resilience research in health and disease psychology (Antonovsky 1998, p.5), he was concerned with individual characteristics of positive physical growth. Duplessis (2001, p.17) did not agree that this theory should apply only to physical health, given the World Health Organization's (WHO's) definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO cited in Duplessis, 2001, p.17).

Salutogenesis is a term derived from a combination of "Salus", which means "health", and "genesis" meaning "giving birth". So the term "Salutogenesis" means "that which gives birth to health". Antonovsky saw "health-ease" (Salutogenesis) and "dis-ease" (pathogenesis) as opposite ends of a continuum; he argued that most research looks at processes that move or prevent people moving towards the disease pole. Salutogenic research, however, looks at processes that move people towards or keep people at the "health-ease" end of the continuum. Salutogenic research presents an alternative for understanding the relationship between the people in relation to the world. He argued further that "it directs us to the mystery of health in the face of microbiological and psychological entropic reality, a world in which risk factors, stressors or 'bugs' are endemic and highly sophisticated" (Antonovsky, 1998).

The major theme of this theory resides in the sense of coherence (SOC) framework. This model was developed to answer the salutogenic question raised earlier on, which asks why some people stay healthy in the face of risks and stressors they face in everyday life, and why some people stay healthy in the face of extreme adversity. The answer, according to Antonovsky (1998), is related to the way in which people bring "order out of

chaos", and from that premise it is the way in which people make the world coherent to them. SOC has provided a theoretical framework for salutogenic research ever since.

It is argued that SOC is both cognitive and collective coping, and the ability to mobilise resources to manage stress; therefore, it is not an individual construct because of the emphasis on resources (Taylor 2004, p.633). Taylor further draws from the theory of Salutogenesis important areas that could be used in nursing practice. In fact, SOC has three components: 1) the ability for people to understand what happens around them (comprehensibility); 2) the extent to which they are able to manage the situation on their own or through others in their social network (manageability); and 3) the ability to find meaning in the situation (meaningfulness). In other words, sense of coherence relates to the way in which human agents make sense of the world, use the required resources to respond to it, and feel that these responses are meaningful and make sense emotionally (Antonovsky 1998, p.8).

One other aspect that makes SOC different is the nature and use of resources. General resistance resources (GRR) are suggested to provide a person with sets of meaningful and coherent life experiences. Antonovsky saw SOC as essentially structural and although what he called general resistance resources may be internal resources, they may also lie in the social environment as well as being material or non-material in nature. Resources identified by Antonovsky include: material, knowledge/intelligence, ego identity, coping strategy and sociocultural characteristics (rational, flexible, far sighted), social support, ties, commitment (continuance, cohesion, control) cultural stability, magic, religion/philosophy/art (a stable set of answers) and a preventive health orientation. Taylor (2004) in a review described Antonovsky's resources as having characteristics

under eight domains, which the author, using a salutogenic matrix to assess research on child protection, collapsed into four: 1) biological (physiological and biochemical characteristics); 2) psychological (cognitive, emotional characteristics); 3) interpersonal (valuative-attitudinal and interpersonal-relational characteristics); and 4) socio-cultural (artefactual-material characteristics and macro-socio cultural characteristics).

Antonovsky maintained that the concept of Salutogenesis was universal, applicable cross-culturally and not dependent on any particular world view. He argued that, "seeing the world as comprehensible and meaningful would facilitate the selection of culturally appropriate and situationaly efficacious resources and behaviors" (Antonovsky 1994, p.174). One other paradigm that explains how individuals develop resilience is the availability of a coping strategy. Many professions have drawn from the Salutogenesis theory to improve practice (Taylor, 2004; Duplessis, 2007) without subjecting the theory to research. These generalisations of the theory to wider areas pose a threat to practice.

### 2.5.3 Conclusion

One of the conditions defining resilience is the presence of risk and positive adaptation in the face of that adversity. What makes people to stand up to that risk? This question was answered by Antonovsky (1998, p.8). He presented his salutogenic theory to explain resilience. Two models were presented here to explain Salutogenesis, i.e. how people develop a sense of coherence (SOC) to deal with adversity depending on their general resistance resources (GRR). These are initially thought to be individual characteristics, but Antonovsky argued for their presence across cultures (1998, p.8). These salutogenic concepts need to be subjected to research to substantiate their theoretical claims before

putting them into professional use to improve practice as seen in nursing practice as recommended by Taylor (2004).

One other paradigm researchers found contributes to the development of resilience is coping strategy**.**

## 2.6 The Contribution of Coping Processes in the Development of Resilience

### 2.6.1 Introduction

In trying to conceptualise resilience, conditions were provided. One such condition of resilience means the ability to go through stressful situations, perhaps become

traumatised, but bounce back to life. How does the individual deal with traumatising situations and bounce back? This section presents a coping theory strategy to deal with adverse situations and regain one's health. Lazarus and Folkman (1984, pp.143-157) championed the coping theory and provide its definitions and its conceptualisation. Multiple models are presented to explain from the perspectives of different theories how individuals cope with adversity and become resilient.

Coping has been defined by Lazarus and Folkman (1984, p.141) as "continually changing behavioural and cognitive efforts to manage external and/or internal demands that are appraised as exceeding the individual's resources".

Coping research evolved from research exploring the processes and mechanisms by which people develop resilience and improve health and well-being (Frydenberg 2002, pp.1-2). It began in the 1960s in order to move away from the deficit problems of adaptation that led to people getting ill, towards the strengths of how people deal with life circumstances to improve health. Early research in this area came up with findings

relating stress to illness, which gave rise to research on mediators and moderators of these relationships (Haggerty et al. 1996, p.235). These authors used a sample of 379 college students to examine the relationships between sense of belonging and personal characteristics, and selected indicators of social and psychological functioning in men and women. Indicators of social and psychological functioning examined included social support, conflict, involvement in community activities, attendance at religious services, loneliness, depression, anxiety, history of psychiatric treatment, and suicidality. The findings revealed that sense of belonging is closely related to indicators of both social and psychological functioning. These relationships were generally stronger for women than for men. It appears that sense of belonging is a useful concept pertinent to the exploration of social and psychological functioning.

The focus on processes and mechanisms by which people deal with adverse life circumstances is suggested to be important for understanding health needs and problems and developing strategies to prevent problems or improve health and well-being that focus on how people deal with stress (Harrop et al. 2007, p.37; Moos and Holahan, 2003 cited in Iwasaki, 2006, p.209). The studies quoted above found that there is a relationship between social support and outcome of stress, as seen in Haggerty et al. (1996), while Iwasaki (2006) used qualitative methods to establish the roles of culture, history, and leisure in moderating the effect of stress on aboriginal Canadians with diabetes. Both studies point to social support as a moderator or mediator of stress. However, the Iwasaki study is qualitative and explores the role of culturally appropriate forms of leisure such as Native arts, aboriginal dancing, music, spiritual reading, and going to reservations to moderate stress. The study fails to identify how the aboriginal Canadians use and

inculcate this procedure in their daily lives and especially whether this process has been passed on to their children. Likewise, it is a qualitative study that was not supposed to be generalised in the way in which it has been in the Iwasaki study. Furthermore, both studies should see social support beyond a moderating effect but a major variable in the stress process.

Harrop et al. (2007, pp.37-39) report three theoretical perspectives on coping; these are apparent in the literature.

### 2.6.2 The transactional model

The transactional model is one of the three models that explain how the individual deals with stressful situations. It looks at resilience as a coping strategy coming out of the process of interaction between the person and the adverse environment. Research evolved to explain how the interactions are appraised.

This theory suggests that coping is a dynamic, and therefore continuous, process of individual-environment interaction. This is by far the dominant approach cited by a number of studies. Fields and Prinz (1997, p.937) reviewed research published between 1987 and 1997 on child and adolescent strategies for coping with commonly occurring stressors in non-clinical populations and the relationship of these strategies to adjustment. Current conceptual and classification schemes for children's coping strategies are analysed and compared. Studies of child coping are reviewed in three clusters: 1) descriptive and taxonomic studies; 2) age-group comparisons; and 3) evaluations of coping-adjustment relationships. Developmental commonalities and changes are identified across studies and conceptual models. Conceptual models compatible with problem-focused/emotion-focused and approach/avoidance frameworks have proven to

be useful for descriptive purposes. However, they raise concerns that categories in the current classification systems do not distinguish coping strategies that promote adjustment from ones that limit adjustment. Frydenberg (2002) and Sandler et al. (1997 cited in Harrop, 2007, p.37) posit several defining features of this approach as cited in the literature, which, when drawn together suggest the following conceptualisations: 1) coping is a continuous and dynamic process of person-environment interaction; 2) it changes over time in response to changing demands and appraisal of the situation; and 3) it is situation as opposed to person specific (this means it is not an individual thing but that the stress-coping mechanism changes with the changes of stressor).

Aspinwall (2004, p.11) reviewed what is known about how people cope with adversity and how such efforts are relayed to psychological adaptation and physical health. The author raised issues that are yet to be integrated into the literature, such as coping and self-regulation. Coping consists of activities undertaken to master, reduce, or tolerate environmental or intra-psychic demands perceived as representing potential threat, existing harm or loss. The author defines self-regulation as the process through which people control, direct, and corrects their own actions as they move towards or away from various goals. Although these studies have developed largely in isolation, they share a fundamental concern with the relation of personal, social, and situational factors to people's emotions, thoughts and behaviours as they anticipate or encounter adversity. Aspinwall's review also examines the unique contribution of each study to understanding how people deal with adversity. Further examination of potential contributions was done in five areas: 1) the conceptualisation and measures of stress and coping; 2) individual

differences in coping and outcomes; 3) adaptational processes and outcomes; 4) social processes, such as social comparison and social support; and 5) emotions.

In keeping with this conceptualisation, Rosella and Albrecht (1993, p.193) reviewed the current psychosocial functioning of black youth while emphasising the disadvantaged social contexts in which most live, which place them at a higher risk of a variety of negative outcomes. Data concerning mental and social health indicators for black adolescents suggest a) a negative mental-health trajectory with high rates of depression, psychiatric hospitalisation rates, and suicides, and b) a poor social health status, with alarming school drop-out and juvenile delinquency rates and chronic violence exposure, substance use, and teen pregnancy. An application of the stress-coping framework to black adolescents is suggested as a way of conceptualising the relationship between stress factors and their influence on development. Because this framework places much emphasis on environmental factors as causes for psychological distress, it provides a means to account for the differential incidence of mental and social illnesses among black adolescents. The study recommended that nursing interventions related to stress and coping among black adolescents may serve to increase well-being and actualise health promotion.

The reviews above have conceptualised coping as dependent on two contexts: the individual, and the environmental or social support. These perspectives are short of many possible contributors to cushioning the effects of stress, which would give the process a holistic approach to outcome. The reviews have not given in-depth analysis of the differences arising from social and racial backgrounds, given the fact that blacks as reported in the study by Rosella and Albrecht experience severe environmental

dislocation as compared to other races. These disadvantages have not been taken into consideration in conceptualising coping resources.

Aspinwall (2004, p.9); Harrop et al. (2007, p.38); and Lazarus (1998, pp.357-358), suggest that the ability to cope with stress is influenced by the nature of the stressors, prior experiences, with similar stressors and the availability of adequate coping resources. Furthermore, the processes of person-environment transactions have resulted in changes to the individual's beliefs, approaches to future stressful situations, and action to change the environment to increase or decrease exposure to further stressors.

The stages in the coping process are: 1) primary appraisal of the adverse event; 2) secondary appraisal of coping options; and 3) use of coping strategies to manage the effect of the stressors or attempt to change the situation (Lazarus 1998, p.357). The theoretical conceptualisation of the coping process seems to be complex or cloudy. The reviews described above claim that changing the source of stress or changing the environment is an adequate coping strategy. The definition of trauma spells out that if the individual avoids the situation or tries to change it physically or cognitively, the person is satisfying a condition for a symptom of trauma. However, the coping theorists here are referring to it as coping strategy. When does escape or avoidance of the source of stress become a coping strategy, and when is it a symptom of trauma? This is yet to be addressed by the coping theorists.

Outlaw (1993, p.399) applied Lazarus and Folkman's (1984) phenomenological approach to cognitive appraisal, stress, and coping to intervene among African Americans, an ethnic group that is exposed to a range of stressors over time including racism, which leads to discrimination. African Americans also suffer disproportionately from

hypertension, cardiac disease, obesity, and drug and alcohol abuse - all illnesses that have been linked to stress. Individuals who experience repeated stressful events are at risk of developing physical and psychological illnesses. The paper further describes a model to guide nursing practice, research and education about the influence of racism on the cognitive appraisal, stress, and coping strategies of African Americans. Outlaw's practice-based paper drew from a theory that has not empirically substantiated its claims. Taking a lead in applying its conclusion might be counterproductive to intervention. One expects Outlaw to substantiate the theoretical claims first before application of the findings. This is evaluation of the coping effort in terms of its effectiveness in dealing with, eliminating, or reducing the stressor or managing one's responses to the stressful event (Harrop et al. 2007, p.38). This is direct application of the theory unevaluated.

Within this theory stress evolves as a mismatch between the perceived demands of a situation and the individual's demands of a situation and their assessment of their resources to deal with these demands. Distinctions have been made between life events and daily hassles; controllable and uncontrollable stressors; ordinary stressors and unusual stressors; and behavioural actions in a specific situation, which are intended to manage affective arousal (emotional states).

*2.6.2.1 Conclusion*

The transactional model is viewed at as an interaction between person and environment (Field and Prinz 1997, p.937; Harrop et al. 2007, p.37). This interaction is influenced by the nature of the stressor being experienced, and its relationship with similar past experience and the presence of coping resources available to the person (Aspinwall 2004, p.9). Furthermore, the stages of processing that the individual goes through to finally

cope with the effect of the stressor are primary appraisal and secondary appraisal (Outlaw 1993, p.399; Pincus and Friedman, 2004 cited in Nijboer, 2007, p.15). Harrop et al. (2007, p.38) further make a distinction between a variety of coping constructs and types of stressors that emerge in the literature, such as hassles and life events.

However, the transactional model has been found to be limited in its perspective, focusing only on individual and social support perspectives and alienating the other perspectives such as culture, which carpets the social and the individual. Further, conceptually some of its claims are confusing, such as trying to change the source of stress, which has been reported as a symptom of trauma. Culture could explain the differences observed in blacks' social dislocation and severe distress compared to other racial groups.

### 2.6.3 Transactional approach to coping responses and strategies

At what level of the individual does coping take place? This section looks at the domain of coping as cognitive. Research is drawn from the literature to further distinguish between the two cognitive appraisal strategies: problem focus and emotion focus. Other research is also presented that categorises the cognitive appraisal of coping strategy.

The coping efforts or strategies adopted by this model have been defined as cognitive and behavioural actions in a specific situation that are intended to manage affective arousal (emotional states) or improve a problematic situation. Many slightly different models are highlighted in the literature that has been used to describe coping responses. The most well-known and widely used of these models is the problem-focused/emotion-focused coping dichotomy based on Lazarus's (1974, p.321) cognitive appraisal model. This dichotomy distinguished between problem-focused coping efforts, which are aimed at

modifying the stressor (e.g., via direct problem solving), and emotion-focused efforts, which are aimed at regulating the emotional status that may accompany the stressor, or adapting to the stressor without changing it.

It is noteworthy that problem-solving and emotion-focused strategies are cognitive and individual but both depend on prior experiences in dealing with similar situations. These experiences are dependent on a larger cultural perspective. They are not as simplistic as this coping strategy would want us to believe.

### 2.6.4 Dispositional model

The dispositional model looks at coping basically from the psychoanalytic perspective: it is internal, and therefore coping is based on the individual characteristics.

This is also referred to as the psychoanalytic approach. It is given some mention in the literature (Harrop et al. 2007, p.39). This model suggests stable person-based factors underlie habitual coping efforts (e.g., personality, attitudinal and cognitive characteristics).

The dispositional model's reliance on psychoanalytic theory makes it very difficult to understand its operations because of the difficulty of access to evaluate empirically certain psychoanalytic concepts and constructs. It is individual-centred and ignores other perspectives. The theory, as has been argued in Chapter 1, is an armchair theorisation.

### 2.6.5 Motivational model

According to the motivational model, stress results from an assault on basic psychological needs of relatedness, autonomy, and competence. Coping is, therefore,

perceived to be less about fending off the harmful consequences of stress than about people's efforts to fulfil these needs.

Fields and Prinz (1997, p.937) introduced a three-part typology that distinguishes between: 1) practically oriented efforts aimed at resolving or circumventing; 2) emotionally oriented efforts, which dampen, vent, or counteract negative feelings; and 3) cognitively oriented efforts, which alter or minimise the appraisal of threat or misfortune. Another model identified by the authors is the primary/secondary control model (Rothbaum, Weisz and Snyder 1982, p.27). Like problem-focused coping, primary control is conceptualised as efforts aimed at influencing objective conditions, while secondary control is conceptualised as efforts aimed at maximising "one`s goodness of it" with conditions or events as they are.

An option of relinquished control (Band and Weiz 1990, pp.155-156) has been proposed to describe the absence of goal activity or coping; that is, doing nothing or giving up. Moos and Holahan (2003, p.1387) further explain that as well as distinguishing between methods of coping (i.e. cognitive or behavioural), approaches have been classified by the focus of orientation of responses, for example, approach coping or avoidance coping.

Moos and Holahan (2003, p.1387) have combined the two approaches to illustrate the basic types of coping responses: 1) the cognitive approach (e.g., logical analysis/positive reappraisal/ restructuring a situation to find something favourable); 2) the behavioural approach (seeking guidance and support-taking action to address the situation directly); and 3) cognitive avoidance (seeking alternative rewards, creating alternate sources of satisfaction, risk taking).

The literature also reported relative effectiveness of the different strategies. It explains how approach-focused coping has generally been considered to result in better adaptation than avoidance coping, on the basis that approach skills can moderate the adverse influence of the stressor, whereas avoidance (i.e. withdrawal) is generally associated with psychological distress and behaviour that is likely to be detrimental in its effects.

Pincus and Friedman (2004, p.15) explain that emotion-focused coping strategies are typically more adaptive when an appraisal leads to the conclusion that nothing can be done to modify difficult conditions, while problem-focused coping will be more adaptive when the situation has been appraised as amenable to change.

Both practice-based papers above again explain avoidance as coping mechanism that is beneficial. Both also derive their conclusions from theoretical-driven reviews that could benefit from evaluative study before recommending them for clinical intervention. The observation has been raised earlier on in this chapter that there is wide misunderstanding of when avoidance of stressful situations is a symptom of stress and when it is objectively a coping strategy. This confusion needs to be addressed by the coping theorists.

### 2.6.6 Conclusion

The above literature on conceptualisation of resilience has found use in varied contexts of research; these applications were observed in developmental psychopathology, education and medicine in general, and among children who were abused, and/or experienced natural or man-made disasters. This thesis has set out how resilience theory evolved out of two major paradigms: Salutogenesis and coping strategy. Each relied on several models to operationalise and explain its contribution to resilience. For instance, sense of coherence (SOC) and general resistance resources (GRR) models have been used by

Antonovsky (1998, p.8) to explain the theory of Salutogenesis. Likewise, the second paradigm that explains resilience as a coping strategy lends its models to explanations of transactional, dispositional and motivational approaches. Various researches were drawn from the literature to support these approaches.

The roots of resilience research are in psychosocial research, which earlier focused on clinical studies but later found use in other areas such as education and family counselling. The definition of resilience focusing on stable health despite adversity and the ability to bounce back to life, have all been captured by theories of resilience: Salutogenesis and coping. However, the theoretical reviews here, whether on resilience, Salutogenesis or coping, have flaws directly based on their contexts. They serve only the individual and ecological perspective as social support. Other perspectives have not been addressed. This explains the gap that is created by leaving out other perspectives such as the culture of the individual.

A number of issues have been raised concerning the literature. First is the issue of ethics that needs to be addressed by researchers. It is observed that the concept of resilience may lend itself to "victim blaming" explanations and political usage of the concept to justify limited efforts to tackle poverty. It is important to see resilience as a process rather than a trait, and hence there should be a greater focus on the role of social institutions (Harrop et al. 2007, p.32; Lykes and Coquilion 2009, p.285).

It is also observed that the past research that has conceptualised resilience has been multi-dimensional. Attention needs to be focused on context-specific areas of adversity, such as war trauma resilience and its different theories in that circumstance.

The sense of coherence aspect of Salutogenesis is individualistic both in its context and content. It is reflective of a mono-culture of European origin. Although the architect of this theory (Antonovsky 1998, p.27) tried to defend its application as universal, cutting across all cultures and situations, the contents still remain individualistic.

The conceptualisation of resilience is reliant on adult-oriented theories taken from adult psychopathology. It is observed that children have different coping strategies from those of adults, and child-oriented theories need to be developed to explain children's resilience processes instead of relying on adult-specific theories.

The culture of the individual and its influence on the conceptualisation of resilience, expression and management has not been discussed; however, it was mentioned that attention should be given to this aspect (Ungar, 2008, p.232).

Most of the research on resilience is practice based. It is noted that practitioners engage in drawing from theories to apply to interventions without evaluating the suitability, reliability and validity of those theories. This may be counterproductive to practice. Research initially focused on the outcome of resilience but has recently been extended to process research focusing on resources, assets and positive factors that produce resilience. The next chapter addresses the application of this multidisciplinary concept to research on war trauma resilience.

# CHAPTER 3

# THE APPLICATION OF RESILIENCE THEORY AND RESEARCH ON WAR TRAUMA RESILIENCE

## 3.1 Introduction

The previous chapter documented the build-up of the concept of resilience, drawing on literature from a variety of disciplines.

The theory of resilience, though developed from different disciplinary perspectives, has recently found application to the study of survivors of war and other conditions of armed conflicts. It has been applied to war-affected children who remained healthy despite their adverse environments. The domain is robust; refugee studies, especially in the USA and UK since the World War II, have focused on trauma but recent happenings among refugee children from Cambodia, Bosnia, Iran, Iraq, Israel and Palestine and some African countries have found some characteristics of resilience among children, internally displaced populations and refugees.

This chapter presents the reviews found in the literature linking resilience to war-affected children. It provides recent studies that reveal some theories of resilience that have surfaced among the war-affected children. Protective factors have been identified and the research is presented with the aim of bringing the reader up to date on war-resilience literature. The review cuts across global happenings, and later focuses on happenings in Africa and specifically in Nigeria. Its focus and scope centre on childhood resilience despite violence as a result of armed conflicts. Age and gender differences in resilience

among war-affected children are also highlighted to show whether resilience is a gendered as well as a developmental phenomenon. Despite the plethora of research reports on the demographic variables of gender and age, culture, especially religion, has been found to be linked to resilience, and critical questions as to how these variables have contributed to resilience have been addressed through relevant studies that have been conducted in these areas.

The chapter concludes with raising observations on the gap that exists in literature, and the need for the present study.

This section has the following purposes:

1) To present evidence that has been produced in the positive adaptation of children displaced by war.
2) To present evidence that exists in the literature on war-affected children in Africa.
3) To ascertain the gaps that exist, and the need for the present study.

Researchers studying war trauma resilience have applied the resilience theories to child populations in situations of war and violent armed conflict to determine the resources that those children use to stay healthy or bounce back despite adversities such as war or other violent events they have witnessed in their lives. The salutogenic protective factors or coping resources all boil down to factors that hinder the individual from becoming traumatised, or assist an individual who is traumatised to manage the situation and bounce back. Both conditions meet the definition of resilience. These protective factors or coping strategies fall into three categories as identified by the war literature on children; they are categorised into individual, family and community factors.

## 3.2 Individual Factors in the Development of War Trauma Resilience

### 3.2.1 Introduction

This section, like the early research into resilience in other disciplines, presents findings that focused on individual factors that make children strive in the face of adversity. Researches from across the globe are presented to support this position. The researches were perhaps influenced by Antonovsky's Salutogenesis theory (1998, p.8).

### 3.2.2 Individual factors in the development of war trauma resilience

Aupperlee (2001, pp.22-23) reports that Michael Rutter (1990) began his career in child psychiatric services and was one of the first people to connect the school environment for studies with studies of hardiness. He helped to shape the field with his studies of "cycles of disadvantage" and is still active in the field today. Another pioneer researcher, Norman Germazy (1991) is generally credited with establishing resilience as an area of study with his ground-breaking work on children of schizophrenic mothers in the early 1970s. He later applied the term more broadly to children who succeeded against great odds and has helped to shape the field all along. Emmy Werner (2005) was another of the pioneers of research on resilience. Werner`s (1971) longitudinal study on the Island of Kauai, and the two follow-ups to it, firmly established the enormous role that families and communities play in the health of children. Ann Masten (2001) is one of the leading researchers in the field of resilience today, studying competence in the academic, social, and behavioural domains. Within the field, she specialises in (amongst other things) cross-cultural studies, overcoming challenges like homelessness, and the transition to adolescence. Jo Boyden (2003) also contributed to the field of resilience by looking beyond the factors from a constructionist perspective. All the researchers mentioned have advanced the field further

based on observations of certain individuals who did not develop post-traumatic stress disorder (PTSD) or who bounced back despite adversity.

Though none of these studies dealt directly with war-affected children, their methodologies and measures have been applied to the study of these children. There are various factors which influence responses to stress. Thus the magnitude of the impact of a stressor may not be only related to the nature of the stressor itself. However, following the trajectory of research in resilience in disciplines such as health, which began with individual characteristics, the research on war-affected children also began in the same line. Since then, individual factors in developing post-war trauma resilience has been studied extensively and the literature summary of some related evidence follows.

Studies conducted on individual characteristics that serve as protective factors are numerous, and they involve those factors that include temperament and cognitions, including judgment and the physical and emotional disposition of the individual. Duplessis (2001, pp.5-6) gave a good summary; she reviewed the general multidisciplinary individual factors that were found responsible for resilience and came up with four categories. Duplessis (2007, p.5) cited Polk (1997) to have synthesised these four patterns of resilience from the individual resilience literature to include:

1) Dispositional pattern

The dispositional pattern relates to physical and ego-related psychosocial attributes that promote resilience. These entail those aspects of an individual that promote a resilient disposition towards life stressors, and can include a sense of autonomy or self-reliance, a sense of basic self-worth, good physical health and good physical appearance.

2) Relational pattern

The relational pattern concerns an individual's roles in society and his or her relationships with others. These roles and relationships can range from close and intimate relationships to those with the broader societal system.

3) Situational pattern

The situational pattern addresses those aspects involving a link between an individual and a stressful situation. This can include an individual's problem-solving ability, their ability to evaluate situations and responses, and their capacity to take action in response to a situation.

4) Philosophical pattern

The philosophical pattern refers to an individual's worldview or life paradigm. This can include various beliefs that promote resilience, such as the belief that positive meaning can be found in all experiences, the belief that self-development is important, and the belief that life is purposeful.

Duplessis (2001, p.6) further cited Barnard (1994) to have identified nine individual phenomena that the literature repeatedly has shown to correlate with resiliency:

1) Being perceived as more cuddly and affectionate in infancy and beyond

2) Having no sibling born within 20-24 months of one's own birth

3) A higher level of intelligence

4) Capacity and skills for developing intimate relationships

5) Achievement orientation in and out of school

6) The capacity to construct productive meanings for events in their world that enhances their understanding of these events

7) Being able to selectively disengage from the home and engage with those outside, and then to re-engage

8) Being internally oriented and having an internal locus of control

9) The absence of serious illness during adolescence.

Duplessis (2001, p.1) identified these resilient factors in a review she presented to a social workers' conference in a military hospital environment in South Africa. Duplessis's review was based on improving social work practice. The review mainly focused on theoretical perspectives, such as Salutogenesis and coping. They needed substantiating in a hospital environment to warrant their application to policy or intervention. As the early theorists focused on the internal characteristics of the individual, the review and its application also centred on strengthening the individual to withstand adversity as dictated by the early theories. This views resilience from the individual perspective only. Issues of philosophy in life, beliefs and meaning are actually dependent on cultural environments (Bracken 2002, p.74); these are constructed by a culture and not merely developed by the individual's biology.

But what is the situation in a newly developed context, war trauma resilience? Numerous research and findings across post-conflict societies have provided evidence that war trauma resilience exists in different domains. For instance Agaibi and Wilson (2005, pp.210-211), in a review on trauma, PTSD and resilience, found that individual factors were responsible for trauma resilience and they cited studies by Rutter (1990), Germazy

(1991), Werner (2005). Daud, Af Klentenberg and Rydelius (2008, p.337) also found these factors in their research with young people thought to be resilient despite parental levels of poverty and psychopathology. The literature suggests that children who experience traumas and become resilient adults often demonstrate personal strengths, empathy, intellectual skills, hope and faith (Germazy 1991, p.9). They identified four paths that build on resilience. They include personality characteristics, affect modulations, ego defences, coping styles and mobilisations of protective factors.

These individual factors are also reported in a study of Iraqi children after the Gulf war (Dyregrov and Raundalen 1991, pp.62-63). Aupperlee (2001, p.1), in an interview with experts in the field of trauma, found that resilience is a result of individual factors such as the child's IQ (Daud, Af Klentenberg and Rydelius (2008, p.337), temperament, peer influence and developmental competence. Moskovitz (1983) studied child survivors airlifted to London during World War II; he noted that the survivors were characterised by "endurance, resilience, and great individual adaptability" (p.20).

Furthermore, being in control of one's choices, problem-solving ability, goal setting and meaningfulness, and monitoring of one's thinking have all been implicated in resilience of war trauma. A single study analysing participants' responses confirmed that survivors recalled that they made choices and practised inner control as reported by Greene (2002, p.7):

> "According to Ernie, 'Do what needs to be done. Yes, I am a problem-solver'. Lou said, 'I made the perfect plan to hide in a pot stove'. Emmanuel recalled that, 'you put it in your mind to achieve a goal'. According to Eva, 'To be resilient, you have to realize that every day you make choices. . . You are in control of your life. . . You have to change your thinking! No, you are not worthless! You are a person'."(Greene, 2002, p.7)

Several other individual factors were reported in the literature, which are said to have contributed to the development of resilience. These include child disposition factors such as the ability to respond to new situations, age and gender, and other individual characteristics such as social ability, coping style, temperament, good health and development, and adequate emotional expression (Daud, Af Klentenberg and Rydelius 2008, p.337).

Finding meaning for the individual happenings in adverse environments such as war has also been discussed in the literature. It is an individual's way of cognitively engaging with him- or herself to explain convincingly what is happening. It has also been reported by Anderson that the connection between finding meaning in trauma or tragedy is yet another factor commonly associated with resilience and longevity (Anderson 2005, p.1).

The studies on individual protective factors in resilience have identified various individual resources as have been listed. The studies here also classified meaning and religion as personal individual resources, which could be contested on the grounds that they are interactive resources constructed by history and culture. Although the Agaibi and Wilson (2005, pp.210-211) review touched on the studies and theories of war-affected individuals, their sources were all focused on adult populations, and specifically prisoners of war, so they had no reference to war-affected children. The studies were conducted based on personal reports, which could have been exaggerated to gain access to medication and some financial or material inducement. Dyregrov and Raundalen (1991, pp.62-63) defined "young people" in their study to cover the ages from 5 to 18. This age bracket includes young people who were married and independent at ages 15 to 18, as the

culture in Iraq, an Islamic nation, would allow. This questions the universal definition of a child. The measure, a 13-item 'impact of event' scale, was developed in Bosnia amongst 9- to 14-year-olds and administered on Iraqi children aged 5 to 18. This misapplication of instruments trafficked across cultures undermines the validity, and therefore reliability, of such measures. Aupperlee's conclusion on the individual factors of resilience drawn from the interview was not based on research but on practice-based experiences, and from different professions.

Daud, Af Klentenberg and Rydelius's (2008) comparison of refugee children and non-refugee children is methodologically flawed because no efforts were made to control class and other aspects of social background. Most refugee populations are from disadvantaged countries, often politically turbulent. The host nations are often advantaged; comparing the two populations is just measuring their disadvantage rather than the impact of armed conflict. Also flawed are the studies by Moskovitz (1983) and Greene (2002), both of which were conducted among survivors of war who were children at the time of the war but were interviewed as many as 50 years afterwards. It is difficult to ascertain the reliability of the information because the survivors may have wanted to make political points and more so, there is the effect of decay of transference of information after such a long period of time, which may have coloured the results. While it is worthy to gather information on young people given by experts, adults and other professionals to advance practice and intervention as well as policy, it is always methodologically proper to listen to the young people's voices as well.

The literature also identified some demographic factors that contribute to high-risk children overcoming extraordinary circumstances. Gender has been found to be

implicated in the development of resilience, although findings show ambivalence and hence are inconclusive. For instance Garbarino (1999), in his book, *Lost Boys*, concluded that the boys' capacity to surmount being "abused, abandoned and terrorized . . . was wrapped up in issues of resilience" (p.161).

Likewise, Stein et al. (1999, p.464) reported changes in psychological symptoms of Bosnian young people exposed to war and trauma, and found that symptoms of post-traumatic stress, anxiety, and depression showed a greater decrease in boys relative to girls over time. They concluded that gender may be an important factor in the natural course of trauma-related symptoms among war-traumatised young people. Thabet et al. (2011, pp.84-85) studied Palestinian young people during and after the Gaza occupation by Israeli soldiers in 2005 and revisited the study in 2011. They reported gender findings differently from the studies by Duplessis (2001, p.10), which found in the literature that to be a girl would be positively implicated in the development of resilience. This was also reported by Cryder et al. (2006, p.67), who conducted an exploratory study among youngsters affected by Hurricane Floyd in northern Carolina and found gender differences in levels of resilience, with girls reporting more resilience than boys. However, Campbell-sills, Forde and Stein (2009, p.1010) also reported resilience to be related to gender and found that boys scored lower on trauma measures. However, there was no age-statistical difference in PTSD presentation.

The studies above show that gender-specific implication in resilience is context-specific. It is evidently clear now that in situations of armed conflicts, boys tend to be more resilient than girls. Likewise, as will be demonstrated towards the end of this chapter,

girls are reported to be more resilient in other, non-war, adverse situations; for example, those caused by hurricanes. The situation in armed conflict is mostly gender specific: Garbarino's book is about the troubled boys who were involved in school shootings in the USA; almost all the shootings involved the male gender. Most armed conflict across the globe has also been caused by the male gender; they plan and execute, often underestimating its effect once it happens. However, the situation in the USA is a sporadic occurrence in the classroom or school environment, which is different from full-blown armed conflicts where other necessities of life are cut off, including the parents and other family members, food and other social amenities (in addition to loss of lives) for a long time. The generalisation of this finding in the context of USA school shootings based on a few interviews is therefore a subject of further discussion.

Stein et al.'s study among Bosnian young people, Thabet et al.'s in Palestine, and Campbell-sill et al.'s in the USA have all relied on paper and pencil measures to assess resilience in young people. The instruments have been developed in a different set-up and context with lower levels of adversities and their administration onto war-affected children in a completely different set-up such as Bosnia and Palestine may not be justified. These questionnaires, which have been developed by adults thinking for children, would not measure what the children were actually going through. Campbell-Sill et al.'s retrospective research amongst adults abused as children, while there are many abused children in the USA, is methodologically faulty because of the difficulty in retrieving abuse information that took place long time ago.

The age and degree of exposure of an individual to war and other adversities was studied by Schwarzwald et al. (1994, pp.663-664). They followed-up a group of 326 young

people in the 6th, 8th, and 11th grades who were from areas hit, and areas not hit, by missiles. Age differences were found to be related to resilience, with the younger age group more affected by the adversities. Only this study in the literature reported that proximity to the troubled spots increased the risk of developing trauma, and hence of being less resilient.

The study of resilience is a relatively new area, particularly as it affects young people affected by violent conflicts. The research reviewed above dealt with individual factors that are located in the individual's personality, cognitions or attitudes that make him/her "hard". These were initially thought to have developed out of Antonovsky's Salutogenesis research (Antonovsky, 1978). Evidence revealed here from medical, health and social science disciplines is that resilience is a multidisciplinary phenomenon, and these individual factors avail themselves in different domains. Recently these factors were shown to be evident in research on war resilient studies. In addition, some studies from the literature show gender differences among war-affected children, though this observation is not yet conclusive (Campbell-Sill et al. 2009, p.1010; Duplessis 2001, p.5; Stein et al. 1999, p.464; Thabet et al. 2006, pp.84-85). Likewise, the age of children also plays a role in building resilience, so far evidence from the literature on war-affected children shows that the younger age category of children suffer more trauma than the adolescents. Though the studies point to a link between younger age and trauma, they are not conclusive; only a few studies have been carried out in the war zones and most drew support from literature that was not related to war situations to support their findings.

### 3.2.3 Conclusion

Reviews have been carried out on individual resources that contribute to resilience among young people in armed conflicts and individual characteristics have been enumerated from research findings across the globe. However, the flaws of such studies have been pointed out. In particular, the instrumentation, methodologies and claims from literature to support their objectives have been found to be inadequate. There is also a need to look deeper into the situation of war-affected children because most existing studies have been drawn from methodologies that are not appropriate to apply to war contexts.

The factors seen here have a direct impact on the process of working through the adversity that befalls the individual. The factors either act as buffers, mediators or are employed as (coping) strategies as spelled out in the literature review. Two demographic variables that have consistently shown to have an effect on levels of resilience are gender and age. To be young and of male gender may likely produce an individual who does not show resilience in times of war, or some other adversity (Duplessis 2001, p.6). However, recent evidence from war zones contradicts Duplessis's position. More research on the war-affected young people needs to be done to further understand the contribution of these demographic factors to the development of resilience and properly locate them in the literature.

However, as the field experienced some growth in research, emphasis started shifting from the individual to her or his environment. It is postulated that the individual is located in the environment and therefore the environment has influence on his or her behaviour. The new area of research focused on the individual's family and neighbourhood. The following section reviews the recent findings in this area.

## 3.3 Family and Community Factors Responsible for the Development of Trauma Resilience

### 3.3.1 Introduction

As the resilience research focus shifted to ecological causes, community factors became evidenced as shown in the literature. The studies here try to point out the importance of family environment, size and cohesion as well as support from the family neighbourhood and ecological environment.

### 3.3.2 Family and community factors responsible for the development of trauma resilience

Family warmth, size and cohesion, socio-economic status, and support from neighbourhood and school are found to be implicated in the development of resilient individuals as reported by the studies reviewed. For instance, Daud, Af Klentenberg and Rydelius (2008, p.337) studied 80 young Iraqi refugees in Sweden. The results indicated that supportive family relations, good peer relations and prosociality constituted the main indicators of resilience to trauma among the young people.

Psychologists, psychiatrists and social workers working with young people displaced by violent conflicts in Third World countries such as Sudan, Somalia and Rwanda in Africa, identified the role of environment in developing resilience among young people in different contexts. Effects of war on children's lives are dependent on a range of contextual and personal factors. For example, young people who belong to caring and supportive families and stable, affectionate relationships between children and their closest caregivers are protective factors against psychological disturbance (Millwood, 1995).

Millwood observes,

> "Yet we know little about how children from different cultures and backgrounds react to war experiences, especially the long-term effects, and how these effects are perceived and dealt with in different cultures. Nor have the effects on girls compared to boys or on unborn children been thoroughly researched. Few rigorous studies of effects of war on children have been undertaken in Third World countries and most of those that have been made tend to view the issues mainly through Western eyes." (1995, p.1).

In the interest of understanding the resilient factors among young people, Thomas and Lau (2002, p.iii) reviewed research conducted among young refugees and adolescents in the past 10 years. The results indicated a list of protective factors that contribute to the development of resilience among young refugees. Young people's dispositional factors (such as the ability to respond to new situations), positive environmental support through strong peer relations, quality of family life prior to exposure to resettlement, and social support from parents were key elements reported in the literature. Thabet et al. (2006, pp.84-85) studied Palestinian young people during and after the Gaza occupation by Israeli soldiers in 2005. They found that young people from families where there are four young people or fewer had more PTSD symptoms than the young people from families with higher numbers of young people. It is assumed that there are more interactions and more care and social support in families with a larger number of children, although this differs enormously across cultures.

Peer influence has also found a place in the literature as contributing to the development of resilience to war trauma among children. Peer influence provides an avenue for sharing and for supporting each other, which has been implicated in resilience development (Aupperlee 2001, p.1).

Daud et al. (2008, p.337) also investigated children concerning resilience and vulnerability factors, and found that adequate relation to family facilitated the development of resilience. Social support from parents has also been found to contribute to the development of resilience (Thomas & Lau 2003, p.iii). Importantly, relationships and optimism are probably the two factors most associated with resilience. Evidence from an in-depth study of the survivors of Hiroshima and the Holocaust found that people who are resilient have a variety of adaptive mechanisms, and are able to bring together or integrate seemingly incompatible ideas. They seek consistency, remain connected to human events, and search for spiritual meaning (Greene 2002, p.8).

When the evidence suggested that protective factors, such as a nurturing parent or a significant role model, moderate the effects of risks, researchers then turned their attention to which protective factors decrease stress and enhance adaptation. The literature contains numerous longitudinal and clinical studies of which factors contribute to high-risk children overcoming extraordinary circumstances. Among the best-known accounts of resilience related to oppression or persecution is Robert Coles's (1986) *The Political Life of Children* in which he captures the remarkable courage of children, such as Ruby, who bravely attended the first integrated schools in the South of the USA amidst violence and threats. When Coles re-interviewed Ruby in 1998, he discovered that she had retained her dignity and had become a resilient adult (1998, cited in Greene 2002, p.4). In a similar vein, Moskovitz (1983, p.20) interviewed 23 child survivors who were airlifted to a London therapeutic safe house following World War II. Forty years after their experience, she learned that they displayed "an affirmation of life – a stubborn durability" (p.199). Their adult lives were also distinguished by a high level of spiritual

involvement, social commitment, and a staunch desire to maintain a stable family life. In a like manner, Moskovitz (1983) noted that the adult survivors were characterised by "endurance, resilience, and great individual adaptability" (p.20).

Closely knit social ties in urban neighbourhoods with multiple layers of social and economic functioning have been found to contribute in building trauma resilience. Wallace and Wallace (2008) studied urban neighbourhoods form the basic functional unit of municipalities socioeconomically; they consist of social networks and interlocking layers of social networks. Old, stable neighbourhoods are blessed with large social networks and dense interlocking layers. Both social control and social support depend on these complex structures of tight and loose ties. Public health and public order depend on these structures. They are the basis of resilience of both the neighbourhood itself and of the municipality that is composed of neighbourhoods (Wallace & Wallace 2008, p.18). In New York City in the 1970s and later, a domain shift occurred because of the disruption of the socio-economic structure by the massive destruction of low-rental housing. A combined epidemic of building fires and landlord abandonment of buildings levelled a huge percentage of housing in poor neighbourhoods and forced mass migration between neighbourhoods. Social relationships that had existed between families and individuals for decades were destroyed. Community efficacy was also greatly diminished. Drug use, violent crime, tuberculosis, and low-weight births were among the many public health and public order problems that soared in incidence as a consequence of the unravelling of the communities. These problems spilled out into the metropolitan region of dependent suburban counties. The ability of a municipality and its dependent suburban counties to

weather a disaster such as armed conflict depends on the size of social networks in its neighbourhoods and on the interconnection between the social networks.

Diversity such as gained by social and economic integration influences the strength of the loose ties between social networks. Poor neighbourhoods with extreme resilience conferred by a dense fabric of social networks must also maintain connections with mainstream political structure or they will fail to react to both good and bad impacts and communications (Wallace and Wallace 2008, p.18). High levels of resilience may be due to the buffer of the negative effects of childhood abuse and neglect. It was recommended that preventing the onset of PTSD symptoms will be bolstered by the development and maintenance of close relations with supportive adults and family members, effective schooling systems and perceived social support from the community at large **(**Finchan, Stein and Seedat 2009, p.193).

The studies above discussed the ecological contributions to making a young person resilient. The study by Daud et al. (2008) highlighted the factors that promote resilience; however, the method of comparing Iraqi young people to Moroccan and Egyptian young people in refugee camps in Sweden is faulted on the basis that the young people who were compared came from different cultural backgrounds and would not the degree of exposure to trauma be different across the three countries? Furthermore, subjecting these young people to Western developed and standardised instruments that are alien to their cultures is just like subjecting Western standards on these countries. The responses may not be the same as the responses from young people who are from where these instruments were developed. Hence, the reliability of the information collected is questionable. The experiences of these young people from different cultural perspectives

could have given a rich and a holistic picture of factors responsible for resilience in these separate cultures. The concern for taking cultural differences into consideration when dealing with children affected by war expressed by Millwood (1995) and by extension the United Nations is timely, but research action needs to follow immediately. The concern expressed here needs to be backed up with research findings.

The evidence from the review carried out by Thomas and Lau (2003) is very commendable and thorough and provides a good summary of resilience and vulnerability factors among young refugees. It provides an update on the literature and research knowledge accumulated in this area over the years. However, it is observed here that the review is loaded with quantitative studies to establish causality. The studies reviewed were all conducted across the globe with the superiority of Western instruments derived from a single model: the medical model. It clearly showed a dearth in qualitative studies in this area to provide for the ownership of research and the narratives of the young people's experiences. The social factors are termed supportive; every other factor is from the individual, lending support to Western culture and not taking other cultures into consideration. Furthermore, of the entire studies reviewed only one (from the Sudan) was reported from Africa, which is not commensurate with the volume of adversity occurring, or that had happened, across the African continent in the period covered by the review, creating a skew in the sample representation.

The study by Thabet et al. (2006) is symbolic in light of the number of young people covered and coming from a war-ravaged country. However, it is noted that the instruments used were mostly adopted from a foreign culture. Likewise, the lack of statistical significance of age difference comes from the study's sample size. A much

lower age range could have been adopted, say from age 6 to 18. That could have given a better statistical representation than age 9, which may have no more statistical significance than age 10 and the teen ages.

The retrospective studies by Greene (2002) and Moskovitz (1983) fall short of reliability because of the methodology employed to interview adults to recall their experiences as children; no accuracy of data is guaranteed by this procedure.

The Wallaces' (2008) findings on the relationship between social ties and resilience in New York are quite interesting and timely. They argued for ties or lack of them in urbanisation that destroyed the social fabric and social support in New York. Finchan, Stein and Seedat (2009), in their study of community violence on young people in South African high schools, specified that 48% of their participants were blacks; however, no mention was given of the other study population, which comprised 52% of the sample.

### 3.3.3 Conclusion

This section reviewed evidence that shows the contributions of environment - family, school and other community support - in the development of resilience. Numerous evidences drawn from global research communities show that parental support, school and other community support could actually develop resilience in young people. This evidence is critically evaluated based on their methodologies, sample sizes, instrumentation or context inappropriateness.

The evidence from literature above relates social support received from the family, or social environment (Microsystems, mesosystems, exosystems and macrosystems) help build resilience in young people. But how does social support operate to moderate, buffer

or mediate the effects of traumatic situations on an individual? The next section addresses this question.

## 3.4 Resilient Effects of Social Support

### 3.4.1 Introduction

Social support has been reported to intervene and moderate the effects of risk; the previous section draws on literature that confirmed this assertion. However, one needs to demonstrate how that intervention and moderation happens. This section addresses this link between the effects of social support and an individual's resilience to adverse situations.

### 3.4.2 Resilient effects of social support

Studies have been conducted to explain the workability of social support, for instance Betancourt and Khan (2008, pp.7-8) reviewed literature on protective processes on resilient war-affected children, and explained that social support provided three chief processes to buffer the trauma effect on children. A main function of attachment relationships is the social support, love, and care they provide to the developing child. Social support is usually defined in terms of its source, structure and function. The authors outlined three main dimensions of social support: 1) instrumental support (help and assistance to carry out necessary tasks); 2) informational support (information and guidance for an individual to carry out day-to-day activities successfully); and 3) emotional support (caring and emotional comfort provided by others).

Mills and Dombeck (2005) argue that positive emotions benefit one's social health as well as one's physical health. Sharing positive emotions with others helps to bond people

together, creating and maintaining strong, healthy and caring relationships. Caring relationships, in turn, provide social support, which nourishes further emotional resilience, and positive feeling states. It is a circular, self-reinforcing movement towards health. The better you feel, and the more you share that positive feeling with others, the more you are able to draw upon the relationships you create through that sharing to create further positive feelings.

The social support benefits of relationships are numerous and important:

1) Close caring relationships offer opportunities to express and to receive love, both of which are important for identity, self-worth and self-esteem. They offer a path towards becoming part of something larger than yourself, which you can identify with in a positive manner. They keep you from feeling lonely. They support you when you are down. They are environments in which it becomes likely you will experience positive states: 1) feeling accepted and cared for, and 2) happy playfulness.

2) Inside the give-and-take of relationships are many opportunities to practise social skills (which turn out to be resilience skills, as will become clear later on). Healthy relationships promote communication, reciprocity and compassion. They also function as a sounding board, and can provide opportunities for reality-testing. Friends may offer workable solutions to problems you would never have come up with on your own.

3) By offering you opportunities to network with people you would not otherwise meet, relationships can benefit you economically (by helping you to find work or

work opportunities) and romantically (by introducing you to potential romantic partners).

Both (Betancourt and Khan, 2008; Mills and Dombeck, 2005) arguments above are position papers drawn from findings in the literature. The body of literature cited was drawn from other contexts not based on war targeted research, and the few cited from war-affected children were policy papers from the UN, such as Machel (2006). They also focused on social ecology only, though they acknowledged and recommended the need for research on the cultural and meaning aspects of war violence on children. Likewise, Mills and Dombeck (2005) provided pathways to resilience but did not rely on any scientific research or theory; only on the intervention workability of their position and expertise.

Researchers have demonstrated that social support impacts on individual resilience through two identified channels. For instance, Snyder et al. (1991, p.570) show that social support raises the hopes of the individual and that has a direct impact on the individual's self-esteem. In their study they found that higher hopes relate to more agency and pathways related responses in several life arenas. In addition, the agency and pathways are maintained under circumstances in which the individual is stressed.

Studies have also supported the contention that individuals with higher levels of hope, compared with those who have lower levels of hope, undertake a larger number of goals across life arenas and select tasks that are more difficult. It is interesting to note, however, that the individuals reporting higher levels of hope do not perceive their goals as being more difficult. The data also suggest that people reporting higher levels of hope appraise their goals in terms of challenges, potential for success, and positive emotions

(Snyder et al. 1991, p.575). A higher level of hope has been related to having a general sense of optimism about outcomes in life, perceptions of control, and self-reported problem-solving ability. Individuals with higher levels of hope score higher in self-esteem and positive affect, and lower in depression.

Snyder et al.'s study reviewed both theoretical and empirical papers to develop and validate a measure for hope. The studies reviewed were correlational and not cause-effect. This has not yet proven the causal association of social support with hope.

A study by Horton and Wallander (2001, p.385) found that the stress buffering model posits that support may serve a buffering function through direct effects on self-perceptions and other cognitive activities or direct changes in problem-solving behaviours. This has been supported by their findings that social support has direct effects on distress.

Religious involvement and spirituality have been mentioned in the literature as protective factors in the development of resilience among young people: it gives them hope and helps them to cope with the uncertainties of armed conflict, and it makes them think that someone out there more powerful is in control of the situation. Laufer et al. (2009, p.862), in a study conducted among the youth in Israel, report that Analysis Of Variance (ANOVA) showed that religious and traditional youth reported higher levels of growth compared to secular youth. Multiple regression models showed that among secular and traditional youth, post-traumatic symptoms and an unwillingness to forgive were positively associated with growth. For religious youth, forgiveness was positively associated with growth. Fear of terror was also positively associated with growth across

the groups. These findings imply that since the predictors of growth vary by religiosity, it has different meanings depending on the religiosity of the youth. Growth seems to be a function of distress among secular and traditional but not religious youth, perhaps due to religious schemata. This expands our understanding of the growth process and the role of religious schemata in youth.

In the USA after the September 11th attack, research among survivors revealed that turning to religion (prayer, religion or spiritual feelings) was the second most common way of coping (90%), after talking with others (98%) (Schuster et al. 2001, p.1507). Religious coping is also frequent in cases of severe disease.

Koenig, Larson and Larson (2001, p.352) review and discuss some of the research published in the last few decades that has addressed the role that religion plays in helping patients cope with serious medical illness. Epidemiological studies comprising well-designed cross-sectional and prospective studies have examined the relationship between religious beliefs and activities, and adaptation to physical illness in patients with general medical conditions, neurologic disorders, heart disease, renal failure, AIDS, and a host of other physical disorders. This review demonstrated the widespread use of religion in coping with medical illness and provided circumstantial evidence for the possible benefits of this lifestyle factor. The authors concluded that when people become physically ill, many rely heavily on religious beliefs and practices to relieve stress, retain a sense of control, and maintain hope and sense of meaning and purpose in life. Religious involvement, they observe, appears to enable the sick, particularly those with serious and disabling medical illness, to cope better and experience psychological growth from their negative health experiences, rather than be defeated and overcome by them.

In fact, many victims of stressful situations seek support from religion, professionals, literature, or from friends, while others emphasise silence, isolation, collapse and/or victimisation. Bonanno (2004, p.22), reviewed research on loss, bereavement and human resilience. He found that the literature is dominated by research on adult coping strategies. Such reactions have generally been viewed as the norm. He alludes to the scepticism of bereavement theorists about individuals who do not show pronounced distress reactions or who display positive emotions following loss, assuming such individuals are rare, and suffer from pathological or dysfunctional forms of absent grief. Furthermore, trauma theorists have been less suspicious about the absence of PTSD but have often ignored and underestimated resilience. He concludes that a review of the available research on loss and violent or life-threatening events clearly indicates that the vast majority of individuals exposed to such events do not exhibit chronic symptom profiles and that many and in some cases the majority show the type of functioning suggestive of the resilient trajectory. Spouse (1999, p.394), in an article, attempts to convey a human 'feel' for the refugee and the helper without being oppressively expert or conveying pity. The article explores differences and similarities between post-traumatic stress disorder and surviving and coping capacities, leading to an argument against biased use of Western forms of psychological help and a plea for fitting in with local cultural patterns for coping with disaster. The difference between "victim" and "survivor" is emphasised and the problems of gratitude and envy in both "helped" and "helper" is considered. In Macedonia de-skilled professionals became their own "experts" as they responded imaginatively to the refugees on their doorstep. They wanted professional support, literature, supervision, consultancy and friendship, but not to be told "how to do

it". The author examined the concept of "resilience". Some children survived the disaster; others did not. The latter suffered as refugees, whilst those initially terrified benefited from the security and predictability of camp life. An attempt is made to acknowledge normal coping capacities and allow for cultural differences in ways of coping, so as to emphasise survival rather than collapse or victimisation, while not denying the pain, terror, boredom, and frustration of being a refugee. This may lead to mental breakdown, PTSD and pathological grieving, but it does not automatically do so. There is no panacea of "treatment", but it is essential to support and enable survivors.

The reviews above have all implicated the role religion plays in resilience. However, evidence from quoted studies or from self-reports (Bonanno 2004; Schuster et al. 2001; Spouse 1999), large-scale epidemiological studies reported by Koenig, Larson and Larson (2001) and regressional analysis by Laufer et al. (2009) could not empirically link social support as a cause of resilience. These studies all lacked the rigorous design to directly link the social support to resilience. So far the literature has only provided evidence of social support predicting resilient behaviour. Worse is the unprofessional article by Spouse (1999), where individuals have been turned professionals overnight just to give support to the refugee population; this is very unethical practice.

Although there are significant qualitative differences in how traumatised and non-traumatised people process and categorise their experiences (McFarlane, Yehuda and Clark 2002, p.253), there are basic questions that have yet to be answered. Why do 90% of trauma survivors not develop PTSD? What predicts the development of positive outcomes? Could these factors be helpful in treating psychological trauma patients? Peres et al. (2007, p.343) in a recent meta-analysis of 49 studies involving a total of 13,512

subjects, investigated the association between religious coping and psychological adjustment to stress. Positive religious coping had a moderate positive relationship (r = .33) with positive psychological adjustment and a modest inverse correlation (r = –.12) with negative psychological adjustment to stress. On the other hand, negative religious coping showed a positive correlation (r = .22) with negative psychological adjustment. The authors concluded that different types of situation may have different implications for coping and psychological adjustment to stress.

Fontana and Rosenbeck (2004), (cited in Shaw, Joseph, and Linley, 2005, p.1) reviewed 11 empirical studies of associations between religion, spirituality, and post-traumatic growth. Shaw, Joseph and Linley (2005, p.1) reported three main findings: 1) religion and spirituality are usually, although not always, beneficial in dealing with the aftermath of trauma; 2) traumatic experiences may lead to a deepening of religiousness or spirituality; and 3) positive religious coping, religious openness, readiness to face existential questions, religious participation, and intrinsic religiousness are typically associated with post-traumatic growth. In addition, survivor responses were consistent with findings that suggest that religion may provide meaning and serve as a major protective factor.

The meta-analytic study by Peres et al. (2007) had a very good sample for analysis. However, most studies are epidemiological surveys. Likewise, the study by Fontana and Rosenbeck (2004) reminds researchers and practitioners that the use of religion can sometimes be counterproductive.

Community festivities and celebrations and religious ties and activities have been reported to aid the development of resilience in children. Berry et al. (2003, p.13), in a

qualitative research, interviewed children of Kabul and their parents. Three main topics were explored, which included 1) well-being goals of Afghan children; 2) the threats children face in achieving well-being; and 3) the coping resources children already have for dealing with their difficulties. The findings revealed the use of individual characteristics, social support and use of religion and other cultural factors to deal with their threats. The Save the Children project recommends immediate use of a holistic, child-focused psychosocial approach in designing, implementing, evaluating, and continuing support programmes for the majority of the children of Kabul and all of Afghanistan.

Religious artefacts and practices have also been reported in intervention to aid in coping with traumatic war experiences as reported, especially in war-affected children in Africa, in Sierra Leone and Mozambique (Wessels 1997, p.25; Wessels 1999, p.275). The role of culture in shaping resilience among adolescents and war-affected children has found place in the literature, and researchers have suggested that these factors of culture are important in the conceptualisation of resilience and possible intervention in children with war trauma. In Uganda, for instance, it was observed that victims of political torture had exhibited radical levels of resilience (Bracken et al., 1995 cited in Bracken, 2002, p.5). Bracken further argued the sociocultural processes of post-conflict community should be investigated to find a possible reason for the observed resilience. Likewise, Wessels (1997, p.37) and later Fofana (2006, p.188) observed that in post-conflict recovery of communities in northern Sierra Leone, members used indigenous methods to avert the effects of trauma:

> "In Sierra Leone, cleansing ceremonies can last from a day to a month depending on the physical and emotional state of the person seeking a "cure" and the amount

> of money they can afford to spend. Such ceremonies often include ritual baths in which people are bathed by herbalists with a mixture of herbs and then given herbal and/or lasmami potions to drink. Lasmami is a kind of holy water made in two different ways. A wooden slate inscribed with a specific Quranic verse is hung over a container then washed clean or pieces of paper with the Quarnic inscriptions are soaked in the water- the water collected in these processes is what is called Lasmami." (Fofana, 2006, p.188).

Wessels (1999, p.275) observed that ceremonies were carried out in Mozambique to cast out the trauma of war from affected community members, especially child soldiers. Nordstrom (1995) visited a self-constructed camp of 14 young people all below the age of 14 years who lived under a bridge in Mozambique; she was appalled at the level of their resilience.

The qualitative studies by Berry et al. (2004), Wessels (1997;1999;2008), Fofana (2006), Nordstrom (1995) and Bracken (2002) demonstrate that religious coping in some cultures could actually encourage resilience as seen and reported by these authors in different locations in Africa. Bracken (2002), through an observation, points to culture as a source of building resilience.

The literature is suggestive of the role of culture in trauma resilience among young people. Culture, according to the summary provided by Geertz (1973, pp.17-18), refers to the important anthropological work by Clyde Kluckhohn, in which the following meanings are suggested for the term "culture":

1) The total way of life of a people

2) The social legacy the individual acquires from his group

3) A way of thinking, feeling, and believing

4) An abstraction from behaviour

5) A theory on the part of the anthropologist about the way in which a group of people in fact behave

6) A storehouse of pooled learning

7) A set of standardised orientations to recurrent problems

8) Learned behaviour

9) A mechanism for the normative regulation of behaviour

10) A set of techniques for adjusting both to the external environment and to other men

11) A precipitate of history

12) A behavioural map, sieve, or matrix (provision of trajectory of how to behave as an individual in a community)

Religion and other traditional practices represented in culture have all played roles in shaping resilience among young people. One may want to ask, to what extent is religiosity/spirituality related to trauma resilience.

Koenig defines religion as,

> "an organized system of beliefs, process, rituals, and symbols designed to facilitate closeness to the sacred or transcendent (God, higher power, or ultimate truth/reality)." (Koenig, 2000 cited in Lake, 2012, p.3).

The influence of spirituality/religiosity in mental health is an ongoing debate. Lake (2012, pp.34-35) presented an argument for the efficacy of religiosity/spirituality in mental health. He cited mostly epidemiological studies conducted to support his claim, for instance in a survey of patients, over 80% believed that prayers can heal ailments (Sloan, Bagiella and Powell 1999, p.664). Likewise, cancer patients in complementary and alternative medicine (CAM) therapy believe in the efficacy of prayers in therapy (Samano et al. 2004, p.60). A significant percentage of anxious and severely depressed individuals engage in prayers to avert their situations and a third of these believed that prayer could improve their situations, and have not seen a psychiatrist or any mental-health specialist (Curlin et al. 2007, p.1825). Similarly, elderly depressed patients who participated in organised religious activity were found to improve symptomatically and were less able to commit suicide (Koenig et al. 1998, p.426).

In fact, over 3,000 studies have been conducted to establish the relationship between religiosity/spirituality and health. Of these the majority found and reported that those who engaged in religiosity/spirituality are healthier, lead healthier lives and require fewer health services (Koenig, King and Carson 2012, p.587). In yet another survey, Ellison and Levin (1998, p.701) found that religion and spiritual values are highly correlated with lifestyle choices that promote mental health, including exercise, diet and moderate alcohol use. Regular involvement in religious activities has beneficial effects on general emotional well-being by providing a supportive network for like-minded believers during stressful periods, offering a sense of coherence or meaning to enhance coping and by enhancing self-confidence (Elison and Levin 1998, pp.701-702). Lake (2012, p.36) cited a survey (Koenig and Futterman, 1995) of medically depressed patients (N=832), which

found that cognitive symptoms but not somatic symptoms increased among patients who hold strong religious beliefs. Findings from the National Institute of Mental Health (NIMH) survey (N=2969) show that regular attendance at religious services is associated with significantly lower incidences of most anxiety disorders, social phobias in general and obsessive compulsive disorder amongst the young people with strong religious beliefs (Koenig, Ford and George 1993, p.321).

Miller and Gur (2002, p.206) used factor analysis to deconstruct religiosity into two dimensions. In a survey of 3,000 adolescent girls, two dimensions of religiosity - personal devotion and participation in religious community - were correlated, with a moderately reduced risk of depression among non-mature girls and a highly reduced risk (up to 43%) among mature girls. However, the fact here is that there are no causal findings yet linking religion to spirituality and mental health; the findings here are all correlational and not causative and all come from surveys. Use of religiosity/spirituality can also be counterproductive to mental health in some individuals, as reported earlier on. For instance, in 1995 the researcher assigned a patient to MSc clinical psychology interns in a university teaching hospital where the researcher worked as a consultant. The young patient, who was diagnosed with psychotic depression, had had a session with the interns. They had a spiritual session; prayers and reading some verses from the scriptures, that late morning. By the afternoon of that day the patient had attempted suicide by running into a moving truck; fortunately the patient was not killed. On review the following day, the researcher realised that religiosity/spirituality had made the patient feel guiltier and had exacerbated patient`s condition.

However, recent findings tend to shift the debate, with more scientifically sophisticated evidence. In addition to social, cultural and psychological advantages and benefits of religion and spirituality, there is emerging evidence that shows the direct efficacy of religious and spiritual involvement on health: for instance, a systematic review of 23 controlled trials of spiritual healing approaches reported beneficial outcomes almost 60% of the time when religious healing intention alone was used to treat a particular medical or psychiatric disorder (Lake 2007, pp.135-137). Many religions and spiritual practices claim that prayer and other forms of healing interventions are beneficial to health in a number of ways. However, there is little evidence available, for instance a review of published randomised trials on all forms of intercessory prayer identified positive effects for some conditions but concluded that the evidence for intercessory prayer is equivocal. In a 12-week randomised double-blind study on intercessory prayer in depressed mood, all subjects knew that they were enrolled in the study but were not told whether they had been randomised to the group receiving prayer. Significant and equivalent improvements in mood were reported in both individuals who were prayed for (N=496) and individuals who prayed (N=90). Positive outcomes were highly correlated with subjects' beliefs that they were the recipients of the prayer (O'laoire 1997, p.38).

Plausible as these findings sound, most of the studies can be criticised for their methodical flaws, for instance most of them lack blinding or other controls. There is also the issue of the correct methodology to use in assessing non-conventional therapies alongside biological treatments.

Recently the debate has continued with advanced arguments in the role of neurotransmitters and religious/spiritual experiences. Researchers feel that religious/

spiritual experience is housed in some particular areas of the brain. Findings of a positron emission tomography study are consistent with the hypothesis that high serotonin receptor binding correlates with a relatively greater capacity for self-transcendence (Borge et al. 2003, p.1965). In a controlled double-blind study on distant healing in depressed patients, no differences in response were found in patients who received intercessory prayer combined with antidepressants and those who received antidepressants alone (Greyson1996, p.1).

### 3.4.3 Conclusion

The studies show that religion/spirituality is effective in healing: evidence from PET scans and other controlled studies attest to such efficacy. However, although the efficacy has been confirmed in some anxiety-based disorders, the reports with PTSD are not representative. Only one study was reported among adolescents with PTSD. Regarding the efficacy of such claim in war-affected children, going by the faith-based interventions in war-affected areas especially in Africa, studies have not yet confirmed their efficacy.

## 3.5 The influence of religion/spirituality on resilience

### 3.5.1 Introduction

Recently advances have been made in delineating religious and spiritual concepts and measures that are functionally related to mental health, including resilience. A number of explanations can be offered on how religion influences mental-health outcomes; these are discussed and critiqued in this section.

### 3.5.2 The influence of religion/spirituality on resilience

One explanation is the perceived closeness to God. To know God is, according to many traditions, the central function of religion. Systems of religious belief, practices and relationships are designed to bring people closer to the transcendent, however that transcendent may be defined. It is important to recognise that to the religious or spiritual mind, the connection with God is of the ultimate value (Kasset al. 1991, p.5), regardless of whether it leads to better mental health. These authors revealed that the accumulated results of reliability and validity testing using their instrument suggest that a client's spiritual experiences and subsequent perceived level of spirituality may contribute to: 1) positive psychological attitudes; 2) reduction of medical symptoms; 3) improved quality of life less burdened by illness; 4) less depression; 5) greater life satisfaction; 6) lower blood pressure; 7) lower mortality rates from coronary artery disease and cardiac surgery; 8) improved obstetric outcomes; and 9) the utilisation of fewer health services in general. Hill and Pargament (2003, p.64) suggest that there are many reasons to believe that a felt connection with God may be tied to better health status.

Attachment theorists have likened God to an attachment figure (Kafman 1981, p.67; Kirkpatrick 1995, p.315). It is likened to the way in which children look to their parents for protection; so also people can look to God as safe haven, a being who provides care and protection in times of stress. Attachment theory suggests that people who experience a secure connection with God should also experience greater comfort in stressful situations and greater strength and confidence in everyday life. Lower levels of physiological stress and lower levels of loneliness are other logical consequences of a secure tie to God. Researchers have developed reliable and valid measures that tap into

perceptions of closeness to God. These measures of perceived closeness to God have been significant predictors of physical and mental health (Hill and Pargament 2003, p.64). Consistent with the predictions of attachment theory, people who report a closer connection to God have a number of health-related benefits: less depression and higher self-esteem; less loneliness; greater relational maturity; and greater psychological competence. Furthermore, as predicted by the attachment theory, the perceived closeness to God appears to be particularly valuable to people in stressful situations. Although Hill and Pargament's instrument has predicted a relationship between closeness to God and stress relief, it has failed to predict the different levels of closeness to God, and their effect on staying relieved from stress.

The second factor that explains the connection between religion/spirituality and mental-health outcomes is that religion/spirituality acts as an orienting and motivating factor to the individual engaged. To the devout, religion and spirituality are not a set of beliefs and practices divorced from everyday life, to be applied only at special time and on special occasions. Instead, religion and spirituality are ways of life to be sought, experienced, fostered, and sustained concurrently. Through education, services, rituals, mentoring, and programming, religious and spiritual traditions from across the world encourage their adherents to see themselves, others, and life more generally through a spiritual lens.

Pargament (1997, p.104) has noted that religion and spirituality can be understood by some people as overarching frameworks that orient them to the world and provide motivation and direction for living. Furthermore, there are a number of theoretical grounds offering reason to suspect that those with a more elaborate and encompassing religious orientation are likely to experience some health benefits and perhaps liabilities.

Firstly, viewed from a religious and spiritual perspective, many aspects of life can be perceived as sacred in significance and character, including health, both physical (e.g., the body as a temple) and psychological (e.g., sense of self, meaning etc). People may be especially likely to treat those dimensions of life they find sacred with respect and care. Moreover, the sense of sacredness may represent an important source of strength, meaning, and coping. However, it is also important to add that loss or violation of aspects of life perceived to be sacred may be especially painful and damaging (Pargament et al. 2005, p.59). The authors made these conclusions after they studied 117 adult participants randomly selected from a community. The participants identified the most negative life events they had experienced in the past two years. They then completed measures of the degree to which they appraised this event as a sacred loss or as a desecration, as well as measures of religious coping, the impact of the event, and four sets of criteria: traumatic impact, physical health, emotional distress, and growth. The findings showed that sacred loss and desecration were not related to physical health. However, they were tied to higher levels, though somehow differential patterns, of emotional distress. While sacred loss was predictive of intrusive thoughts and depression, desecration was tied to more intrusive thoughts and greater anger. Furthermore, sacred loss was linked to greater post-traumatic growth and positive spiritual change; in contrast desecration was associated with less post-traumatic growth. The links between spiritual appraisal and outcomes was partially mediated by positive and negative methods of religious coping.

Secondly, religion and spirituality frameworks can provide individuals with a sense of their ultimate destinations in life. More than goals, these destinations become spiritual strivings, often by virtue of their associations with a larger religious framework. Emmons

(1999, p.3) has suggested a number of mechanisms that link spiritual strivings to better health and well-being. His article explores spirituality as a form of intelligence. The evidence for spirituality as a set of capacities and abilities that enable people to solve problems and attain goals in their everyday lives is evaluated. Five components of spiritual intelligence are identified: 1) the capacity for transcendence; 2) the ability to enter into heightened spiritual states of consciousness; 3) the ability to invest everyday activities, events, and relationships with a sense of the sacred; 4) the ability to utilise spiritual resources to solve problems in living; and 5) the capacity to engage in virtuous behaviour (to show forgiveness, to express gratitude, to be humble, to display compassion). Evidence that spirituality meets the criteria for an intelligence is provided in his arguments for studying spirituality with in an intelligence framework.

Spiritual strivings are empowering: people are likely to persevere in the pursuit of transcendent goals; spiritual striving can provide stability, support, and direction in critical times; people can hold on to a sense of ultimate purpose and meaning even amidst disturbing life events (Baumeister 1991, p.11); and spiritual strivings offer a unifying philosophy of life - one that lends greater coherence to personality in the face of social and cultural forces that push for fragmentation.

Finally, religion and spirituality can offer not only a sense of ultimate destination in living but also viable pathways for reaching these destinations. For instance, in the efforts to sustain themselves and their spirituality in stressful situations, those with stronger religious frameworks may have greater access to a wide array of religious coping methods (e.g., spiritual support in meditation, religious appraisals, and rites of passage). These methods have been linked to better mental health (Pargament 1997, p.104).

Similarly, in the pursuit of spiritual growth or a relationship with the transcendent, the individual may be more likely to avoid vice (gluttony; lust; envy; pride) and practise the virtues (compassion; forgiveness; gratitude; hope) that have themselves been associated with mental and physical health status.

Some evidence has been advanced to support this theoretical position connecting an organised, motivating religion and spirituality framework and better health. Firstly, people reportedly experience less conflict with; derive greater satisfaction and meaning from; and invest more time, care, and energy into those aspects of their lives they view as sacred (Mahoney et al. 1999, p.321; Tarakeshwar et al. 2001, p.387). Secondly, spiritual motivation appears to have positive psychological implications. For instance, Emmons, Cheung and Tehrani (1998, p.391) asked people in diverse samples to describe what they were striving for in their lives. Those who reported higher levels of spiritual strivings also indicated greater purpose in life, better life satisfaction, and higher levels of well-being. Furthermore, spiritual strivings were related to fewer conflicts among goals and to a greater degree of goal integration. Thirdly, in a number of investigations, higher level religious orientation has been associated with better mental health, including self-esteem, meaning in life, family relations, a sense of well-being and lower levels of alcohol abuse, drug abuse and sexual promiscuity (Donahue 1985, p.400, Payne et al. 1991, p.11). Measures of intrinsic religiousness have also been tied to positive methods of religious coping, such as spiritual support, benevolent religious interrelations of life crises, and various forms of prayer (Pargament et al. 1992, p.504; Park & Cohen 1993, p.561).

Religion/spirituality as a source of motivation has received an excellent armchair theorisation here, but lacks hard data to warrant such claims; the few studies of

Pargament et al. (1992), Donahue (1985) and Payne et al. (1991) lack sound methodological base. Religious orientation falls into three classes and singling out one aspect (intrinsic) only and concluding on it poses a serious under-representation of the other two (i.e., extrinsic and quest) orientations.

The third factor connecting religion/spirituality and positive mental health is religious support. According to many religious traditions, relationships are conduits through which people express their spirituality and come to know the transcendent. Martin Buber (1970) locates God in relationships and this afforded them a special significance:

> "the relation to a human being is the proper metaphor for the relation to God; a genuine address here is accorded a genuine answer" (p.151).

The primacy of human relationships is articulated by most of the world's religions through some variant of the "golden rule" (e.g., caring, love, compassion), and the vehicle for enacting these relationships within most religions is the religious congregation; be it in churches, mosques, synagogues, or temples, congregations are designed in part to foster connectedness and caring among their members. It is suggested that the support individuals derive from the members, leaders, and clergy in their congregations has a number of health benefits. As with other forms of social support, religious support can be a valuable source of self-esteem, information, companionship and instrumental aid that buffers the effects of life stresses or exerts its own main effect. However, religious support may have some added benefits. Although members of an individual's social network come and go across the life span, a religious system represents more of a "support convoy" (Kahn and Antorucci 1980, p.253) that can accompany the individual from birth to death. Although the people who make up the

convoy change, the individual can count on the assistance of a group of like-minded people who share a set of values and a world view, even in the most difficult of circumstances such as serious illness, ageing or death (Ellison and Levin 1998, p.705). The effects of religious support may be further strengthened by the religious content of the support, such as awareness of prayers being offered on behalf of the individual or the belief that God is working through others.

Empirical studies have shown that many people derive emotional tangible support from their congregations. For instance, according to a national survey of African Americans in the USA, two out of three respondents indicated that they received support from fellow church members (Taylor and Chatters 1988, p.193). Moreover, religious support has been associated with lower levels of depression and a more positive affect or life satisfaction (Fiala, Bjorck and Gorsuch 2002, p.761). This support may be particularly helpful to people dealing with stressful situations. Maton (1989, p.310) found that members who were experiencing high levels of economic distress reported greater life satisfaction in more supportive religious settings than in less supportive religious settings; levels of life satisfaction did not differ for the low-stress participants in the two types of settings. Finally, religious support has emerged as a significant predictor of psychological adjustment after controlling for the effects of general social support (Vandercreek et al. 1999, p.19).

Religious support as a theory sounds convincing, but in reality it is very difficult to distinguish this separately from other types of support. For instance, in the above studies individuals have been reported to receive support from members of their religion in times of distress. Some prayed, others gave assurance in the name of God; visits and distance

prayers from other well-wishers who were not physically present all fall under spiritual support. If one's family members are involved, it is expected that they go to the same prayer house and group. How does one separate these types of support? The individual's support is first instilled in him or her by the family before the support from the religious community; it acts in concentric circles: the family first, then community later. Both levels provide support. These studies have not devised a methodology to separate these.

The fourth factor or phenomenon that connects religiousness/spirituality to good health outcomes in times of stress is "religious and spiritual struggle". The religious and spiritual life is not always smooth or easy. According to narrative accounts, even the exemplars of some of the world's great religions, from Buddha to Moses to Jesus Christ to Mohammed, faced their own spiritual trials and struggles. Such struggles include interpersonal struggle, intra-individual struggle, and struggle with God (Exline, Yali and Sanderson 2000, p.1481). Interpersonal struggles involve religious conflicts between the individual and a member, or members, of the social context; spouses, family members, congregation members, clergy or other church leaders or members of other religious groups. Struggles can also occur internally as illustrated by the tensions people experience between the virtues they espouse, their feelings and their actual behaviour; the individual may also struggle with the divine, questioning God's presence, benevolence, sovereignty, or purpose for the individual.

Religious and spiritual struggles of these kinds may have important and distinctive implications for health and well-being because they elicit ultimate questions and concerns. Religious disappointments with congregation and clergy can raise basic doubts about trustworthiness and faithfulness of others (Krause et al. 2000, p.510). Internal

religious conflicts can pose fundamental questions about self-worth, self-control and self-efficacy. Questions about God's nature and relationship with the individual can lead to fear, disillusionment, and distrust of the transcendent. In short, religious and spiritual struggles may be especially distressing because they challenge those aspects of life that are most sacred and imply harsh truths that may be ultimate, immutable and eternal. It is important to add, however, that the process of doubting, searching, and questioning in the religious realm can also be a key and perhaps necessary prelude to growth and development (Batson et al. 1993, p.3). Empirical evidence exists supporting the findings that religious and spiritual struggles are limited to both negative and positive health outcomes. Religious and spiritual struggles have been associated with a number of indications of psychological distress, involving anxiety, depression, negative mood, power of quality of life, panic disorder and sucidability (Hays et al. 2001, p.239).

Likewise, various indications of religious and spiritual struggles have been associated with positive outcomes such as stress-related growth, open-mindedness, self-actualisation, and lower levels of prejudice (Calhoun et al. 2000, p.521; Pargament, Koenig and Perez 2000, p.519; Ventis 1995, p.33). These findings seem to support the notion that religious and spiritual struggles represent a crucial fork in the road for many people; one that can lead in the direction of growth or significant health problems. How well the individual is able to resolve these struggles may hold the key to which road is taken.

In a related development, Oman and Thoresen (2005, p.436) have assembled a large amount of research evidence showing the influence of spirituality and religion on health. Like Pargament et al. (2000), cited above, Oman & Thoresen also came up with the

conclusion that religion and spirituality influence positive health outcomes through the four channels considered by Hill and Pargament (2003, pp.67-70). To a greater extent the studies cited here show that there is a strong relationship between religion/spirituality as mediators or buffers of stress. But evidence now exists that there is a relationship of cause and effect between religion/spirituality and health (Chatters, 2001 cited in Oman and Thoresen, 2005, p.439). The authors further claim that in reviewing over 1,000 articles relating religion/spirituality to health, the articles indicating positive associations of religion/spirituality outnumber the negative reports (Koenig, McCullough & Larson, 2001 cited in Oman & Thoresen, 2005, p.436).

Do these factors also appear in young people? The Jos data have indicated that they do, as presented in Chapter 6 (the results section). However, Bridges and Moore (2002, pp.15-24) have argued, using empirically based data, that religiosity and spirituality have both negative and positive effects on the young people's lives and that the factors discussed above also appear among children and adolescents. The four factors are: 1) perceived closeness to God; 2) religion and spirituality as orienting and motivating factors; 3) religious and spiritual struggles; and 4) spiritual and religious support. In addition, in children and adolescents their well-being is also influenced by parental religiosity and spirituality. Some of the mechanisms of influence are the same as those discussed above, including social capital and social support, and promotion of healthy behaviour. In addition, parental responsibility may influence children's well-being through both direct and indirect paths. Parental religiosity may influence their family, work and community behaviour in ways that affect children, for example, by affecting their propensity to divorce. Finally, parents' religiosity may influence the behaviours and

the beliefs that they model for children. Parents who are connected with a religious community may experience higher levels of religious support themselves and may afford their children greater opportunities for such support than do parents who do not participate (Garfinkel, 2001, p.1).

King (2001, p.8) found that religious grandparents were more involved with their grandchildren than were less religious grandparents. This increased involvement was explained in large part by greater involvement in all types of family and social ties within the community.

Another way in which the young people's well-being is influenced by religiosity and spirituality is through parental health-promoting behaviour. Parents who adhere to religious proscriptions against unhealthy behaviours may be more likely than less religious parents to provide their children with a healthy environment and may serve as stronger models of health-promoting behaviour. As described earlier, most religions have proscriptions against the abuse of alcohol, tobacco and other substances. Research with adults has found that attendance at religious activities and affiliation with conservative denominations is associated with low levels of the use of these substances (Sherkat & Elliot 1999, p.363). In turn, Oetting (1999, p.947) suggested that the strongest influence of religiosity on child and adolescent substance use and abuse may be through the effect that religion has on the social norms conveyed to children by their primary socialisers; principally their parents. Wilcox (2001, p.796) described a number of ways in which participants in religious institutions may directly affect parenting. Firstly, religions imbue child-rearing with divine and moral significance, consistent with the views on the nature of the child, which can become a resource for coping with the emotions aroused by child-

rearing stresses. Religions also frequently provide concrete guidance on child rearing that may provide practical coping strategies for parents.

Secondly, religions and religious institutions offer opportunities for parents and children to participate in activities together; including activities that are central to the foundations of the religion (e.g., worship services, first communions) and activities that are more social in focus. Thirdly, participation in the activities of religious communities offers opportunities for involvement with other families with children of similar ages who can offer advice and encouragement, thus providing a support network for parents.

Parents' own religiosity may influence children's development of religiosity and spirituality, which may in turn affect other aspects of well-being. Parents both model and directly teach religious behaviour and beliefs, thus passing these beliefs on to children, and they may actively manage their children's lives so as to expose them to a social network with shared religious beliefs and values (Cornwall 1989, p.572; Sherkat and Elliot 1999, p.363).

A number of studies have reported concordance between parents' and children's religious beliefs and denominational affiliation. For example, Okagaki and Bevis (1999, p.303) found that female college students' religious beliefs were consistent with their parents' religious beliefs. This was particularly the case when parents talked frequently about their beliefs and their mothers' and fathers' beliefs, and when daughters are reported to have warm relationships with their parents.

King, Elder and Whitbeck (1997, p.431) examined parental influences in stability and change in adolescents' religiosity from 7th to 10th grade using data from 365 female participants in the study. Results of the analysis indicated that, compared with non-

religious adolescents, adolescents who were highly religious in 7th and 10th grades, who became more religious over time, indicated strong identification with parents who were also highly religious and whose religiousness tended to increase over the same time period. Compared with consistently non-religious adolescents, adolescents whose religiousness increased over time also failed to show increased identification with their parents.

### 3.5.3 Conclusion

In all, it has been demonstrated that religion/spirituality can be counterproductive, though most reports show there is positive association (Oman and Thoresen,2005) and cause-effect in religiosity and health (Chatters, 2001). However, this study needs to be replicated to affirm the cause-effect connection.

The studies in this section show that socialisation of children can make them religious/spiritual (Cornwall, 1989; Garfinkel, 2001; King, 2001; King et al., 1997; Oetting, 1999; Okagaki and Bevis, 1999; Wilcox, 2001) and is beneficial in a number of ways; it keeps them off drugs and other vices. The studies are all correlational and ascertain the relationship between socialisation and spirituality/religiosity of children. The question needs to be answered, to what extent is the level of religiosity of parents related to indices of children`s spirituality? So far, the studies are predictive only, and not causative. They need stronger design: the designs used here are all epidemiological and convenience samples.

Beside religion and spirituality there have been reports of other cultural practices that shape resilience in different cultures, as has been seen in the case of Sudanese unaccompanied minors who came to Northern Ugandan refugee camps after days of

walking through the dangerous forests, as reported by Millwood (1995); Bracken's (2002) observation of resilient Ugandan political prisoners; Wessells's (1996) report of cultural practices that have been used to cleanse and strengthen child soldiers and girl sex slaves and reintegrate them into the communities in Sierra Leone and Mozambique; and Fofana's (2005) report of cultural practices of Muslims in Northern Sierra Leone, who used slates to write out some parts of the Quran and washed with and drank water, believing that the liquid had powers to protect them against adverse effects. All these studies point to the use of culture to shield individuals against ill health and come out stronger.

In some countries, traditional healing has been incorporated into the health system. Ressler, Tortocini and Marcelino (1993 cited in Betancourt and Khan, 2008, p.11) reported that in the Khmer refugee camps in Thailand, health services were designed to integrate traditional healers and traditional medicines into the care provided. They found this traditional support to be particularly valuable for individuals complaining of sadness, anxiety, fatigue and insomnia. Summerfield (1998, p.111) notes that this treatment, which incorporates cultural practices, derives its strength from the familiarity and comfort of practices long known to the child, family and community. Intervention based on traditional practices may be more culturally syntonic and engaging than treatment models imported to war-affected regions from the West.

### 3.6 Summary

Overall, this section has explained how religion/spirituality is connected to resilience. Four factors have been attributed to this, which are 1) perceived closeness to God (Kass et al., 1991); 2) religion/spirituality acts as orienting and motivating factors (Pargament,

1997); 3) religious support (Ellison and Levin, 1998); and 4) religious and spiritual struggles (Exline et al., 2000). Furthermore, these four explanations were also found among children and young people (Cornwall, 1989; Garfinkel, 2001; King, 2001). Studies have been drawn from literature to support the theoretical claims, but most of these studies lack rigorous designs to empirically connect spirituality/religiosity as having a causal influence on positive health.

Beside religion and spirituality, other cultural practices in war-affected communities have also been reported to support resilience (Bracken, 2002; Wessels, 1997; 1998; 2001). All these reports of the effects of cultural practices on resilience are based on observations. None have devised any sophisticated empirical design to capture the effectiveness of these cultural practices, as compared to other biologically-oriented methods. The submissions here are based on arguments; the claims provided as warranting evidence are all armchair theories. A stronger cultural theory needs to be pursued and empirical procedures designed to test cultural practices, especially in war zones. In summary, the major issues from the review are presented below.

### 3.7 Issues from the Literature on War-affected Children

The review in this chapter has provided the individual, ecological, environment, and community resources that support the development of resilience in war-affected children and young people. Specific research issues were raised at the end of each resource context (individual and environmental). Some of the methodological issues raised include the following:

1) There is a dearth of literature on war-trauma resilience in children from disadvantaged countries: most literature reported on children focused on former

child soldiers (estimated to be between 250,000 and 300,000 globally (UNICEF, 1996). The majority of more than 2 million war-displaced children globally; 2 million killed, and over 6 million injured or permanently injured in the past 10 years (Bellamy, 2006; UNICEF 1996, cited in Beranbaum, Ruchkin & Schwab-Stone, 2004, p.41), have not been researched adequately. The majority of these children are in Africa, where the volume of adversity is enormous.

2) Most of the research has been conducted using quantitative methodologies and little research has been done using qualitative study; a few were conducted with a mix of qualitative and quantitative methodology; but only few studies (Berry et al. 2003, p.3) engaged in qualitative methodology alone.

3) The measures were mainly checklists and inventories, mostly constructed and imported from the West with little or no standardisation.

4) Most studies employed correlational statistics, which does not measure cause-effect, and hence may not get to the root of what causes resilience.

5) Some of the studies have used inappropriate statistical packages to analyse and report findings, as observed in at least one study (Laufer, et al. 2009) reported in the literature.

6) The sampling of participants in the studies has also been inappropriate; in most studies there was inappropriate sampling of participants with an under-representation or a skewed selection that could confound the findings.

It is clear from the literature that culture plays a role in the development of resilience as has been theorised; however, mostly the link has been made to other psychopathologies

such as depression or debilitating medical conditions such as cancer, diabetes or hypertension. The extension to war-affected populations, especially young people, has recently been receiving attention in minority populations in Africa. This thesis is one such attempt. The next chapter introduces the Hausa culture, the case study area.

# CHAPTER 4

# HAUSA SOCIAL ORGANISATION OF JOS

## 4.1 Introduction

In the introductory chapter of this dissertation the violent conflict which has been continuing in Jos since 2001 was mentioned. In this chapter the case study community, the Hausa in Jos, is discussed. The purpose is to:

1) properly understand the history of Hausa settlement in Jos;

2) demonstrate how the social organisation has strived through economic, social and political influences amidst numerous other groups;

3) show how these influences have created anxieties which have led to perceived ethnic and religious monopoly and discrimination, both within and outside of the social organisation;

4) analyse how the Hausa social organisation has dealt with these threats to its existence; and

5) demonstrate how the continued violence in Jos has had an impact on the modernisation, economy and development of the state as well as the case study population, the Hausa.

This chapter is therefore divided into two sections. The first section provides in brief the nature of Nigeria. It provides the background to the place of the Hausa in Nigeria since the country became independent in 1960. The Hausa of Nigeria; population, movements,

and socialisation patterns, are explained. This is essential for us to understand the political position that the Hausa occupy in Nigeria and relate this to the happenings in Jos. Understanding the political context and the social capital of the Hausa will create a better understanding of the crises that have now bedevilled Jos for over a decade. The second section looks at the Jos crises. The causes and the maintenance agents are analysed using various opinions of scholars, specialists, and stakeholders in Jos. The rationale is to provide the Hausa socio-psychological survival mechanism, which helps in explaining how the people have responded to the experiences of suffering they went through during and after the violent conflicts in Jos. The casualty figures, human loss, property and relocations will further help us to understand how these have impacted on the lives of the people.

## 4.2 Hausa in Nigeria

### 4.2.1 Introduction

Nigeria lies between the latitudes 4 and 14 degrees north of the equator and longitudes 3 and 14 degrees east of the Greenwich meridian. The land mass of Nigeria stands at 923,768km$^2$. This is entirely within the tropical zone. It is located on the west coast of Africa and is nearly four times the size of Britain, its former colonial master. It is bordered by the Republic of Cameroon to the east, the Republic of Benin to the west, the Atlantic Ocean to the south and the Republic of Niger to the north. It houses Lake Chad on the north-east boarder, which also extends into the Republics of Niger and Chad. It has an approximate population of 120 million people. Nigeria accounts for about 25% of Africa's total population (Dogo 2006, p.5; Falola & Heaton 2008, p.2). Oil is Nigeria's major dependent resource and it is the sixth-largest producer and exporter of crude oil

globally. It is the major supplier of the product to the USA and UK. It also has vast mineral and natural resources (Yahaya 2012, p.1). In the 1950s Nigeria was partitioned into three regions by the colonial masters: the Northern, Eastern and Western regions (Ostien 2009, p.8).

The major tribes resident in Nigeria are the Hausa, Igbo and Yoruba, surrounded by between 400 and 500 ethnic groups and ethnic cleavages (Igboanusi and Peter 2006, p.6; Ostien 2009, p.4). Recent political developments in Nigeria have seen the transformation of the former three regions into six geopolitical zones, which include: the South-Southern and South Eastern geopolitical zones created out of former Eastern region; the South Western geopolitical zone replacing the old Western region; and the North Central, North Western and North Eastern geopolitical zones created out of the former Northern region (Federal Ministry of Women Affairs 2004, pp.1-2).

The 36 states of Nigeria and the federal capital territory (FCT) are located in the geopolitical zones as follows:

1) North Central: Benue, Kogi, Kwara, Nasarawa, Niger, Plateau, and the federal capital territory, Abuja
2) North Eastern: Adamawa, Bauchi, Borno, Gombe, Taraba, and Yobe
3) North Western: Jigawa, Kaduna, Kano, Katsina, Kebbi, Sokoto, and Zamfara
4) South Eastern: Abia, Anambra, Ebonyi, Enugu, and Imo
5) South-Southern: Akwa Ibom, Bayelsa, Cross river, Delta, Edo, Rivers
6) South Western: Ekiti, Lagos, Ogun, Ondo, Osun, and Oyo

**Figure 1: Map of Nigeria, showing the 36 states and capitals. Source: nations online project**

The Hausa people occupy many states in Northern Nigeria; they have a pronounced presence in the remaining states in the North. In Nigeria today the Hausa people are also known as Hausa–Fulani because the Fulani spread Islam to the Hausa people and imposed their traditional leadership institutions on the Hausa in 1810. The Fulani is another Islamic African ethnic group that spanned across West Africa, invaded the Hausa states and imposed Islam. All the Hausa cities have been traditionally ruled by the Fulani since the conquest of these cities by the Fulani Jihadists (Falola & Heaton, p.5). Today the cultural similarities between the two groups allow for significant integration between

them, and many Fulani in the region do not distinguish themselves from the Hausa. They are commonly referred to as the Hausa-Fulani in Nigeria. The Hausa have long been blended with the Fulani, and the two have lived and grown, both together and as their own separate groups, as a result of this cultural blending. The nomadic Fulani provide additional manure for the stable Hausa homesteads to use in fertilising their crops in exchange for the grains grown in plentiful amounts by the Hausa families. Both peoples are deeply involved in the Islamic faith, and have helped knowledge of their faith to spread throughout Nigeria and other lands they populate.

Between 500CE and 700CE Hausa people had been slowly moving west from Nubia and mixing with the local northern and central Nigerian population, who together established a number of strong states in what is now northern and central Nigeria. With the decline of the Nok culture and Sokoto caliphate that had previously controlled central and northern Nigeria between 800BCE and 200BCE the Hausa were able to emerge as the new power in the region. They are also closely linked with the Kanuri people of Kanem Bornu, the Nupe of Bidda and the Gwari of the federal capital territory Abuja (Igboanusi 2006, p.6). The Hausa–Fulani population largely control the majority of the northern states and have a convincing presence in all the remaining northern states in particular, and all the states of Nigeria in general. Tony (2007, p.1) analysed the 2006 census figures that cited the Hausa Kano city as the most populous in the country with more than 14 million inhabitants. Hausa is thought to be the largest single ethnic group in Nigeria: the 2006 Nigerian census put the Hausa-speaking population at 42.8 million, and there are an additional 32.2 million who speak Hausa as second language (Tony 2007, p.1), though Tony thought this was a fraudulent figure.

The Hausa language is widely spoken in other African countries such as Niger with over 5 million and it is also spoken in Northern Ghana, Burkina Faso, Republic of Benin, Northern Sudan, Northern Cameroon, Togo and Chad (Mytton 1996, p.xii). See Table 1, below for the spread of the Hausa speaking population in Africa.

**Table 1: Hausa population by country**

| **Country** | **Population** |
|---|---|
| Benin | 700,934 |
| Burkina Faso | 500,000 |
| Cameroon | 1,300,500 |
| Ghana | 4,735,700 |
| Niger | 8,000,000 |
| Nigeria | 68,525,000 |
| Sudan | 918,000 |
| Togo | 929,600 |

A look at the Hausa culture in-depth will illuminate and make us appreciate their socio-political position in Nigeria and the current aggression against them.

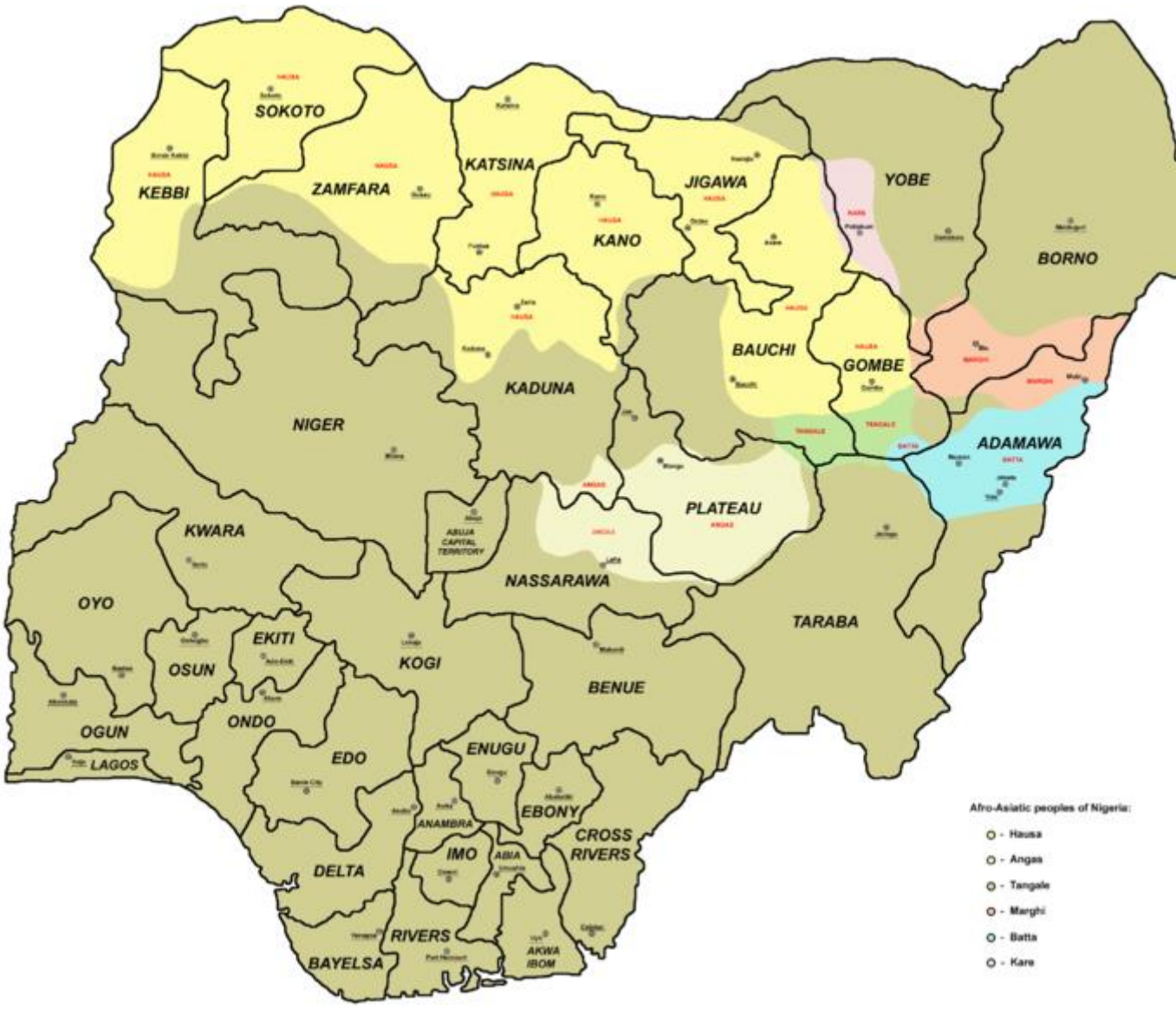



**Figure 2: Map of Nigeria showing dominant Hausa states shaded in yellow/ source: Federal ministry of water resource, Abuja.**

Figure 2 shows the main Hausa states in the present Nigeria, with 36 states. Hausa cities and states are highlighted in yellow. The traditional cities of Kano, Zaria, Gusau, Sokoto, Katsina, Gombe, Bauchi, Kebbi and Dutse remain the central hold of the Hausa to date (Tony 2007, p.6).

There is no doubt about the large population of Hausa, the spread of its people throughout Nigeria and other African countries especially in the West African sub-region, and the influence and blend with other ethnic communities, especially the Fulani. However, the statistics of the Population Commission always came under strong criticisms, chiefly because the head of the commission who conducted the last census, though a Christian comes from the northern part of the country and is seen as a Hausa man. This made the other ethnic groups think that the figures had been manipulated to favour the Hausa. It is unfortunate that even if other ethnic groups found themselves in the leadership of the population commission and conducted census and came out with these figures it would still be contested. Based on the researcher's experiences as a citizen, the reasons are firstly due to the high level of distrust that exists between the ethnic communities in Nigeria, and secondly due to the high level of corruption that seems to have permeated every sector in the country. The next section touches on the complexities of Hausa culture.

### 4.2.2 Multiple complexities of Hausa culture and world view

This section provides a discussion of the Hausa culture, its major occupation and trade, movement, and intercultural social cohesion, which have helped form their world view. The purpose is to provide the reader with an understanding of the complexities of the Hausa culture, its world view and the effects on social interaction with other ethnic communities in Nigeria.

The Hausa are generally farmers, hunters, fishermen and gatherers. They have also been engaged in active commerce for centuries, travelling far and near with their goods, often

on the backs of donkeys, horses and camels. This movement saw them settled in many cities and villages in Nigeria and also across the West African countries and beyond.

The architecture of the Hausa is perhaps one of the least known but most beautiful of the medieval age. Many of their early mosques and palaces are bright and colourful and often include intricate engravings or elaborate symbols in the facade. They also excel in tanning hides and skin to use for art. They make saddles for horses, shoes (both local and royal) and leather chairs, arm rests and locally decorated fans for their traditional rulers and chiefs. Music and art play an important role in the everyday life of this group of people (Falola & Heaton 2008, p.79). From a young age, Hausa children participate in dances, which are held in meeting places such as the market (Madauchi, Isa & Daura 1968, pp.17-22). Work songs often accompany activities in the rural areas and in the markets. Story-telling, local dramas and musical performances are also common forms of traditional entertainment.

Within the Hausa's social structure, individuals are classified as either being “commoners” or “chiefs”, depending on which profession they hold and the amount of wealth they possess. In marriage relationships close relatives, preferably cousins, are chosen as partners. Marriages are arranged and ceremonies last for weeks. Everyone is to appear happy except the bride; traditionally she is expected to show that she is mourning the separation from her parents as she leaves to live in a new place. In the village compounds, each wife has her own hut where she and her young children sleep. Often, the husband has his own hut where the wives take turns spending the night. For the most part, women do not work in the fields, but are responsible for preparing all the daily meals (Zakariya 2001, pp.110-112).

### 4.2.3 Religion

The Hausa are predominantly Muslims. Islam came to the Hausa during the days of the reign of Mohammed Yaji in Kano, at the end of the 14th century, but was partly practised alongside the traditional religion of spirit possession popularly known as *Bori.* This practice continued until the Fulani Jihadists from Senegal conquered Kano in the early 19th century and purified and installed the complete structures of Islam. The British arrived and colonised the area in about 1900. Even during colonial times, the city-states and their leaders maintained some autonomy. Many Hausa traditions were preserved until late in the 20th century (Egwu 2001, p.25).

Today the Hausa of Nigeria have two religious references and multiple world views intertwined with Islamic religious beliefs, the traditional religion of *Bori* and ethnic affinity. Though Hausa are synonymous with the word Islam, not all speakers are thought to be Muslims. Most Hausa are devout Muslims. Islam affects nearly all aspects of Hausa behaviour, including dress, art, housing, rites of passage, and laws. However, in the rural areas there are communities of people who do not follow Islam. The other brethren of the Hausa, the Maguzawa, are still pagans and a small percentage has converted to Christianity in rural areas around Kano, Katsina and Zaria. The majority of them (Maguzawa) still partake in *Bori*, the traditional Hausa religion.

"*Bòòríí*" in Hausa, meaning "the spiritual force which resides in physical things", is related to the word for local distilled alcohol (*borassa*) as well the practice of medicine (*boka*). The *Bori* religion is an institution to control these forces, as well as being the performance of ritual, dance and music by which these spirits are controlled and by which illness is healed (Masquelier 2001, p.368).

The Hausa and Fulani still practice the traditional religion, but in both the practice is only carried out by a minority. A small number of nomadic Fulani who rear animals and live in the deep forests still subscribe to *Bori* tradition and seek and take refuge in times of illness and disasters with the *boka.* The culture witnessed serious change due to the modern influence of advanced knowledge of Islam and Western education. There is also the difficulty of locating the Hausa world view: while a small section believes in *Bori*, there is yet no clear-cut definition because some Islamic sects also believe in spirit possession and that is exactly what the *Bori* adherents do.

Hausa ethnicity appears to be the most dynamic, fluid, and situational of all known ethnicities in Northern Nigeria. Adamu (1978, p.3) observes that the criteria for "Hausaness" are broad and include such factors as historical claims, cultural traits and social values as well as language and religion. Of these, Islam has been identified as powerful social landmark in the acculturating frontier of the Hausa, both at home and in migration. While those who are Hausa by descent but have lost the ability to speak the language can claim the identity, it can also be conferred on those who are not Hausa through ties of blood but have embraced the Islamic religion. In fact, so crucial is the Islamic religion that it forms the basis of distinction between the Maguzawa on the one hand, who have retained their "pagan" rites and religion, and Muslim Hausa or "Wurinsallah" on the other (Egwu 2001, p.25). This position has implications in the ethno-religious violence witnessed in Jos. The native Muslims were labelled as Hausa and were attacked and killed in some quarters by their own brothers from the same ethnic group. It adds to the complexities inherent in Nigerian ethno-religious conflicts.

Scholars such as Paden (1973, p.380) seem to accept this view of Hausa ethnicity and have elaborated further. Paden demonstrates how Hausa identity has extended to areas outside of Hausa-land and to non-Hausa ethnic groups through acculturation and assimilation, travel and migration; and the wide spread of Hausa as *lingua franca*. He made a profound conclusion that

"Hausa ethnicity has become largely affiliational. By the act of will, a person can choose to speak Hausa, become a Muslim (perhaps nominal) and claim to be a Hausa" (p.380).

In his study of Hausa commercial diasporas in West Africa, Lovejoy (1980, p.3) has perceptively observed that Hausa language and Islamic religion evolved a culture which transcended political and regional boundaries, relying on a unifying ideology that was essential to business operations and the guarantee of credits. In this way he argues further that ethnicity was further equated with class so that to be Hausa along the trade routes presupposed certain occupations, particularly merchants, professionals and craftsmen. One implication of formulation along this line is that the closer the link between an ethnic and religious identity for a group, the higher the level of religious significance in political matters, and hence intolerance and ethno-religious violence. This, of course, may have to be related to the changing socio-political context prevailing in the society. The Hausa and the Yoruba appear to fit into this contrast in this regard. Whereas Islamic religion is a key component in the definition of self and group identity among the former, it is not much so with the latter. There is high degree of tolerance among the Yoruba Muslims and Christians and conversion to the two religions in the 19th century was a rational and pragmatic response of individuals to situations and opportunities that presented themselves (Bako 1994, p.23).

Igboin (2012, p.4) also noted that an issue, whether religious or political, that sparked off violence among Muslims in the north did not create a similar violent reaction among the southern Muslims. The consequences that follow from the intertwined nature of ethnic and religious identities are enormous. What one finds is a complex situation of a clash of values and beliefs that have implications for the way in which different individuals and groups organise their world views in response to politics and power, and the prevailing dangers and opportunities. This is because embedded in these values, beliefs and orientations are sometimes irreconcilable views about organisations of state power, the economy and even interpersonal and group relationships, including gender (Egwu 2001, p.27). This is illustrated by the deep mutual mistrust between the Muslims and the Christians in Nigeria in respect of the public space, as well summarised by Ikengah-Metuh (1994, p.7). The author argued that on the one hand Muslims distrust Westernisation in Nigeria, including Western systems of education and government; what is perceived as the imposition of Saturdays and Sundays as work-free days; and the name and the emblem of the Red Cross Society. The Boko Haram, an Islamic fundamentalist sect that has unleashed terror onto citizens of many states in Northern Nigeria and is said to have been responsible for 3,600 lives lost since its operation started in 2009, is a direct testimony to the above observation by Ikengah-Metuh. On the other hand, Christians fear Muslims' control of political power at the federal centre and exhibit theocratic tendencies, which are perceived as a veiled objective to declare Nigeria an Islamic state. These misperceived anxieties are expressed by ethnic communities that the Hausa reside in other than the Hausa states, and it precipitates ethno-religious tension, sometimes

escalating to full-blown violence as shall be shown later in the case of Jos and other Christian ethnic communities in the North.

Moreover, continued interaction between Hausa culture and other neighbouring tribes have also influenced its youth, who are supposed to be the custodians of the culture. Culture is not static; the Hausa history, as reflected, has completely changed due to modernisation. The Hausa culture has been infiltrated by the influence of Western values, the influx of the youths to the cities, interaction with other cultures, Western education, and the divide within the religion of Islam. Today, though still retaining its indigenous foundation, the Hausa culture is influenced by Western films, videos, television programmes and theatre. This is the general phenomenon, observed by Falola and Heaton (2008, p.6) as influencing Nigerian culture.

### 4.2.4 Politics

The Hausa social organisation is an organised unit with a hierarchy of leadership positions and titles, which are given to individuals who have contributed significantly to the development of the area. The titles are normally given by the traditional chiefs or Emirs, *sarakuna*. Likewise, the Islamic culture, which now is part of the Hausa culture, has in its leadership a stream of titles for the excelled Quaranic teachers, for instance *almajiri* or *dalibi* is given to a student who has just started quaranic education and *gardi* to someone who has advanced but has not yet memorised the Quran by heart, and *mallam* or *alaramma* to someone who has memorised the Quran and its legislative role and the Hadith to effect learning on some other Muslims. The Hausa are politically sensitive and politically conscious, partly from the teachings of the Hadith and Quran and partly due to the activities of the early politicians who sensitised the population; the late *mallam*

Aminu Kano, the Sardauna of Sokoto, Sir Ahmadu Bello, and Tafawa Balewa were all Hausa political champions in the first republic.

In addition, their large population is a catalyst for them to seek political offices wherever they are settled. Islam permits a maximum of four wives to Muslim men. The Hausa made maximum use of this opportunity and this contributed to increasing the population. They also command leadership positions in the armed forces and have produced five military heads of state, a prime minister, and two civilian presidents in Nigeria to date. They are very influential in Nigerian politics and hold reputable political offices. The current political dispensation has produced a Hausa president and two vice presidents since 1999 (Falola & Heaton 2008, pp.xxi-xxxii; Ostien 2009, p.9).

### 4.2.5 Socialisation practices

The modern Hausa tradition is integrated into Islam. The Hausa practises fully the Islamic religious injunctions and influences. A person's former way of life comes into play in his or her behaviour if it does not contradict or break the established Islamic laws. Thus, the child-rearing practice begins at the point of arrival of a baby into the family. The child is given a name after seven days during an Islamic naming ceremony. The ceremony is normally well attended by relations and well-wishers from near and far, often bringing gifts and tokens for both the mother and child. A ram is normally slaughtered for a male child and an ewe is slaughtered if the child is a girl. The ceremony begins in the early morning of the seventh day and runs through the day until late afternoon.

However, before the seventh day many cultural traditional and Islamic practices come into play. For example, the child may be bathed with some liquid brew, and a little is also

given to it to drink. *Dauri* is one of these brews and is believed by both the Hausa and the Fulani to have potent effects on the child as it grows: the child who is given the brew grows up strong and brave and will not develop severe health complications. All the traditional rulers interviewed who served as the custodians of Hausa cultural traditions mentioned this in the interview. They and parents of the young people see this phase of child socialisation as the preparatory ground for "hardiness", a quality strongly valued by the community as necessary for young people who aspire to be warriors, hunters, herders and for survival in case of adversity.

The mother is also visited by community members, neighbours and friends to congratulate and say prayers of blessings to the child. She is also instructed on the tradition of raising a child if it happens to be the first child in the family. The child is watched over for its development and growth by the mother, other family members, and the members of the larger community. The larger Hausa families always live in large compounds of many related families headed by the eldest of all the close families living together (Madauchi, Isa & Daura 1968, pp.56-63). Such an elder has the final say on all issues bothering the families: marriage of a member of the family, dispute and discipline within or between close families within the larger compound, wealth, and land issues.

When the child begins to verbalise, he or she is informally enrolled into Islamic school (*Islamiyya*). These schools are found in all Hausa settlements and are often cited within a short walk of all members of the community. The child thus receives attention principally from two close supervisory points: the home and the Islamic school. This is the reason the religious leaders interviewed gave for the role of religion in the socialisation of the Hausa young person, which the Hausa culture has melted into Islamic tradition. At this

early age (2 to 3 years) the child begins to receive instructions and his moral personality begins to be shaped. Many Hausa families take pride in having their children memorise the Holy Quran by heart before primary school enrolment age, which is generally fixed at 5 or 6 years.

At age 7 the child is circumcised if a male and made to be initiated into some simple trades; he begins to follow the father to the farm, helps in herding, and in groups of his peers can go fishing in the nearby streams. The child also begins to go hunting or gather wild fruits. Any of these activities that the child is engaged in could take him or her the whole day, especially if the child is not enrolled in school or is on holidays. Girls are rarely engaged in farming and are socialised in tendering and raising children. They are also engaged in herding and gathering. The engagement of girls into herding and gathering of wild fruits and firewood is a common sight for travellers in Hausa-land in northern Nigeria.

If the child is enrolled in primary school, the child now faces three socialising agents: the family, the *Islamiyya ( Islamic school)*, and the educational institution, where the teachers now watch over his or her discipline and further mould his or her character. *Tarbiya*, as the parents called it, is the responsibility for the child now placed under the supervision of three agencies mentioned but closely monitored by the community leaders. Within the family, there is a special role that tradition has assigned to the grandparents. The elderly gather the young people at night and through folklore and storytelling, *Tatsuniya*, they are told stories that deal with moral issues (e.g., about thieves and the punishment received at the end, as well as different animal or human characters that deal with responsible behaviours and expectations of the community). The young people are also

told stories of the local heroes in that community. These may include hunters, great community warriors, great fishermen and farmers, all in an effort to groom the young people into becoming good and productive members of the community. The teachers in formal schools instruct the young people in moral education, often through principal characters in story books. They also assign roles and characters in a play for the young people to act, and assign responsibility to young people to carry out. The *islamiy*a *mullahs* instruct the young people on the need to emulate the steadfast qualities of the prophet Muhammad and the *sahabas (Islamic leaders after the death of prophet Muhammad)*, and many of the Muslims who died in the course of building Islamic institutions and promoting Islamic tradition.

The young people display these learned qualities in their development and growth through play. At night most young people come out to play in the village, where they display some of these qualities in their sincerity in judging or referring a competitive game or games such as *langa* (hopping) and *kokuwa* (local/traditional wrestling) or *madundini* (hide and seek) (Madauchi, Isa, & Daura 1985, pp.9-11). Thus, at this formative stage the Hausa culture inculcates sound character in shaping the personality of the young. The monitoring and shaping of the Hausa young people's personalities is continued by these agencies until the young person is ready for marriage, which is normally arranged by families.

The Hausa young man is relatively free from full parental control once he is married and can move away in search of greener pastures or in commerce to other cities, *chirani*. The complexity of Hausa culture is further brought to the fore, as the socialisation of the Hausa young person has also been permeated by the modern influence brought out by

inter-cohabitation with other ethnic groups and the influx of Western values. Every Hausa child identifies with others outside of the Hausa culture, for example through films, football and movies. The Hausa child today also seeks excitement and engages in the use of drugs, just like any other group in Nigeria. They abstain from the use of alcohol as a religious injunction but compensate in pleasure-seeking through the use of amphetamines, *kwaya* (Obot and Olukemi 1989, p.1). These researchers found high levels of use of hard drugs among the southerners in Nigeria, prevalent use of alcohol products by those who live in the middle belt and high level usage of amphetamines by the northern Hausa.

### 4.2.6 Conclusion

The Hausa are the most populated ethnic group in the West African sub-region. They have travelled wide within and outside of Nigeria, with very large populations wherever they settled. Their drive for commerce has resulted in them cohabitating with many ethnic groups. They have intermarried with all the ethnic communities they came into contact with. They influence and are influenced by these ethnic communities and by Western education and values. The first section of this chapter has highlighted the Hausa culture, reflecting its world view, religion, art, music, politics and socialisation practices. Modernisation and the economy have had an impact on the Hausa worldview, making other ethnic groups they coexist with protest against their presence. The arguments by Egwu (2001), Ikengah-Metuh (1994) and Falola & Heaton (2008) have all given the linear dynamics of Hausa culture fluidly. No-one has tried to connect the present uprising in the country with the dynamics of economy in the country. None of the literature is reliant on any empirical study, but all are position papers that were produced based on old

socio-political theories, which themselves have been postulated based on armchair theories, or at best observations at that time, which today need to be updated to reflect the current Nigeria's eco-political context. The next section addresses the rising tensions of ethno-religious conflicts in Nigeria, and the area focused upon in this study, Jos.

## 4.3 Ethno-religious Conflicts in Nigeria

### 4.3.1 Introduction

This section specifically looks at conflict, related to ethnicity and religious undertones that has happened in Nigeria. The rationale is to bring to the fore the causes of these conflicts and analyse them in relation to the global situation, and in relation to the ethno-religious conflicts in Jos. This perhaps will provide an appreciation and understanding of the incessant and unending crises in Jos, which have a blend of ethnic and religious elements to them. This section therefore: a) addresses the types and patterns of internal conflicts in Nigeria; b) analyses the causes of these conflicts; and c) gives an in-depth analysis from scholars and researchers as to what the maintaining motivating factors of this behaviour are.

Since the birth of Nigeria in 1914, and its independence in 1960 from its colonial masters Britain, the country has not seen as much violence as it has done in the past 30 years. Nigeria fought a civil war, which many believed was ethnically driven, in 1967. The war lasted until late 1969, with estimates of a minimum of 1 million lives lost and many displaced, with devastating effects on agricultural land, animal and other resources. But in more recent times there has been a dramatic surge in violence that expressed itself in xenophobic patterns, the hardening of ethno-regional positions and the proliferation of ethnic militias that have unleashed varying degrees of violence. There has also been an

upsurge of religious fundamentalism and religious intolerance, resulting in numerous instances of intra- and inter-religious violence meted out to one another. Consequently, there have emerged several conflict flash points of ethnic and religious violence across the country in the sense of occurrence of direct violence in addition to a number of potential situations of violent conflicts.

Egwu (2001, pp.1-2) observed that the prevailing trends of ethno-religious violence threaten both the state and the civil society, driving home in a telling manner the danger of negative social and political mobilisation of ethnicity and religion. Although the link between ethnicity and politics had long been recognised, the growth in recent times of "political" Islam draws attention to widespread contemporary religio-political development: the emergence of "revivalist", "neo-traditionalist" or "fundamentalist" versions of monotheistic religions such as Islam, Christianity and Judaism. As with the ethnic question, it increases the prospects of religious violence. However, to understand these trends it is important to recognise the mutually reinforcing nature of the global and domestic processes at work; the main ones being the ascendancy of the forces of globalisation, the massive economic decline and the attendant market reforms with its failure, as well as the failure of the state, and the loss of social citizenship for the vast majority of the people. The deliberate efforts to deny the relevance of ideology under the twin assaults of globalisation and radical capitalism have somewhat created a social void in the struggles of individuals and groups such that cultural and primordial identities are forcefully brought to bear.

The findings of the Human Rights Watch (2005, pp.1-2) and the International Crisis Group (2010, p.21) in Nigeria blamed the rising spate of ethno-religious crisis on abject

poverty created by the corrupt leadership for over four decades. However, Danfulani (2004, p.3) argued that the pressure on acquisition of land that was abandoned for so long, and the sudden need for mass returnees and retirees after the Nigerian civil war to access these farmlands, raised serious concerns with regards to the presence of other ethnic groups in that particular location of the country. Human Rights Watch further noted that the governments of Nigeria have contributed to marginalising their own people by failing to enact a law against victimisation of the non-indigenes, who are in most cases different from the host communities in ethno-religious affiliation.

Furthermore, Kazah-Toure (2003, pp.74-84) postulated that the movement of the people south of the key northern states for arable and grazing land has met serious resistance from the host communities, resulting in many ethnic and religious conflicts. He further argued that the democratisation of the country has brought about the slipping away of power and control from the former Sokoto caliphate and by extension the Hausa–Fulani control over the non-Muslims, which has further threatened coexistence in the former Northern region; the hub of most ethno-religious conflicts in the country. In yet another submission the Internal Displacement Monitoring Centre (IDMC 2008, pp.12-14), a body set up by the UN to monitor global displacements and their effects, reports that the southern inward displacement in Nigeria is caused by the desertification of the far-northern states, which forces these farmers and herders to move inwards in search of arable lands and grazing grounds, which puts lots of pressure on the populations and often explodes into violent conflicts between ethnic communities.

Another factor that could be linked to the increasing ethno-religious conflict is that the country went through major economic crises during the 1980s and 1990s, which brought

about the introduction of austere measures such as the introduction of orthodox market reforms in the form of a structural adjustment programme, code-named SAP and supported by the International Monetary Fund (IMF) and World Bank, in Nigeria. These changes, with little cushioning subsidies for the populace, provided a fertile ground for the mobilisation of some of these identities and groups. Mostly the groups are distinguished along ethno-religious lines. This ultimately gave rise to the incidents as well as the ferocity and volume of destruction of lives and property that have accompanied them and the palpable tension and hatred it has generated in the relationships between different ethno-religious groups in the country.

In respect of ethnically motivated violence, Nigeria has had to live with the effects of civil war, and since then several ethnic-based conflicts have been witnessed. Some of these include the Zango-Kataf disturbances of February and May 1992 between the Hausa and Kataf; the protracted violence which occurred between the Jukun and Tiv in Wukari (Taraba state); the conflict between the Ogoni and the Andon (Rivers state); the Chamba/Kuteb crisis in Taraba; the conflict between the Ife and Modakeke (Osun state); between the Ogunliri and Owuliri (Abia state); the Tiv versus the Fulani (Benue); and the Fulani versus the Sayawa in Tafawa Balewa (Bauchi state). Hudgens and Grillo (1995, pp.15-16) estimate that the Tiv/Jukun crises claimed about 5,000 lives, and Okoye (2000, p.3) suggests that the "Bantustanization" policy in northern Nigeria resulting from the ethnic and religious cleansing of communities, groups and individuals led to the death of over 15,000 people between 1990 and 1999. These figures, provided by a newspaper in Nigeria, claimed that the OPC, an ethnic militia in the south west, has killed more than 50,000 people in its first few years of operation, beginning in 1995 against other ethnic

groups resident in Lagos, particularly the Hausa-Fulani and Igbo. Likewise, MOSOB, an Igbo ethnic militia, launched an attack on the Hausa community resident in Enugu and Onitsha in 1995.

In a similar vein, the country has recorded colossal loss of lives due to religious violence. These Ikengah-Metuh (1994, p.13) identifies as intra-religious disturbances which occur between different denominations or sects; inter-religious conflicts, prevalent between adherents of different religious groups, but capable of assuming socio-ethnic dimensions. Some of the prominent examples cited by Egwu (2002, p.3), Igboin (2012, p.4), and the International Crisis Group (2010, p.11) include the Maitatsine riots, which ran between 1980 and 1984 in Yan Awaki ward in Kano (1980), Bulunkutu near Maiduguri (1982), and in Jimeta near Yola (1984); others include the Funtua religious riots of 1993, Christian/Muslim disturbances of 1986 in Ilorin, the face-off between Muslim youths and Christians at the University of Ibadan during the same year, the Kafanchan riots of 1987, and the Bauchi riots of 1991. Perhaps the past 15 years in Nigeria can be described as a period of "fundamentalists' reign". The years from 1999 to 2012 saw virtually all states in Nigeria witnessing one internal conflict or another. All the 19 states of northern Nigeria and Abuja witnessed at least one violent incident related to religion with the exception of Benue state, which has a history of ethnic-related violence. The South West lives with a somewhat manageable level of ethnic violence and violent intra-group conflicts. The South East and the South-South also had a measure of ethnic violence, trauma of kidnaps and tremors of religious violence. It is estimated that the Maitatsine riots in Kano in 1980 alone claimed over 4,177 lives, while those of Jimeta in 1984 and

Rigasa in Kaduna in 1992 led to 763 and 175 casualties respectively (Ikengah-Metuh 1994, p.69). He further notes that with reference to Nigeria,

> "most inter-religious disturbances usually develop into inter-ethnic conflicts even where they began as purely religious disagreements. The reverse is also often the case; namely, some socio-ethnic conflicts are deflected and fought out under interreligious banner." (p.69)

This position is not surprising because there seems to be an overlap between ethnic and religious boundaries in Nigeria. This tendency for the two forms of identity to collapse in moments of conflict and violence has been captured in the phrase "ethno-religious violence" (Egwu 2001, p.4; Danfulani 2004, p.11).

One might want to ask, why the plethora of these ethno-religious conflicts in Nigeria? Danfulani (2004, p.11); Egwu (2001, p.13); Igboin (2012, pp.2-3); International Crisis Group (2010, p.11); and Ostien (2009, p.3) all noted that the ethnic divide exists in a polity in which there is a variety of ethnic groups. Secondly, the ethnic divide is characterised by exclusiveness, the common consciousness of being one in relation to others. Thirdly, ethnic divide is a tool for competition between individuals and groups for scarce public goods such as contracts, employment, appointments, scholarships, access to land as well as opportunities for lucrative trade and commerce. Fourthly, the ethnic divide is primarily a political phenomenon in so far as it has much to do with the allocation of values. As a matter of fact, "ethnic divide" is a state-linked category rather than an archaic survival mechanism of the African people, as is often presented. The Nigerian state responds promptly to ethnic-based demands bearing in mind the consequences of choosing to ignore them. Fifthly, ethnic divide exists alongside, and interacts with, other divides such as religion and class. Finally, it is a dynamic

consciousness, and therefore situational as it changes its form, place and role in the social process. Western sociology rooted ethnic conflict in barbaric societies, especially in Africa, and modernisation theory argued that economic growth will certainly weaken and completely wipe away ethnic conflict. This fallacy has been refuted by recent happenings because even the so-called developed countries are not immune to these developments, as seen and witnessed in the former Soviet Union and other former communist countries such as Yugoslavia (Ake 1994, p.49).

The modernisation theory referred to above is viewed from its different perspectives. For example, the variant advanced by Brown (2001 pp.217-218) analyses ethnicity in terms of competition for modernisation, which acquires more salience in situations in which structural inequality exists among the different ethnic groups. The elite perspective, which can easily pass as the most popular on the ethnic question, has also received attention (Osagie 1991, p.5). It argues that the elites, who constitute a small, cohesive and closely-knit group found in all spheres of the society and who are aspiring to, and competing for, power and privileges, are the primary users of the ethnic weapon. However, they may find this easier in comparison to other options available to them, taking advantage of the inequality in the various ethnic homelands.

Ethnicity has been a dominant and endemic issue in Nigerian political fora; it has been at the centre stage of most of the Nigerian conflicts since the country gained independence, with the casualty indices on the rise day by day. The theoretical analyses here reflecting on modernisation, elite manipulation, political construction, and economic theories observed elsewhere in the literature explaining ethnic divides and politics have also come to the fore in the Nigerian conflict scenario. Of the analyses made by different authors

and authorities in this section, such as Igboin (2012), International Crisis Group (2010), Ostien (2009), IDMC (2008), Kazah-Toure (2008), Human Rights Watch (2005), Danfulani (2004), Egwu (2001), Ake (1994), Ikengah-Metuh (1994) and Osagie (1991), only three based their position on research (Human Rights Watch, IDMC and International Crisis Group); the rest, mostly academics, based their analyses on further theories to back their claims.

Closely associated with ethnic divides in Nigeria is religious consciousness, the construct that this thesis will consider next.

### 4.3.2 Religious conflict in Nigeria

In Nigeria today religion has taken over the security challenge the country is living with. Fundamentalists and terrorist activities have preoccupied the government of the day. The Nigerian 2013 appropriation/budget has "defence and security" topping the list, with hundreds of millions of pounds budgeted to fight terrorism and install security in the country. In fact, the newspaper *Punch* on Saturday 20 October 2012 reported that since the activities of the fundamentalist group "Boko Haram" began in 2009, it has claimed over 2,800 lives. With most northern cities, security is manned by the Nigerian armed forces. One might ask, why the religious consciousness?

Egwu (2001, p.20) attributed religious influence to three independent sources that have effects on social and political life. These are 1) the original "pure" religious doctrine; 2) the "practical" religion that emerges out of the interaction between the doctrine and the people's interpretation of it; and 3) the "practical" religion of the converted, which has to do with the interaction between the religion and the cultural conditions of the community of converts who are from a different culture. It is possible for the effects of all three to

exist simultaneously. Furthermore, religious activities can be classified into four categories: these include culturalist, community-oriented, syncretistic, and fundamentalist. However, there are two elements common to all these categories. The first is that leaders utilise religious precepts to present a message of hope and a programme of action to putative followers, which may have a political impact. The second is that religious movements tend to be inherently oppositional in character as their leaders capitalise on the pre-existing status quo. He points out further that, while culturalist and fundamentalist groups have inherent antipathy towards the government, community-oriented and syncretistic groups are more concerned with self-help. However, Human Rights Watch (2005) and Kazah-Toure (2003, pp.74-81) believe that the government has abandoned its constitutional responsibility. The Nigerian constitution advocates for secularity but the government has instituted Sharia courts in the country, especially in the northern states and the federal capital Abuja. This double standard by government has worsened and is often seen to escalate the religious segregation, leading to crises. Kazah-Toure, on the other hand, argued for the practice where governments patronised religious leaders and canvassed for support to implement some of its reforms, particularly and notably the structural adjustment programme, which was repressive towards the people. The programme further polarised and attracted the sympathies of followers of these faiths to keep to the divide.

The two universal religions, Islam and Christianity, provide prominence and importance in the Nigerian context; the third, "traditional" religion has been assimilated by the pluralism of two dominant religions. Most practitioners of traditional religions are resident in the rural and localised areas such that they are not readily translated into

generalised identity systems. This generalised ideology of identity is further reinforced by the religions' rich theological textures. Furthermore, they lack the intellectual leadership capable of providing "cultural entrepreneurs" who can give followers ideological focus. Besides, the highly developed rituals and ceremonial practices associated with religious observance serve as a constant re-affirmation of identity, which more often than not provides the basis for common perceptions and analysis of both real and imagined threat.

Rufai, 1993 (cited in Egwu, 2001, p.15) and the International Crisis Group (2010, p.21) observe that the two dominant religions are a part of the colonially "invented" traditions in Africa. They served as instrument of control for the colonialists. For instance, colonialism did not just insist on particular religions but also specific forms of such religious practices that corresponded with the "official" view. This was evident in the way in which colonialism waged war against some Islamic sects. In northern Nigeria, it was only concerned about "protecting" Islam, but a particular type of Islam. Thus the Sariru revolts and the spread of Tijjaniyya (an Islamic sect) influence were viewed with concern and had to be appropriately dealt with. Similarly, indigenous religions and ceremonies that were labelled as "heathenism" or "paganism" in the southern and middle-belt areas were suppressed in favour of proselytising the influence of the Christian missions and missionaries. However, Kazah-Toure believes that the colonial masters forged an indirect rule through the Hausa–Fulani chiefs and emirs, thus giving them powers over other ethnic and religious groups.

One serious issue facing Nigeria today is the politicisation of Islam and recently Christianity. When democratic rule was assured in 1999, it was greeted with introduction of political Sharia in the northern part of the country, a phenomenon that threw the

country into chaos. On the other hand, there is an increasingly threatening tendency within the Christian community to be interested in the control of the public space as a means of warding off what is perceived as the threat of Islamicisation of the Nigerian state. Islam and Christianity, despite their differences, have continued to define attitudes toward the state and politics, implicitly or explicitly inherent in their doctrines. These two religions have articulated their positions on national issues and have always held a position in the Nigerian political arena. Among others, important Christian organisations include the Christian Council of Nigeria (CCN) and Christian Association of Nigeria (CAN). Muslims also front organisations such as Jama'atu Nasril Islam (JNI) and the Supreme Council for Islamic Affairs (SCIA). The International Crisis Group (2010, p.11) noted that religious identity is now ranked first in Nigeria, closely followed by its kin ethnicity, while statism and nationalism ranked third and fourth respectively. A Nigerian introducing him or herself will tell you their name, religion, ethnic group, state and finally they will tell you that they are "Nigerian". This means politics and its dynamics appeal to religion and ethnicity in the country (International Crisis Group 2010, p.4). The consequences of the combination and the dynamics of such religious identity is the spate of religious conflicts and violence that has persisted in all parts of the country (Egwu 2001, p.22; International Crisis Group 2010, p.2; Igboin 2012, p.4).

The fact remains that religion is used as an instrument for manipulation to serve definite political and economic interests in Nigeria (Usman 1978, p.27). The same applies for ethnicity. Though the manipulation thesis still holds, it does not answer the question of why people are susceptible to its manipulation. Ibrahim (1991, p.125) argued that the resurgence of religious fundamentalism can be explained by the fact that religion has

become an arena of accumulation, and not merely the control of the theological space, as religious movements do provide material support for their adherents such as helping them to secure employment, organising marriages and naming ceremonies, as well as material intervention to cushion the effects of economic crises.

Furthermore, Egwu (2001) observes that,

> "It is this concrete material interest served by religion which provides a coping mechanism for some social groups that explains its salience more than the growth of apocalyptic fear about the end of universe." (p22).

Likewise, Kukah (1993, p.75) observes that among the Christian community there is a shift away from the theological to the mundane in motivational conception.

The task now remains to integrate the two phenomena of religion and ethnicity with the present political turmoil and violence in Nigeria. Religion and ethnicity have been used by different socio-political groups daily to produce and reproduce their means of livelihood. The integration of ethnicity into a system of common identity is most relevant in the Nigerian situation, where the boundary of ethnic identity and religious allegiance tends to overlap. As Salamone (1991, p.46) has noted, sometimes religious identity becomes part of an ethnic group's identity; when coupled with the power of the ethnic group's myth of common descent, it presents a volatile social mixture indeed. In the Nigerian situation, Karstfelt (1994, p.18) analysed how the Christian religion became an essential component in the definition of ethnic identity among the Bachama and other minority groups in the old Adamawa province in resistance to Emirate (Hausa-Fulani) domination. In a similar vein it was observed that for the various groups in the pre-colonial and colonial Yauri province such as the Hausa, Kamberi, and Dukawa, religion

provided the means of shaping an ethnic identity, and for resisting outside forces of domination.

The situation among many minority groups in former northern Nigeria is similar to that of the Bachama in Adamawa, where Christianity is not just a component for the definition of ethnic identity, but a cultural weapon in the struggle against what is perceived as Hausa-Fulani hegemony and for self-determination. In Zangon, Kataf and other parts of southern Kaduna, for example, this appears to be the dominant issue, compounding the issue of identity and access to citizenship rights in the context of the politics of exclusion. Among other minority groups, what becomes an integral part of group identity is not just the Christian religion as such, but a particular type of church that has a spatial framework of proselytisation that is more or less ethnically defined. Although several of these types of churches share a common doctrine and denomination with the others, they operate to reinforce ethnic cohesion and solidarity, even in situations where they extend to urban areas. Examples of such ethnic-based churches include the Qua Iboe among the Igala and the Ibibio, and the dominance of the Church of Christ in Nigeria (COCIN) and Evangelists Church of West Africa (ECWA) in many parts of the Plateau and Kaduna states. In such situations, membership of such churches becomes the basis of establishing the authenticity at once of both ethnic and Christian identity (Egwu 2001, pp.24-25; International Crisis Group 2010, p.11). This congruence, which may be relevant for understanding patterns of ethno-religious violence, is most clearly demonstrated in the definition of Hausa ethnicity, which will be discussed in the next section.

To conclude, ethnicity and religion as used by elites as instruments of manipulation to acquire political, social, economic and cultural preservation have been researched and analysed in the case of Nigeria. There is widespread ethno-religious conflict in Nigeria. The three former regions of the country have all shared this phenomenon. In the south-eastern part of Nigeria, there are widespread communal conflicts, especially over land acquisition. South-western Nigeria also has elements of intra-ethnic conflicts, especially among the Ife-Modakeke, that have claimed lots of lives. There have also been reports of inter-ethnic conflicts targeted at the Hausa and Igbo communities by the Odua People's Congress, an ethno-sympathetic organisation fighting for the preservation of the Yoruba race in south-western Nigeria. In the northern region, both religious and ethnic conflicts have been witnessed. In most instances, it would start at one level and metamorphose into the other, or vice versa. The situation was initially contained by the authorities (International Crisis Group 2010, p.20), but recently has escalated and has drawn the attention of the international community. In this section all the analysts argued that religion is used as an instrument of manipulation and accumulation of wealth by the youth leaders. But the sudden upsurge of violence in the country, where followers of these faiths now help themselves to the loots of their violence directly, has not been addressed by the analysts. These theoretical and analytical factors are also applicable in the case study area, in the conflict between the Hausa-Fulani and the natives (indigenes) of the Plateau state in Jos, which is discussed in the next section.

### 4.3.3 Hausa of Jos (Jasawa), the case study area

The Plateau state (see Figure 3), of which Jos is the capital city, has 17 local governments and multiple ethnic groups. Dogo (2006, p.73) observes that the Plateau state is

considered a miniature Nigeria, primarily because nearly all the ethnic groups of the country reside there in substantial numbers. The presence of these groups may be because of the location of the place at the centre of the country, the weather, and the business opportunities, especially in the state capital, Jos. A breakdown of the indigenous ethnic groups in the state according to local government councils follows in Table 2 below.

**Table 2: List of ethnic groups by local governments of the Plateau state**

| **Local government** | **Indigenous ethnic groups** |
|---|---|
| Barkin Ladi | Birom, Gerang and Ron Kule |
| Bassa | Irigwe, Rukuba, Amo, Buji,Lemoro and Chawai |
| Bokkos | Kulere and Mushere |
| Jos East | Afizare |
| Jos North | Birom, Afizare, Anaguta, and Settlers |
| Jos south | Birom and Settlers |
| Kanam | Boghom and Jarawa |
| Kanke | Angas and Tarok |
| Langtan North | Tarok |
| Langtan South | Tarok and Angas |
| Mangu | Muaghavul, Pyen, Runada, Afizare, Birom and Mopun |
| Mikang | Tell, Pianpun, Koenoem, and Youn |
| Pankshin | Angas, Mopun, Chip, Kodung, and Fier |
| Qua`an Pan | Birau, Doemule, Kwagalack, Mergan, Geomai and Jagamoerg |

| | |
|---|---|
| Riyom | Birom and Ganawuri |
| Shandam | Geomai |
| Wase | Boghom, Jukun, Basharawa,Tarok, Burum, and Fulani |

Source: Dogo (2006, p.74)

The distribution of ethnic location of local governments in the Plateau state in Table 2 shows that no local government accepts that Hausa ethnic group is indigenous to them. This includes Jos, where Dogo (2006, p.74), although reporting on ethnic groups, decided to use "settlers", which is not a term for ethnic groups. This has an implication on the continued ethnic struggle for a place in Jos.

**Figure 3: The map of Nigeria; inset in red is the Plateau state, Source: online maps**

Jos, the capital of the Plateau state, Nigeria, Africa, is located *9° 55' 0" N 8° 54' 0" E*. It is one of the highest points above sea level in Nigeria, and has a very good weather. The temperate climate of Jos makes it one of the coldest in Nigeria and its plateaus add to its scenic beauty as a major tourist attraction (Dogara & Kudu 2009, p.2). Plotnicov (cited in

Dogara & Kudu, 2009) describes Jos as "one of the healthiest places in West Africa" (p2).

Jos was founded at the dawn of the 20th century (about 1902) as a tin-mining city. Nigeria became the sixth-largest tin producer in the world, with the greatest part of this output coming from the Jos-Plateau minefields. Jos was preceded by settlements at Naraguta and Guash, out of which Jos probably originated with an indigenous population including the Berom, Anaguta and Afizare (Bingel 1978, p.2).

Best (2004), however, has indicated that, today, the Hausa maintain that they established Jos and nurtured it into a modern city without help from any of the indigenous ethnic groups in Jos. Best notes further that,

> "traders, butchers, Koranic teachers and other artisans also followed the mining population. Other wider Plateau indigenous ethnic groups came into the city for either commerce or to join the tin mining industry. These include Plateau groups like the Ngas, Ron, Mpun and Mwaghavul." (p.25).

The commercial importance of Jos also attracted people from the south including Igbo, Yoruba, Urhobo, Ibibio and Edo, among others. This situation has created lasting implications for inter-ethnic relations between the "natives" and the alien population for years, which continues today.

Since the days of tin mining in Jos, the growth of the city has been phenomenal. The creation of Benue - Plateau State in 1967, with Jos as its headquarters, led to the influx of civil servants and other businessmen into the city. Today, the civil service status of Jos has overtaken the tin-mining activities that marked Jos in its formative years.

Since its inception, Jos has contended with the heterogeneous population due to its strategic location and role in mining activities.

With the collapse of tin mining in Jos, most artisans and traders remained in Jos and made it their permanent home. Nnoli has indicated that Jos witnessed 7:6% rural-urban migrations between 1952 and 1963, and was one of the major cradles of ethnicity as was Kano, Zaria and Kaduna (Nnoli, 1987 cited in Dogara and Kudu, 2009, p.3).

Dogara and Kudu (2009, p.3), also noted other "pull factors" that have contributed to the growth of Jos, including the strong presence of Christian mission agencies, educational institutions and the so-called peace status of the city. Jos has assumed the status of a "missionary centre" due to the national headquarters of major Christian agencies here such as Sudan Interior Mission (SIM), Evangelical Church of West Africa (ECWA), Sudan United Mission (SUM), Church of Christ in Nigeria (COCIN), Ekklesiyar Yan'uwa a Nigeria (EYN), and Tarayar Ekklesiya a Nigeria (TEKAN).

It is also host to the national headquarters of the Fellowship of Christian Students (FCS), the Nigerian Fellowship of Evangelical Students (NIFES) and Christian Corpers' Fellowship of Nigeria. Jos is host to three theological seminaries and Bible Colleges. It is easily seen as the unofficial centre of Christianity in the north. Jos is also the national headquarters of the Jama'atu Izalatul Bidiah Wa Ikamatul Sunnah (JIBWIS) (an Islamic sect) and has large followership of Islamic sects, such as Darikal Tijjaniyya, Ahmadiyya, and Kala Kato sects. Jos has therefore attracted attention to itself from diverse religious interests and divides. This partly explains the strong interest in the control of Jos from these faiths.

In Jos the indigenous community laid claim as evidenced above that the city belongs to the natives, particularly the Berom, Anaguta and Afizare. They claim in their various write-ups that the Hausa man is just a settler, like any immigrant ethnic group. Even the indigenous academics continue to defend this position. However, the Hausa community in Jos, through various write-ups, claims that the Hausa are not settlers but founders of Jos, and built it to the enviable position it enjoys today, which the natives want to exclude them from (Ostien 2009, p.10). The analyses of the ethnic populations of Jos as advanced by various academics above (Best, 2004; Danfulani, 2004; Dogara & Kudu, 2004) have all been skewed towards support of the ethnic divide in Jos. The local academics have joined in the fight rather than presenting an objective assessment and analysis of the situation. Ostien (2009) is more objective in his analysis, interviewing citizens of the state and quoting from both sides. The rest relied on armchair theories for their analyses. The analysis continues below with the zenith of this dispute culminating in fully armed struggles between the Hausa (Jasawa) and other ethnic groups in Jos.

### 4.3.4 Jasawa

Jasawa is the acronym the Hausa in Jos created for themselves. The term literally translates to mean "the Hausa of Jos, not the same as Hausa settlers of Jos". This community laid claims to founding Jos and developing it to the level it is today (Ostien 2009, p.10). Best (2004, p.25) also reports that the Hausa settled in Jos alongside many other ethnic groups. The main attraction then was tin mining, but today the Hausa lay claims to founding Jos, the position that is at the centre of disagreements that often escalate to violent conflicts. The Hausa claim they are the original owners of Jos and deserve every attention and privilege as they are also indigenes. They have occupied

various wards and villages in and around Jos. Some include Kuru Babba, Kuru Karama, Dilimi Village, Anguwan Rogo, Anguwan Rimi, Dilimi, Gangare, Rikkos, Ali Kazaure, Dogon Karfe, Jenta Mangwaro, Jenta Adamu, Anguwan Soya, Sabo Gidan Foron and Dorawa Tsohuwa, among others. This claim and counter-claims by the indigenous communities have placed the Hausa in a very difficult political situation today in the Plateau state.

### 4.3.5 Impacts of violence on the Hausa community of Jos (development, modernisation, culture and economy)

The Hausa of Jos (Jasawa), estimated to be a population of about 500,000, identified themselves as very hard-working, the results of which have given them sizeable economic control of Jos. They possess and source the land from the local community using their wealth; some inherited the land from their parents as they lay claim. They have modern and beautiful houses, own shops and local small-scale industries, and have control of a large number of market stalls. In fact, in all the markets in Jos, including the Ultramodern market, the biggest in West Africa, and the popular timber market (*katako*), the best part of them (second-hand clothes section, the best in northern Nigeria) is controlled by the Hausa and other settler populations such as the Igbo and the Yoruba. However, the Hausa also have a good number of petty traders and live in shanty areas. The Hausa have very big investments in other markets too such as in the New Market and Dilimi Market. However, this has attracted scrutiny from the other ethnic communities. The culture of the Hausa man is different and survival through this ethnic competition has not been easy, as their wealth made other indigenous communities anxious. The Hausa man's wealth is a constant reference point amongst the surrounding ethnic communities.

The anxiety expressed by the communities is that the Hausa man has wealth and political influence at the central government and could easily, if allowed, take over control of Jos (Ostein,2009, pp.9-10). The creation of the Jos North local government within the metropolis of Jos by the military government of Ibrahim Badamasi Babangida (a Hausa man) is thought to be a gesture to empower the political strength of the Hausa in Jos.

### 4.3.6 Political discrimination

As previously discussed, the Hausa is a merchant and commerce is his attraction. As a resident in Jos for the past 28 years the researcher has observed that the Hausa's position in Jos and the population they command caused the Hausa to seek political representation; however, this wish is being contested by the ethnic indigenous communities in Jos. There has been serious political exclusion of the Hausa in the Plateau state since the second republic in 1979 when ethnic politics was introduced as a campaign strategy. It was a campaign issue for the Nigeria People's Party (NPP). The majority of the Hausa has never politicked in the same party as the indigenous community that always won the elections, but they cried foul play and sang songs of discrimination based on differences of ethnicity and religion. However, the real issue might be differences of political party affiliation. On the other hand, Danfulani (2004, p.4) claimed that the political polarisation of ethnic communities in Jos in particular, and Plateau state in general, started a long time ago. He noted this during the military regimes when Hausa-Fulani governors were imposed on the people and the Hausa community in Jos had their way in government, representing the Plateau people against the wishes of the majority. However, when opportunity arose during democratic rule, the people voted the Hausa candidates out, thus making the divide deeper between the Hausa and the indigenes.

During the Babangida (military head of state) administration, a Hausa man, Mukhtar Muhammad, was appointed to the office of a co-ordinator in charge of the poverty eradication programme of the federal government in the Plateau state. This was greeted by mass protests from the indigenes and threats and counter-threats to the governor and the communities were circulated en masse (Human Rights Watch 2001, p.5). The organisation notes that:

> "While some of the questions raised about the eradication coordinator`s appointment may have been legitimate, the protests soon escalated into an ugly exchange of abuse. some groups seized the opportunity to launch personal attacks on the Mukhtar Muhammad, posting death threats at his office, such as 'Trace your roots before it is too late', 'Run for your life', 'you are warned once again not to step in', 'This office is not meant for Hausa-Fulani or any non-indigene'" (Human Rights Watch 2001, p.5).

Tensions were further inflamed by a leaflet that began circulating in the name of an organisation called Hausa-Fulani Youths. The leaflet contained explicit threats towards indigenes, such as:

> "'Yes the loss of a few families would not bother us. After all for every single Anaguta's (indigene) life and their allies, there are thousands of other Hausa-Fulani. Let's see who blinks first', 'Be rest assured that we would do it even better', 'the seat is dearer to us than our lives. In that case do you have monopoly of violence?''Blood for blood we are ready'" (Human Rights Watch 2001, p.5).

These were expressions of the tensions that followed appointments of a Hausa candidate into office or into candidature of elective office, particularly the office of the Executive Chairman of Jos North Local Government Council. Human Rights Watch has noted this type of tension on appointments to key positions of a Hausa candidate since 1994.

The Hausa not only felt discriminated against in political office, but they felt discriminated against in issuance of indigene certificates of the Jos North local government. This is a proper identity crisis because the Hausa claim that they are from Jos; their parents and great-grandparents were born there and they know no other place than Jos, but now their children are denied indigene certificates, which are a necessary paper for identity, for getting a place in educational institutions in the state, and for access to health facilities and other political benefits. This loss of identity in the state is observed to have placed the Hausa in tension and has resulted in feelings of political exclusion and discrimination.

Ostien (2009, p.13) observed that the Hausa were not only excluded from the local government chairmanship. Of course, there was the issue of certificates of indigene, which until 1999 were issued to Jasawa but were stopped after the election of Joshua Dariye as the civilian Governor of Plateau state in 1999 and the appointment of Tardy into chairmanship of Jos North Local Government Council. However, the Nigerian constitution gives the indigenous communities more powers than the settlers in appointments into ministerial offices (Ostien 2009, p.5), so the indigenous communities of the Plateau and local communities other than those of the Plateau are therefore supposedly exercising their constitutional rights.

### 4.3.7 Religious anxieties

The Jasawa are predominantly Muslims, which also caused anxieties that there would be religious dominance and subsequent Islamicisation of the plateau if the Hausa took control of Jos North Local Government Council. The indigenes fear that this may have influence on other local governments of the state. This anxiety was expressed during the

recent change of government institution from military rule to a civil democratic system of governance in 1999. This period ushered in Sharia law introduced by most northern states where Muslims are in the majority. It caused civil problems and many Christians from the neighbouring states of Bauchi, Gombe, Kaduna, and Kano trooped into Jos because they were made anxious by the introduction of the Sharia law in the far North. This caused panic among the Christians in Plateau state and anxieties among the Muslims about the possibility of further religious discrimination. When their candidate for local government election, Ado Jasawa, was challenged and subsequently dropped in court for filing fake credentials, the Hausa felt it was a ploy to discriminate against them based on religion. The expansionist zeal and posture of the Hausa since the Jihad of the Sokoto caliphate has left some communities thinking the Hausa want to continue with that religious expansion and drive in a new scheme of seeking political offices. This fear is expressed by many ethnic communities in Nigeria as earlier observed (Egwu 2001, p.25). This has put them in conflict with Christian northern communities and other ethnic groups who are predominantly Muslim; for instance, the riots in Numan in 1980 and 1989 (Adamawa state), in Konduga in 1984 (Borno state), in Bade in 1982 (Yobe state), in Nguru in 1984 (Yobe state) and in Kafanchan and Jos recently. In all the instances cited above, the common denominator of the causes of these conflicts was the same; the belief that the Hausa want to rule at the highest office of these local governments.

Thus, what started as perceived envy and land acquisition led to ethnic disenchantments between the Jasawa and the indigenous ethnic groups, polarising them into different opposing political camps, which led to politics of exclusion at both local and state level

and has finally metamorphosed into a religious divide between Christians (majority of indigenes) and Muslims (predominantly Hausa settlers and Jasawa).

In the heat of expressing these differences, tensions continued to mount and finally escalated into a masked ethno-religious crisis.

### 4.3.8 The impact of the Jos crisis

What started as protests against imposition of Hausa candidates into offices during the period 1994 to 2001 escalated into full-blown violent conflict on 7 September 2001. The crisis, which started in a mosque praying ground in the Congo ward in Jos, created the beginning of the tension that continues in Jos to date. A Christian lady was due to pass through a Muslim prayer group and was subsequently stopped; this has led to the loss of many lives among both the Hausa and the indigenes, and the burning and looting of property in market stalls, markets, cars, and prayer houses. Today Jos has witnessed four of these crises, each time increasing in the use of sophisticated arms and taking an immeasurable toll (see the photographs shown in Figure 4 below).

**Figure 4: Showing the effects of the Jos crisis on the community: some wards were razed to the ground; huge loss of human and animal lives and of property; and young people seeking reunion with family members. Source: nigeriansfornigeria.org/photospeakjoscrisis**

The Hausa mostly suffered loss of property (Ostien 2009, p.19), confirming their fears that the indigenes envy their wealth. Their houses, stalls and cars were destroyed, all in an effort to drive them away from Jos. The death toll is as shown in Table 3.

**Table 3: Casualties in the Jos ethno-religious crisis (Hausa), 2001–2010**

| Year of crisis/ Casualty | Men | Women | Children | Total |
|---|---|---|---|---|
| 2001 | N/A | N/A | N/A | 1,000 |
| 2004 | 19,000 | 17,000 | 17,000 | 53,000 |
| 2008 | 569 | 39 | 24 | 632 |
| 2010 | 182 | NA | NA | 968 |

Source: Jama'atu Nasril Islam Jos (JNI) and Human Rights watch, December 2001

The figures in Table 3 show the number of deaths recorded during the Jos crisis, 2001 to 2010. No less than 1,000 lives were lost in the 2001 violence. The Bauchi and Nasarawa states, the neighbouring states to the Plateau state, recorded a mass influx of internally displaced persons from Plateau in the hundreds of thousands. The capitals of both states closed down a number of primary schools to convert them to temporary Internal Displaced Persons (IDP) camps. However, there were no records of the distribution of the casualties by age or gender.

The situation worsened in 2004: the 32 months of violent conflicts recorded no less than 53,000 deaths, consisting of 19,000 men and 17,000 each of women and children. In addition, the Plateau State Government further put the number of houses destroyed at a figure of 25,000 and the number of cattle destroyed or missing at 1,300. The figure relating to cattle has been contested by Miyetti Allah (the Nomadic Fulani Association); they claimed the loss to be more than 5,000 of their men to the crisis, in addition to more

than 15,000 heads of cattle and 3 billion naira (£115million pounds sterling) worth of property destroyed. Reuters (4 August, 2004) put the number of internally displaced persons at 258,000, mostly in camps in the Bauchi and Nasarawa states. The Plateau State Government gave the figure of internally displaced persons in Jos and its environs at 220,000.

The crisis in 2008 also claimed 632 lives: 569 men, 39 women and 24 children. The number of people displaced has not been recorded and the economic loss has not been ascertained.

The crisis in 2010 claimed 968 lives. A figure of 182 men was provided, and the rest were women and children, including 3-month-old baby. Elderly people up to the age of 100 were killed. Again, figures for destruction and displacement were not placed on record by the government.

**Table 4: Number of Hausa villages, wards and streets destroyed during the crises 2001-2010**

| **Name** | **Designation** |
|---|---|
| Rusau | Ward |
| Jenta Adamu | Ward |
| Rock Haven | Ward |
| Utan | Street |
| Anguwan Jarawa | Ward |
| ECWA Staff College | Ward |
| Crown of the Maggi (Ahwol) | Ward |

| | |
|---|---|
| Unguwan Suya (Jenta Apata) | Ward |
| Jenta Makeri | Ward |
| Alheri | Street |
| Kuru karama | Village |
| Kuru Babba | Village |
| Vom Hospital | Town |
| Sabon Gidan Kanar | Village |
| Gero | Village |
| Dilimi Village | Village |
| Sabon Gidan Foron | Village |
| Dorawa Tsohuwa | Village |
| Trade Centre | Ward |

Source: Jama'atu Nasril Islam (JNI) Jos

Table 4 shows the wards, streets and villages that the Hausa were displaced from by the crises. The houses in these locations were burnt, destroyed or pulled down and a large number of Hausa people were killed in the period from 2001 to 2010.

The impacts of the crises on the Hausa have been extremely devastating, culminating in loss of lives and property. It has left the Hausa with providing their schools, health facilities, provision of portable drinking water, access to agricultural amenities and other social amenities that they have not had from government. The continued crises since 2001 and before have had a negative impact on the development of the Plateau, Jos and

the Hausa community. Since these 11 years of continued violence, the state government has placed much attention on provision of security through the maintenance of armed forces and police. There has been an enormous vote for this peace-keeping security and the burden became so heavy that the Governor in 2009 had to call for the intervention of the federal government. This translates to channelling the use of resources into peace-keeping, which means that nothing meaningful is left for infrastructural development, overhead services and payment of wages. The Plateau state has had a history of owing its workers months of wages in arrears that are yet to be settled. It has also failed to implement the minimum wage after a review of wages two years ago. The resultant effect is continued industrial action declared by trade unions within the state. This has cyclical effects. If the workers within a state are aggressed it can add more fuel to the violence. Jos is a civil service city; if workers are not paid salaries it affects all other sectors: the market, the economy, and the revenue. Likewise, the continued crisis has driven some investors away, as well as individual traders who were established but had their property destroyed in the wake of the crisis.

Development is structural, political, psychosocial and educational. These structures have all been pulled down, destroyed or are not properly functional. The physical structures that show signs of modernisation have mostly been razed to the ground, such as the markets. The social intercourse that creates trust between humans has been eroded in Jos, within and between communities. The educational institutions have been closed down due to industrial actions of the teaching and management staff. The entire state has been taken over by the presence of security personnel with stony faces; exhausted and burnt out armed soldiers and police personnel. The democratic governance of the state has been

dislocated many times because of the seeming lack of peace, and Jos North has not seen elections for some years except for appointments into its Executive Office of the Chairman. At one time, the state was under emergency rule by a retired military officer. If modernisation is defined by the above listed parameters, then Plateau and Jos in particular, lack that. Most people who are business-oriented do not think of establishing a business in Jos, and the existing businesses have also folded. Thus, the city has witnessed economic and human outflow. Markets are decentralised with no proper government management; this has led to colossal loss of revenue.

The Hausa community has also lost some of its settler population. Most have relocated to neighbouring states with their businesses. They have also suffered a loss of access to competent health personnel and facilities. They run schools that lack quality teachers, infrastructural facilities, and materials/equipment. More so, the psychosocial pressure on some of them who choose to stay in Jos against all odds has made them devise means of surviving through this phenomenon.

Many communities have devised means of containing social pressures amidst psychosocial discriminations. Bracey (2011, p.ii) has cited Boykin and Toms (1985), who worked on raising African American children to be resilient to racial and ethnic discrimination. Bracey also studied the ethnography of two African American families on how they employed religion and spirituality to socialise their children growing up to successfully navigate through discrimination, racism, poverty and ethnic and other social pressures in their environment. Thus, the Hausa young people in Jos may be utilising their religious personality developed through religious/spiritual socialisation to contain the social pressures as they grow up. Despite the continued crises in Jos and its

environment, very little has been done by the academics to study the pattern and effects of the crises. Human Rights Watch amidst all the tensions was able to conduct interviews and publish acceptable reports that were judged unbiased. Other scholars have been whipping up sentiments and taking sides. A few, such as Egwu (2001) and Ostien (2009) have used theories to analyse the situation.

### 4.3.9 Conclusion

The Hausa of Nigeria command a large population, industry (especially in commerce), and their social interaction with other ethnic groups caused them to intermarry and converted a large number to Islam. Their political consciousness developed by their past leaders and Islamic education encouraged them to vie for political offices wherever they settled. These developments, though successful in some places, have raised serious threats to them in others, especially on the Plateau. The Jasawa of Jos, though claiming to be indigenes, has all sorts of social pressures to contend with. Their interest in vying for top elective political offices in the local governments, especially for Chairman of the Jos North Local Government Council, has left thousands dead and has resulted in a huge economic loss to the community. The resistance started because of land issues, leading to ethnic tensions. With passing years it has developed into political and recently religious polarisation of the communities in Jos. The clashes between the indigenes and settlers on one hand and Muslims and Christians on the other mean that perhaps a third hand is needed to contain the effects of ethnicity. The Muslims (Hausa) now live in one part of Jos while the Christians, by extension the natives, live on the other. This made each group create their own educational institutions, agricultural outfits, water supplies, health facilities and a host of other social amenities. These differences have affected the

socialisation of the young Hausa person in Jos. He or she grows up to be tough and resilient to forge ahead with life despite all the social pressures against him/her. This way of the Hausa young person has found support in literature. African Americans use religion/spirituality in racial and ethnic socialisation of their children to enable them to navigate successfully through the rough tides of racial and ethnic discrimination (Boykin and Toms, 1985 cited in Bracey, 2011, p.ii).

The analyses by various groups of researchers and human rights groups have shed light on the causative and maintaining agents of ethno-religious conflicts in Nigeria in general and in Jos, Plateau state specifically. It has been noted that some of these analyses lack strong theoretical bases, and are biased towards the indigenous communities; this gesture is also supported by the central government as observed by Human Rights Watch. Human Rights Watch feels that the government has done nothing to defend citizens resident in other parts of the country other than in their original home states.

The researcher's own experiential analyses also lack sound theoretical backing. They are based on the researcher's observations as a resident in Jos. The observed tensions the Hausa community has been exposed to in Jos caused the researcher, as a psychologist, to embark on an empirical study to ascertain this possible resilient behaviour exhibited by the Hausa community. The next chapter introduces the reader to the methodology chosen and employed by the researcher to study the effects of the violence as experienced by one section of the community (the young people), which the previous chapters have shown requires special attention.

# CHAPTER 5

# METHODOLOGY

## 5.1 Introduction

The previous four chapters discussed two sections of this three-part thesis. In chapters 1, 2 and 3, the phenomena of the study, trauma and trauma resilience have been covered extensively. In Chapter 4 the study community (the Hausa) and its location, Nigeria, were analysed to provide information about the group's characteristics and dynamics before embarking on its study. This chapter provides the trajectory of the research in the study of the construct possibly located in the social unit.

The objective of this section is to explain the method used in researching the understanding of feelings and experiences relating to the effects of war on the young people among the Hausa social organisation in Jos, Nigeria. Key to this is to generate data to answer the research questions raised by this thesis.

To achieve this, this section aims to:

1) provide the rationale for positioning the thesis from the perspective of social construction theory;

2) further provide an argument for the use of qualitative as opposed to quantitative methods of research; and

3) justify the choice of grounded theory research methods to generate data from the case study area.

## 5.2 Social Constructivist Theory

### 5.2.1 Introduction

Social constructivist theory is one of the four paradigms of research in use. The first of these four to be used was positivism, closely followed by post-positivism, critical theory and recently social constructionist theory. This section discusses the differences in the world views held by each paradigm and provides a rationale for using social constructivist theory within this study.

### 5.2.2 Social constructivist theory

These four paradigms used in research differ in the world views they hold about the nature of reality: that is, the ontological, epistemological, and methodological questions. Ontology asks what the form and nature of reality is, and therefore what can be known about it. Epistemology seeks to identify the relationship between the "knower" and "would be knower" and what can be "known"; the methodology asks how the inquirer can go about finding out whatever they believe can be known.

The first two paradigms (positivism and post-positivism) assume that there is a real (ontology) world, concrete and made up of matter of which objective (epistemology) assessment can be made through experimentation and control (methodology). The process involves verification (positivism) or falsification (post-positivism) of a hypothesis. The other two paradigms (critical theories and constructivism) assume that reality is relativistic. A further divide is brought about by the belief held in the past, and

to some extent continuing today, that the first two postures are located in the "hard sciences" (natural sciences) and the other two are housed in the "soft sciences" (social sciences) (Denzin & Lincoln 1998, pp.204-207).

In addition, psychology in its early period tried to fulfil the positivist agenda and had fashioned out numerous methods of experimentation to satisfy the condition of being a hard science (through the efforts of Wilhelm Wundt in Germany and William James in America in 1870). However, the efforts made by sociologists and psychologists (Goodman 1984, p.29) postulated that reality is the construct of the mind, and changes with different experiences and happenings in the social world (Gergen 1985, cited in Denzin & Lincoln, 1998, p.240). This saw some psychologists (cognitive psychologists) remaining in the individual mind construction and holding on to the positivist agenda. Cognitive psychologists believe that the constitution of the mind consists of cognitive templates that are measurable and quantifiable, while others have embraced the constructivist theories of bringing mind constructions to the social interaction arena. These psychologists believe in the mind as full of explanations offered by the historical position of the individual and the constructions of the social world around the individual.

The researcher's training in psychology was based on the positivist orientation and he has practised from the positivist orientation for nearly 20 years, but now shares the views of the constructivists. This is largely due to the fact that the population of the young people the researcher works with, and who participated in this research, belong to a social organisation that has different agents of socialisation; there are certain embedded cultural beliefs shared by the descendants of that unit, such as the belief that culture constructs barriers against adversity, especially trauma and other physical and emotional pains.

A culture that believes in group identity and relationships, and in which a belief in the supernatural is central to its control of expression of feelings, attitudes and actions, should be studied using cultural methodologies. African cultures pride their members in being identified as long-time warriors. In other words, aggression is institutionalised and hence dealing with its aftermath is also conceptualised differently in their beliefs relating to health and illness. The methodology of this study will capture these types of beliefs and attitudes. This belief that trauma or resilience and other behavioural attitudes reside in the mind of the individual, constructed by the interrelationships and interactions of the unit and giving it meaning through sharing of experiences, can be located in social constructionist theory only. The social constructionist theory adequately explains the standpoint of this thesis for researching into the possible cultural factors shared through language and understanding of a particular group; in this case the Hausa social organisation. The data collected should be interpreted using this theory to inferring the meanings that the young people attach to their experiences. The purpose of the research inquiry into the life of these young people is, therefore, to understand their constructions of what is it to be resilient and the meaning of these constructions to them.

This thesis is not concerned with predicting the behaviour of the young people, which is why positivism and post-positivism theories have not been used. Furthermore, it has been noted that the methodologies used by positivism and post-positivism promote adult domination over the young people's decisions. In this thesis the young people will be given a voice, in addition to the voices of others who see these young people growing up in adverse conditions in the Hausa social organisation.

### 5.2.3 Conclusion

Although positivist and post-positivist methodologies have been used for some time in war trauma resilience research, the present study looks at trauma resilience in an organisation that has not been adequately studied. It would be appropriate to rigorously study this social organisation to understand socio-psycho-cultural factors that may be contributing to the observed war trauma resilience among its young people, if at all they are.

The researcher believes that trauma and resilience are subjective phenomena. Therefore, giving the young people a voice to describe their experiences and understanding and thus give meaning to these experiences can best be explained by social constructionist theory and methodology. Bombarding the young people of this social unit with questionnaires and checklists in order to get objective explanations cannot provide us with meaning of their resilient or traumatised behaviour. Therefore, the researcher has chosen to use social constructionist theory and methodology.

In addition, in the study of war-affected young people there is a need to employ a different methodology in order to understand those factors that make children and young people develop war trauma or resilience. This will only be achieved if the young person`s experiences, in terms of their understanding and meaning as constructed from their culture, are studied from the child's perspective. Given the possible high occurrence of trauma resilience in Africa, we need a methodology that will capture the extent of the factors responsible for this resilience and empower the survivors to contain this psycho-social phenomenon. This informs the researcher's choice of social construction

methodology, which employs the use of cultural explanations from the individual perspective to explain the individual's behaviour.

Social construction theory exhibits a number of methods employed to study illness behaviour in psychology. Smith (2008, pp.v-vi) listed "grounded theory" (Charmaz 2008, pp.81-110), phenomenology (Giorgi & Giorgi 2008, pp.26-52), discourse analysis (Willig 2008, pp.16-185), narrative psychology (Murray 2008, pp.111-132), focus groups (Wilkinson 2008, pp.186-206), cooperative inquiry (Reason 2008, pp.207-234) and individual interviews (Drew 2008, pp.133-159). This list is not exhaustive.

As described in Chapter 3, there is a dearth of studies on war trauma resilience among young people of minority populations, and there are difficulties in deciding which methods to use to best capture the situation of the war-affected young person. Triangulation of qualitative methods of focus groups, individual interviews and picture sharing will help us to understand the young person better, because we shall focus on the young person's narratives from their own perspective and in their own words. Dona notes that comments from young people will make them active participants in the research process. Dona, 2006 observes,

"it is hoped that the comments made by advisors will help us to move beyond such descriptions and to view children in difficult circumstances as social actors, active participants in the research process as they are in societal life"p30

The three methods (triangulation) will better illuminate the psychosocial factors that promote resilience in minority cultures in Africa that are affected by war and other disasters. The three methods will serve as a check to each other and hence improve the quality of findings. To further strengthen and support the research into young people, this

study will use a triangulated method for a better understanding and for "validity". Each of the three methods will be discussed in section 5.5.

## 5.3 Justification for the Choice of Qualitative Methods

### 5.3.1 Introduction

This thesis centres on understanding factors and cultural explanations of war trauma resilient behaviours among young people of the Hausa social organisation in Jos. It seeks to identify the experiences of the young people and the meaning they attached to their experiences that were provided by the socialising culture. This section provides a justification for why this is best captured by qualitative research.

### 5.3.2 Justification for the choice of qualitative methods

Denzin & Lincoln (1998) observe that,

> "Qualitative researchers stress the socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the situational constraints that shape inquiry." (p.8).

Qualitative research methods seek answers to questions that stress how social experience is created and given meaning. This thesis is focused on gathering the experiences, meaning and cultural contributions to war trauma resilient behaviour of Hausa young people, hence the qualitative methods are best suited for this study.

Table 5 shows the distribution of participants in focus groups, September - November, 2009.

**Table 5: Case study: focus groups carried out in 2009**

| Date | Project | Venue | Duration | No. of participants |
|---|---|---|---|---|
| 7 Oct 2009 | Male, 7-12yrs | Ikhlas School | 4 hours | 8 |
| 8 Oct 2009 | Male, 7-12yrs | Ikhlas School | 4 hours | 8 |
| 9 Oct 2009 | Female, 7-12yrs | Ikhlas School | 4 hours | 8 |
| 10 Oct 2009 | Female, 7-12yrs | Ikhlas School | 4 hours | 8 |
| 12 Oct 2009 | Male, 13-18yrs | Ikhlas School | 4 hours | 8 |
| 13 Oct 2009 | Male, 13-18yrs | Ikhlas School | 4 hours | 8 |
| 14 Oct 2009 | Female, 13-18yrs | Ikhlas School | 4 hours | 8 |
| 15 Oct 2009 | Female, 13-18yrs | Ikhlas School | 4 hours | 8 |
| 18 Sep 2009 | Male parents | Ikhlas School | 2 hours | 8 |
| 19 Sep 2009 | Male parents | Ikhlas School | 2 hours | 8 |
| 20 Sep 2009 | Female parents | Ikhlas School | 2 hours | 8 |
| 21 Sep 2009 | Female parents | Ikhlas School | 2 hours | 8 |
| 7 Nov 2009 | Hospital workers | Noor Nursing Home | 2 hours | 6 |
| 14 Nov 2009 | Hospital workers | Noor Nursing Home | 2 hours | 6 |

Table 6 shows the distribution of participants for individual interviews carried out from November to December 2009.

**Table 6: Case study: individual interviews, 2009**

| **Date** | **Project** | **Venue** | **Duration** | **No. of participants** |
|---|---|---|---|---|
| 18 Nov 2009 | Female, 7-12yrs | Ikhlas school | 4 hours | 8 |
| 18 Nov 2009 | Male, 7-12yrs | Ikhlas school | 4 hours | 8 |
| 19 Nov 2009 | Female, 13-18yrs | Ikhlas school | 4 hours | 8 |
| 19 Nov 2009 | Male, 13-18yrs | Ikhlas school | 4 hours | 8 |
| 25 Nov 2009 | District Head | Naraguta | 2 hours | 1 |
| 29 Nov 2009 | Ward Head | Rikkos | 2 hours | 1 |
| 7 Dec 2009 | Chief Imam | Central Mosque | 2 hours | 1 |
| 12 Dec 2009 | Izala 2 sheik | Anguwan Rogo | 2 hours | 1 |
| 22 Dec 2009 | Izala 1 sheik | Anguwan Rimi | 2 hours | 1 |

Table 7 shows the distribution of participants in picture drawing during October 2009.

**Table 7: Case study: picture drawing, 2009**

| Date | Project | Venue | Duration | No. of participants |
|---|---|---|---|---|
| 7 Oct 2009 | Male, 7-12yrs | Ikhlas School | 30 minutes | 8 |
| 8 Oct 2009 | Male, 7-12yrs | Ikhlas School | 30 minutes | 8 |
| 9 Oct 2009 | Female, 7-12yrs | Ikhlas School | 30 minutes | 8 |
| 10 Oct 2009 | Female, 7-12yrs | Ikhlas School | 30 minutes | 8 |
| 12 Oct 2009 | Male, 13-18yrs | Ikhlas School | 30 minutes | 8 |
| 13 Oct 2009 | Male, 13-18yrs | Ikhlas School | 30 minutes | 8 |
| 14 Oct 2009 | Female, 13-18yrs | Ikhlas School | 30 minutes | 8 |
| 15 Oct 2009 | Female, 13-18yrs | Ikhlas School | 30 minutes | 8 |

### 5.3.3 Conclusion

This section explained the researcher's choice of qualitative research methods as opposed to other methods, particularly quantitative methods, chiefly because of the experiences of the young people, their parents, hospital workers and traditional rulers. Qualitative data illuminate the meanings and experiences of the young people. Three methods were used to gather the experiences: firstly, focus group discussions were carried out with young people, hospital workers, and parents; secondly, individual interviews were held with

young people and traditional leaders to provide more information on the young people's war experiences; and thirdly, young people also shared their experiences drawn in pictures.

However, the researcher was also involved and deeply immersed in the process of the research. The next section - 5.4 - provides the process of the researcher's reflexivity.

## 5.4 Reflexivity in the Process of Data Gathering

### 5.4.1 Introduction

In the study, some information was gained from interview discussions and conversations, and perceptions and insights were gained from the lived experiences of the participants, which were elicited in the process of the research using focus groups, individual interviews and picture drawings. As both subject and object of research, the researcher has tried through reflexivity to introspect, evaluate and understand the influence of values and belief systems in the gathering and analysis of the data. The researcher is a member of the Hausa community and as such his ability to speak the language is an advantage in the process of transcribing and translating information. The researcher's professional background in psychology also influenced his understanding and his ability to use the appropriate language for describing these experiences.

### 5.4.2 Reflexivity in the process of data gathering

When the data gathering commenced the researcher had difficulties in situating himself in the discussion. The researcher was initially struggling with his positivist background; whether to participate or to step aside. However, the researcher relaxed and joined in the

process of the group discussion because focus group itself, though a process of data gathering, is also therapeutic and therefore the researcher as a clinical psychologist decided to remain empathetic. Empathy demands reflection of contents for clarity and understanding, unconditional support and love, a soft voice and a caring posture (Nelson-Jones 2011, pp.88-94). When the researcher engaged in the discussions with empathy, groups' process flowed with ease, commitment, and disclosure of honest material. Throughout this and the following chapters, the first person report (I) is used to reflect the researcher's immersion in the process of data gathering and analysis. In addition, some of the materials came from the researcher's memory of the discussion. These are indicated in the text and are used to complement the recorded audio data, which recorded information provided through speech only, not non-verbal signals.

The three qualitative methods chosen for the study (focus groups, individual interviews and picture drawing) each have their shortfalls. The focus groups do not bring out the best in some of the respondents. Some respondents are shy. Some, depending on their culture, may not want to open up to a stranger. Although the psychological characteristics of shyness and information disclosure difficulties were reduced as much as possible by using the individual interview method, individual interviews could also be problematic especially if the participants shared their experiences with each other after taking part in the focus groups. They might have learnt to give other people's responses and not really their own experiences. Picture drawings were used to help those who had difficulty expressing themselves verbally. However, boredom caused by attending focus groups and individual interviews, going over the same material for many hours, could make the responses in the pictures less sharp than they might otherwise have been.

A convenience sample of 32 school pupils has been used. There are many other Hausa children on the streets seemingly displaying the same behaviour, who could have been conscripted for study as well. The sample size of 32 young people is not representative of the population; hence the results of the findings here are not going to be generalised. There is the issue of bias; the parents of these young people would possibly rate their children higher for responses on experiences of trauma and resilience or may fail to disclose certain information about their children (Dona, 2006, pp24-25). Likewise, the traditional/religious leaders might have over-defended their cultural interventions since they are the highest authorities in an official capacity to defend the community.

### 5.4.3 Conclusion

In the research process the researcher was immersed in the research as both object and subject. The research process also contained some biases from parents and the traditional rulers. These biases may have involved the parents and traditional leaders describing the young people in ways that must have exaggerated the young people's real experiences.

The next section gives an in-depth description of the methods used to conduct the data collection.

## 5.5 Method

### 5.5.1 Introduction

This section aims to provide a comprehensive description of data collection methods used in the study of war-affected Hausa young people in Jos, Nigeria (Africa). The aim is to collect data that will answer the research questions raised earlier.

### 5.5.2 Research design

This section introduces the conduct of research; first the research context is described, followed by the description of data gathering. It also gives an overview of how the data were coded and analysed. Results indicated that all the research questions asked in the introductory chapter were answered by the data set collected. The length of the process and difficulties encountered are provided. The researcher's immersion in the data collection procedure and its implication are also discussed. Researching with young people raises serious ethical concerns and some of these issues and difficulties are also highlighted.

### 5.5.3 Research context

The Plateau state is located in central Nigeria in the West African sub-region. Its capital city, Jos, houses virtually members of all ethnic groups in Nigeria. Jos is a mini Nigeria, and by its constitution is a cosmopolitan city. It has recently witnessed violent ethno-religious crises which later spread to the rural areas of the state. The reprisal was also witnessed all over the country. Since September 2001, pockets of clashes have been reported in certain areas in the city of Jos and all over the Plateau state. From the year 2001 to date the city has experienced five violent ethno-religious crises, with many dead and hundreds of thousands displaced. The crises took place in 2001, 2003, 2004, 2007, 2008, 2009, 2010 and recently in 2011. Peace efforts have been advanced by all levels of government and some NGOs. Despite these efforts, people are living in segregated settlements with indigenes and Christians settling in one part of the city while the Muslims and non-indigenes settle at the other. Often, these settlements are overstretched by their populations. Plans of attack by young people and youths are heard of, while mass

media campaigns about the need for peaceful co-existence fill the air. Because of the ways in which settlements have separated the two sides, peace is yet to return fully to the state. At the time of writing, a dusk-to-dawn curfew has been imposed on the city and is enforced by security personnel.

The decision to conduct research in Jos was based on the fact that the high levels of poverty and displacement and the persistent ethno-religious violence in the city made it reasonable to assume that there were considerable threats to young people's well-being. Jos, the capital of the Plateau state in Nigeria, is therefore a suitable location for exploring the impact of violent conflict and other challenges on young people's well-being. It was thought that this would lead to rich research data for academic purposes and nationally relevant lessons about policy implementation and recovery.

### 5.5.4 Data collection

Three qualitative methods were used to collect the data to answer the research questions: 1) focus groups; 2) individual interviews; 3) picture drawings by the young people; and 4) the researcher's depth of knowledge about the social organisation. These methods would capture the situation of affected young people's understandings of their experiences in distress as a result of war or other political violence in Jos, Nigeria.

Thirty-two young people comprising of 16 boys (8 older boys ranging from 13 to 18 years of age; and 8 younger boys ranging from 7 to 12 years of age) and 16 girls (8 older girls ranging from 13 to 18 years of age; and 8 younger girls ranging from 7 to 12 years of age) were sampled for this study. Their experiences of the ethno-religious violence in Jos were discussed in focus groups, individual interviews and through picture drawings.

This was done to identify the symptoms of resilience as prescribed by the salutogenic questions and the definition of resilience provided by Antonovsky (1980). It aimed to locate all the three aspects of resilience definition, i.e., to establish whether trauma of war exists, does not exist, or exists but contained with resilience.

The questions that guided the focus group discussion all came from the researcher's tacit knowledge of the field as provided by grounded theory. The questions (see aappendix 2) focused on symptoms of trauma as provided by DSM IV (1994, pp.467-468) of the APA: these are 1) symptoms of inclusion, which has to do with intrusive thoughts of the conflict; 2) symptoms of exclusion, which include avoidance of certain places that remind the individual of the violence; and 3) hyper-arousal symptoms, which relate to hypervigilance of the individual as expressed in his or her sleep. The symptoms of hyper-arousal often include sleeplessness and irritability and are preceded by intense anxiety and fear of the violent incident. These are the symptoms described in DSM IV (APA 1994, pp.467-468) and literature on trauma (Pfefferbaum 1998, p.1503). The questions revealed the extent of suffering and spread of these symptoms or lack of them (resilience).

The young people also discussed additional questions that sought a description of the ways they confronted some sufferings as a result of the effect of the conflict on them. Questions were also asked to enable the young people to describe how they managed their fear, anxiety and worry during and after the crisis. This established the measures the young people employed to avert the difficulties they faced. The discussions were carried out in separate groups of female young people and male young people. This allowed comparisons to be made of the experiences and symptoms of trauma across different

genders. Likewise, the symptom presentations of younger age bracket (7-12 years) were compared with the responses and symptom presentations of the older age bracket (13-18 years).

The questions asked were meant to establish whether the young people were able to contain the adversity or not and if so, how. Further questions to establish the levels of psychological health were also asked to ascertain how healthy the young people were and if they fitted into the health stability category of DSM; these included questions on how much the young people kept to their chores and other responsibilities assigned by the family and the social organisation as prescribed by their culture, such as school and other community projects.

Individual interviews with the young people were further conducted in a relaxed environment. All the 32 young people participated; it took four hours each day for two days to conduct the interviews. The questions in the focus groups were also used for discussions in individual interviews to see if the individual had forgotten to mention certain things in the focus group, or was too shy to mention them in public during the focus groups discussions. It must be stated here that there is a possibility that the individuals may have discussed the focus group questions with other adults or peers and could have reported differently in their individual group sessions. This was minimised by not revealing to the participants that there was going to be an individual session until the morning they came for it. The additional last question asked whether the individual had anything to say (i.e., “Do you have any questions or anything you want me to know?”).

Both methods, namely focus groups and individual interviews, were audio recorded using a very small but sensitive voice recorder. The researcher also made some notes on the

sheet of paper provided to each participant, and non-verbal signs were also taken note of to compensate for the shortfalls of voice-recorded information.

Further research into how these symptoms interfered with individuals' functioning was done through exploring the young people's drawings (Berry et al. 2003, p.5). This revealed a lot about their fears and suffering. This method illuminated more on the type of trauma and trauma resilience experienced by the individual and how deeply it affected the individual, which was not mentioned in the focus group sessions or individual interviews. The young people took 30 minutes of the two-day individual interview session to draw pictures of their interesting days and disinteresting days as well as their fears and their happy days; this is in line with Perry's (2002, p.8) recommendations. Young people's drawings depict their fears and or strengths and allow the researcher to access the internal conflicts that the young person may not be able to express through language but can do so in pictures (Morgan 2002, p.422).

In separate sessions, parents comprising of 8 males and 8 females described how the young people behaved during and after the violence; the possible symptoms of trauma, and the methods used by the young people to contain the effect of suffering (resilience). The parents described their wards' attendance at school, their level of participation in the housework and their involvement in trades and petty trades. Furthermore, they described the child-rearing practices of the Hausa social organisation to identify those possible psycho-socio-cultural factors that could expose the child to trauma or resilience. These were in accordance with the Kabul project (Berry et al. 2003, p.63). Questions were formulated to lead the discussion (see appendix 3).

The researcher also reflected on his upbringing to illuminate the cultural factors that shaped his behaviour and encouraged bravery, and shaped being resilient. During the discussion with the parents of the young people, the researcher immersed himself in the research process both as an object and subject of research. The parents also discussed the social unit itself and continued to supply reasons for continuous conflict in Jos.

To further corroborate the information collected from the young people and parents, individual interviews were conducted with 5 (all male) community/religious leaders who served as key informants to describe the activities of the Hausa social organisation. Socio-cultural cohesion and practices of the unit were explored to determine and map out the socio-cultural factors that possibly contributed to making the members of the community resilient. The community leaders described how young people were initiated into trades and cultural activities such as worship and other traditional rituals, hunting, herding, fishing and farming and some of the socialisation processes of the organisation. They also described those indigenous methods used by individuals and groups in the community to contain adversity. Questions regarding the interview conduct are contained in appendix 4.

Finally, two focus group sessions were held with 6 hospital staff (4 female and 2 male), which lasted for a duration of 2 hours each and took place in the hospital's conference hall. This group also served as key informants; because of its professionalism, they were expected by their training to identify the symptoms of trauma and/or trauma resilience. The group answered questions (see appendix 1) that had to do with their ability to identify and to further confirm the symptoms of trauma or resilience and scope of the problems. The symptoms the young people presented when admitted during and after the

conflict were described. The hospital staff also discussed the reasons why trauma or trauma resilience was high in the Hausa social organisation following their observations of the cases received during the crisis.

### 5.5.5 Approach to data collection and analysis

The approach to data collection and analysis was based on grounded theory (Strauss and Corbin 1998, p.57; Charmaz 2008, pp.92-109), qualitative methods of data collection and analysis. Tacit knowledge of the field enabled the researcher as provided by the grounded theory analysis to lead the data collection based on those professional concepts that led to the interview questions set out in the appendices. The recorded voice tapes were then sorted into the various groups: young males' focus groups; senior males' focus groups; young females' focus groups; senior females' focus groups; young males' individual interviews, senior males' individual interviews, young females' as well as senior females' individual interviews, hospital workers' focus groups, parents' focus groups, and traditional rulers' individual interviews as reflected in Tables 5, 6 and 7.

### 5.5.6 Transcription of voice tapes

It took about 40 days to transcribe the recorded voices of the participants. They were sorted out in the various categories of participants as contained in Tables 5, 6, and 7. The tapes were run over and over again as the researcher took time to transcribe everything that was recorded. All the recordings were done in the local language, Hausa. The transcription and translation to English was not easy due to language differences and language equivalence difficulties that had to be contended with, but the researcher tried to

capture the main psychology register of professional words that were expressed by the participants. This information was then coded.

### 5.5.7 Coding

The data were coded under each category and as required by grounded theory, the data from male young people were coded as FOm1 for the focus group of male juniors (7-12 years old); FOm2 for the focus group of male young people in the older age bracket (13-18years); FOf1 for the focus group of female juniors (7-12 years old); FOf2 for the focus group of female young people in the older age bracket (13-18years old); FOpf for focus groups of female parents; and FOpm for focus groups with male parents. FOhs is a code for focus groups of hospital staff, while INf1 was used for individual interviews with the female young people (7-12years); INf2 for individual interviews with female young people in the older age bracket (13-18years); INm1 for individual interviews with young male young people (7-12years); and INm2 for individual interviews with male young people in the older age bracket (13-18years). Data from individual interviews with traditional and community rulers were coded as INtr.

### 5.5.8 Data analysis

Since the data collected was done using grounded theory, data analysis was done using N`VIVO 8 software. This software was purchased from the J.P. Priestly library of the university of Bradford. It was installed on one of the computers in the social science research room, which the researcher used as his working desk. All efforts to install the program on the researcher's personal computer failed because the programme at that time only worked on campus. This software coded the information fed to it as either '1' or '0'.

It created categories and subcategories with the help of the researcher's tacit knowledge. Some of the related subcategories and categories were later merged and collapsed into more related and much more defined categories and subcategories. In this way, concepts and themes emerged. All the data for all the various groups of participants were fed into the software and analysed. It took 10 days to complete the analysis. The researcher then copied the concepts and themes onto a foolscap paper, examined it for a possible meaning and further collapsed the related themes and concepts.

### 5.5.9 Findings and research questions

The analysis of young persons' data revealed that significant war trauma resilient behaviour was exhibited. Initially some young people did not develop trauma at all, while some developed trauma of war-related material after the conflict but were able to overcome these traumatic difficulties and are coping well. None of the young people displayed these symptoms of trauma in September 2009 at the time of collecting the data. These results answered the salutogenic questions (Antonovsky, 1998). Further comparisons between the results obtained and the literature on resilience found differences between young people in terms of age: the younger age bracket of 7-12 years displayed a different strategy of dealing with traumatic incidents than the older young people (13-18 years old). Even their initial traumatic reactions had different foci. The younger age bracket exhibited more traumatic factors (as in avoidance of places and more fears) than the older age bracket. They relied more on older siblings or peers to cushion the effects of the trauma, while the older age group coped better because of their previous experiences and their developmental maturity, which helped them to easily attach meanings to explain what was happening. Many cultural factors were mentioned by the

young people, for example, ingestion of cultural herbs and brews that the young people believed made them strong. Some reported their experiences that using these herbs and brews made them bold and helped them withstand hardships during the crisis. The problem, though, is that none of these herbal brews and other cultural concoctions has been scientifically proven to be fit for human consumption. Close family ties and religiosity and spirituality also played roles in making the young people resilient. These answered the differences in reaction to trauma and resilience as defined by age.

Male young people were also found to be more resilient than the female young people. Results showed many reasons for this, including exposure to the violence, previous experiences, cultural differences in the socialisation practices between the genders, and religious participation. Furthermore, interestingly male young people used problem-solving coping strategies to deal with the effects of war trauma and appeared resilient, while the females used emotion-focused strategy to be resilient. Both genders reported high involvement with spirituality to contain the effects of the violence. The findings from the parents also corroborated the findings that most young people, especially the younger age bracket and female participants irrespective of age, sought explanations and support from the parents, other siblings or older adults. This they attributed to cultural upbringing, which encourages male children to give support to the females and protect them in times of adversity such as violent conflicts.

Findings from the hospital staff data also showed that most admissions recorded were cases of physical traumas such as wounds from gunshots, wounds from arrows or wounds from machetes, cutlasses, knives or daggers as well as wounds from sticks. Findings also revealed that most of the people admitted were young people aged between 15 and 25

who had actually participated in the violent conflicts. These young people never complained of emotional difficulties but were more involved with their physical wounds. Female admissions were also reported, particularly cases of premature delivery as a result of distress from the crisis. Some also came with reported purging (diarrhea) supposedly caused by fear. There were more cases of purging reported during the time of crisis, which is why the hospital staff linked it with post-traumatic reactions.

Data from the traditional leaders also confirmed these findings and further supported and offered explanations as to the reasons for the high resilience reported among the young people. These include differences in socialisation and historical bases of some initiation rites culturally constructed by the culture for its growing young people. The findings on the socialisation practices, some cultural rites and expectations while growing up, spirituality and religiosity, communal prescriptions and respect for norms, and laws of the community all fit with the definition of culture by E.B. Taylor (1878, p.245), thus answering the research question raised about the cultural contribution to resilience among the young people of the Hausa social organisation in Jos. A comparison with what is obtained in the literature on resilience as suggested by grounded theory (Strauss and Corbin 1998, p.76) shows higher-level trauma resilience among the young people of the Hausa community in Jos.

### 5.5.10 Ethical considerations

The research was conducted in a traditional environment, and certain issues had to be handled with caution. Jos is a city where two religions reign: Christianity and Islam. The people are very sensitive to issues dealing with religion. The religious differences are what most people feel because of the incessant violent crises. Therefore, the researcher

first sought permission to meet with the head of the Islamic organisation that deals with the Hausa social organisation directly. Permission was granted and the researcher presented himself to the Council of Ulamas represented by the secretary. In a fruitful discussion the research plan was discussed; the researcher introduced himself as a lecturer at the University of Jos, now a research student at the University of Bradford. The issue of recruiting participants was discussed. Security was the first issue and an agreement was made that a primary school located at the centre of the community ward was to be used. It had adequate lightening, ventilation, proximity and was secure to all the participants, since soldiers and other security agents patrol 24 hours a day. The second issue was that of participation. Copies of assent forms for the young people and consent forms for the parents and other adult participants were shown. The researcher gave assurance that the issues of informed consent, confidentiality of information and privacy would be discussed with the parents and their wards during meetings with them if approved by the council. This was agreed and approval was given to conduct the study. This easy access was because of the researcher's background as a member of that community and because the secretary is a PhD graduate of the University of Jos. He understood what was presented and convinced the council to give permission. The secretary contacted the chief imam of the community and arranged for the members of the community to attend a meeting with the researcher and his proctors. During the meeting with the community members, concerns about the conduct of research in the community were discussed. A process of screening was agreed for the members to be able to participate. One of the conditions was that a participant must have witnessed the last violent crisis that happened in Jos; this was done to access the experiences they must

have gone through. The age bracket of 7-18 years was agreed for young people and no maximum age was given for the adults. The researcher screened the participants and met with them separately on another day.

At the next meeting the issues of participants' safety, confidentiality of information, participation and record-keeping of data were discussed. Parents were given forms that served doubly as consent and informed consent. They asked questions about issues such as the length of the research, interference with prayer times, and early closure for female participants to enable them get back home to attend to housework. These were resolved through fixing the time of the meetings between 9:00am and 1:30pm twice a week. This interval did not interfere with prayer times and is early enough for the females to get back home to attend to other issues. Likewise, the men were given ample time to attend to their business. They were informed of the chosen venue, the central primary school (i.e., the venue where the meeting was held). They agreed with the choice. Likewise, issues of confidentiality were dealt with: the participants were not expected to reveal their identity in any way; names and addresses were not required. The issue of the University of Bradford keeping the research material for five years and destroying it thereafter was discussed. The participants had no problems with this. They have participated in a lot of research at the University of Jos and were confident that a foreign university would keep the information secure and confidential. The researcher made it known during the discussion that participation was not compulsory and that if any participant did not feel compelled to continue, they had the right to drop out or discontinue at any stage of the study.

At the end of the day parents were given the consent/informed consent forms to sign and the young people signed the assent forms.

Finally the researcher explained that food would be provided for all the participants in exchange for their time. This is cultural in that during Ramadan (the dry fasting period for Muslims) the community is encouraged to give as much as possible to those members who do not have. They agreed to collect the food and that it would help them in the breaking of the fast. The food was mainly comprised of fruits and a traditional brew, *Zobo* (a healthy drink). They were also allowed to keep the pens and pencils used during the study.

### 5.5.11 Conclusion

This section reflected on the methodology theories mainly used in research in war trauma resilience. The research theories of positivism, which have dominated the field of trauma-resilience research, have been discussed, as well as their shortfalls as universal theories when applying them globally. Their method of quantifying reality was also critiqued through the lens of critical researchers. Finally, a more acceptable culturally reflective theory of social Constructionism and a methodology of qualitative data collection were advocated for use in researching the experiences of the young people in the Hausa social organisation in Jos. Grounded theory (Glaser and Strauss, 1969; Strauss and Corbin, 1996; Charmaz, 2006; 2008) and a qualitative method of data collection was chosen. Finally, difficult as it was working with young people, certain ethical considerations had to be observed.

The methods of data collection, namely focus groups, individual interviews and picture drawing, have their shortfalls. First is the issue of sampling though a qualitative study: the 32 Hausa young people who participated did not constitute a representative sample. Likewise, the focus groups had shortfalls of not mitigating the effects of some psychological characteristics such as shyness and difficulty in disclosing information to people they do not know. Individual interviews also had problems of boredom and possible confounds from the effects of discussion and transfer. The picture-drawing session was also affected by the issue of boredom caused by the long period of the research. In addition, the researcher's position as the member of the community must have coloured some responses. The cultural methods of intervention that attracted the use of some herbs have not been subjected to scientific investigation to ascertain if they are actually fit for human consumption despite their acclaimed potency for resilience. The next chapter presents the data collected from the field and how they were analysed.

# CHAPTER 6

# DATA ANALYSIS AND PRESENTATION OF RESULTS

## 6.1 Introduction

The previous chapter (Chapter 5) discussed the methodology that was used in this research project. Four key perspectives in social research were introduced and discussed: positivism, post-positivism, critical theory and social Constructionism. Ontology (what reality is), epistemology (how to study the nature of that reality) and methodology (which methods of inquiry to use) were discussed following each paradigm presented. The rationale for locating this research in a social constructionist framework evolved as a by-product of these discussions. Likewise, the different methods of data collection used by the researcher to gain access to the primary data as well as secondary sources of information were highlighted. The purpose of this chapter is to present the data gathered through field research in Jos, Nigeria, and to show how the data have been analysed using the qualitative software of N`VIVO 8 and according to the method of grounded theory.

Grounded theory (Glaser & Strauss, 1967; Charmaz, 2006; 2008) encourages deep insight into the data through the identification of emergent concepts, subcategories and categories, and the gradual refinement and development of these in an iterative process. The codes identified through data analysis will be presented and analysed. The rationale for this chapter is to do the following:

1) To present the results of the findings according to the themes of the research questions in order to bring out the main findings that explain and answer the research questions raised in the introductory chapter and in Chapter 5 (research methodology).

2) To use an analytic package (N`VIVO 8) in order to classify the frequency of codes, categories and subsequently the evolution of a theory to explain the various segments of the data collected. It is only in doing so that the data can make sense to the researcher.

3) To bring direct quotes of voices from the primary data source to support and further explain the findings that support the research questions raised.

4) To identify where the findings from the data fit in the literature (they are espoused and referenced to within Chapter 7 on discussion).

## 6.2 Data Analysis Method

### 6.2.1 Introduction

This section describes how the transcribed data were subjected to grounded theory analysis using N`VIVO 8 software.

Firstly, the transcribed data were divided into sets, according to the main groups of respondents: young people, parents, traditional/ religious leaders and hospital workers; all members of the Hausa social organisation. The rationale for doing this was to provide a separate analysis for each set of data. The contribution of each set of respondents to answering the research questions will be made clear by separating the data into its constituent parts according to each participating group. Next, the four stages of grounded

theory coding analysis were followed: first the transcripts were read by the researcher and some initial codes were created. From there, the researcher started to develop a more systematic framework of concepts from these codes, refining these into categories and subcategories. Finally, these were worked into a final set of theoretical codes. For clarity, only the method of data analysis for the young people is presented here. The final results of the emergent categories of the codes from the remaining data from the parents, traditional/religious leaders and hospital workers are also presented; the initial codes from these data are appended. The meaning of these codes is further explained by category in section 6.2.4.

### 6.2.2 Stages of coding

The first interview is generally aimed at finding out what life is like for the young people of Hausa social organisation in Jos and how they deal with the experience of violent conflicts in their community. In other words, the violent ethno-religious crisis the young people were involved in and how they have managed this situation was explored. General questions were asked about how the members of the community express experiences of suffering and probing into the specific situation of the last crisis in January 2009 elicited many responses from the young people. Likewise, some specific questions were targeted at eliciting the responses from the effects of the last crisis in January 2009. General questions such as "Tell me about your worst day" were asked, alongside questions such as "How did you feel on the first day of the crisis?" and "What did you do on the first day of the crisis?" These questions were asked in order to elicit the extent of the effects of the violence on the young people (see appendix 2 for the interview schedule). The participants' initial responses were important for the categories that they suggested.

Subsequent interviews/observations were coded with the first interview/ observation and emerging theory in mind. This is the process of constant comparison; in other words, initially comparing data set to data set and later comparing data set to theory.

A line-by-line analysis was adopted to capture the understanding of the participants' violent experiences in Jos. The points considered as key and important to the research were identified in the interview transcripts and in field notes on separate space on a sheet of paper and assigned an identity. The interview with the participants recorded these initial assigned codes.

**Table 8: Emerging codes from young people's data from Jos (w)**

| **Identity** | **Item** | **Codes** |
|---|---|---|
| C1 | Pictures of events, objects, persons or places that indicate individual fears e.g. pictures of gun(s), bullets, torched houses, torched vehicles | Dread in pictures |
| C2 | Individual, social support from others, community support, as in meditating, reading the Quran to cushion the effects of violence on the individual | Buffers of Suffering |
| C3 | Land issues, political differences, ethnic differences, religious differences, envy, identified as sources of conflict | Sources of Conflict |
| C4 | Property and life loss, physical injuries and pains, psychological pains, relocation within or outside the city | Consequences of conflict |

| | | |
|---|---|---|
| C5 | Caring for younger ones, bathing, dressing and taking them to school or *islamiya* and /or *masjid* | Child support |
| C6 | Heartbeat fast, crying, worry, fear and uncertainty during crisis | Worry |
| C7 | Loss of significant person(s), property, or injury during the crisis | Sad moments |
| C8 | New clothes, return to school, Eid celebrations, parental return from a journey, listening to Quran recitation or nice music | Peaceful activities |
| C9 | Peace in town, lack of violence, when my parents are happy, payment of school fees | Happy moments |
| C10 | Christian settlements and wards, Abuja, clubs, areas where *yan daba (bad boys)* live, drinking places, cinemas, viewing centres | Places don't want to visit |
| C11 | Going on pilgrimage to Mecca, visit to Prophet Mohammed's grave, visit to Muslim wards or cities | Places would like to visit |
| C12 | If parents are educated, the children do not go out to participate in violence | Education and violence |
| C13 | If the child observes *da`a* and good *tarbiya* from parents, help with housework; contribute to the | Good conduct |

| | | |
|---|---|---|
| | upkeep of the family, help in the family, and community projects, goes to school, respects elders, seniors and teachers, does not keep bad friends, cares for the younger ones | |
| C14 | Disobeys his parents, elders, does not have good *tarbiya*, mixes with and keeps bad friends, smokes marijuana, drinks alcohol, or takes amphetamines (*kwaya)*, fights, lies | Bad conduct |
| C15 | Crisis day, day my father was killed, or any member of the family, house was burnt down, accident, the day our cars were burnt, failed exams, disruption of school calendar | Sad day |
| C16 | Visiting a friend, travelled to city of *Kano*, new member of family, when school resumes, passed exams | Happy day |
| C17 | Proper feeding of pregnant woman with fruits, meat and milk, and care by husband, family and community members | Maternal prenatal care |
| C18 | Care of child, responsibility of parents, family and community as the child grows | Socialisation |
| C19 | Cultural prescriptions and expectations observed by the child to show courage and hardiness as he/she | Cultural factors |

| | | |
|---|---|---|
| | grows up | in upbringing |
| C20 | Prayers led by the religious leader during the naming ceremony, and special prayers for the child, the parents and the community to foster the growing child, other spiritual expectations as the child grows up | Religious factors in child-rearing |
| C21 | Issues of courtship and marriage | Cultural expectations in marriage |
| C22 | Special brews, portion and exposure to certain conditions to reduce hardship in times of suffering | Cultural factors that buffer suffering |
| C23 | Good care of the mother and baby, good food, clothes, comfortable place to stay and good rest, keep baby away from extreme temperatures | Post-natal care |
| C24 | Blood, flood, people running helter-skelter, people wailing and crying, cars burning and buildings burning, corpses littered all over, flooding, accident, armed robbers and bad boys, *yan daba* | Things don't want to see |
| C25 | Happy friends, parents, peace returning to Jos | Things want to see |

| | | |
|---|---|---|
| C26 | Gunshots, gossip, security siren, darkness | Things don't want to hear |
| C27 | Talks about peace, Quran recitation, Yoruba music, passing exams and becoming someone important, praise music for prophet Mohammed | Things want to hear |
| C28 | Greeting and helping the elders, running errands for elders in the community, listening to them and acting on their words of advice | Respect for elders |
| C29 | Being sympathetic to the sick, old and frail, taking parents or young ones to hospital when they are sick | Care for others |
| C30 | Putting out fire, comforting and consoling others in distress, giving shelter to others whose houses or property have been destroyed, helping the wounded | Help to others |
| C31 | Fetching water for the household, cleaning the plates and washing and tidying the toilet, cooking meals, washing the clothes of the younger ones | Housework |
| C32 | In the face of violence, relief comes through talking to parents, peers, or elderly people | Relief strategies |
| C33 | Crying, running to one of the parents or other siblings to make one feel warm and secure | Family support |

| | | |
|---|---|---|
| C34 | Presence of soldiers on the streets of Jos makes people feel confident in the peace-making efforts | Peace-making |
| C35 | Sharing with friends, discussing the source of the conflict, support for each other, discussing the effect of the violence on each person among us makes us strong | Peer support |
| C36 | Looking forward to finishing school and picking a profession in medicine, engineering, security, nursing, Islamic preaching, lecturing in the university to help the community | Future aspirations |
| C37 | Attendance and prayers at the mosque and listening to preaching by our community leaders to strengthen faith | Religion as buffer of suffering |
| C38 | Parental provision for the needs of the child, such as payment of school fees, books, and food, and decent clothes contribute to making the child behave well | Good parenting |
| C39 | A smile, give money, show of love, praise prayers for good prosperous future are rewards for good conduct | Rewards for good behaviour |
| C40 | Scolding, insulting, not paying attention to the child, ignoring the child are punishment for bad | Sanctions for |

| | | |
|---|---|---|
| | behaviour | bad conduct |
| C41 | *Sadaqat* (alms) filling potholes, cleaning drains, and keeping the community neat | Contribution to community projects |
| C42 | Reference to legs as responsible for taking one to good/bad places | Places don't want/ want to visit |
| C43 | Reference to heart beating faster/normal, as symptom of disturbances | Anxiety and worry/calmness |
| C44 | Reference to eyes for seeing bad things as in crisis/good things as in peace | Things don't want/ want to see |
| C45 | Reference to mouth as organ for shouting, saying nasty/good things | Things don't want/want to say |
| C46 | Reference to ears as organs for hearing terrible things as in people yelling because of the pains from wounds of the violence | Things don't want/ want to hear |
| C47 | Reference to nose as organ for good/bad smell in the environment | Olfactory memory of |

| | | |
|---|---|---|
| | | good/bad smell |
| C48 | Reference to the head as an organ for good/bad thoughts | Memory of good/bad events |
| C49 | Reference to hand as used in eating good/bad food | Memory of palatable food/starvation moments |
| C50 | Reference to lungs as organ for breathing good/bad air e.g smoke in crisis | Memory of choking/free breathing |
| C51 | Description of use of drugs, modern and indigenous | Use of psychoactive substance |

### 6.2.3 Emergence of concepts

The next step in the coding process was to collapse and group similar codes in the above data. They were collapsed using the software, based on commonality. These collapsed codes, based on their similarities, produced concepts shown in Table 9.

**Table 9: Emergence of concepts from codes from young people in Jos data (w)**

| **Concept** | **Codes** |
|---|---|
| Housework | C5; C13; C31 |
| Trauma in pictures | C1; C42a; C43a; C44a; C45a; C46a; C37b; C48b; C49b; C50a |
| Buffers of trauma | C2; C8; C12; C22: C32; C33; C35; C37; C42a; C43b; C44b; C45b; C46a; C47a; C48b; C49a; C50b |
| Causes of violence | C3; C12; C14 |
| Children's` wellbeing | C8; C9; C11; C16; C18; C23; C25; C28; C29; C31; C36; C37; C38; C41 |
| Consequences of violence | C4; C7; C15; C24; C26; C30; C51 |
| Coping with suffering | C2; C19; C22; C32; C33; C35; C37 |
| Feeling of worry | C6; C10; Cc14; C15; C24; C28; C42a; C43a; C44a; C45a; C46a; C47b; C48b; C48b; C49b; C50a; C51 |
| Sad moments | C7; C14; C15; C36; C51 |
| Good conduct | C13; C28; c29; C31; C39; C41 |
| Care | C5; C13; C17; C23; C29; C30; C31 |

| | |
|---|---|
| Respect | C13; C30; C31 |
| Happy moments | C8; C9; C16; C25; C27; C34; C36; C39; C42b; C43b; C44a; C45b; C46b; C48a; C48a; C50b |
| Places like to visit | C11; C16; C42b |
| Things like to see | C25; C28; C29; C34; C37; C44b |
| Things like to hear | C27; C37; C46b |
| Happy moments in pictures | C42b; C43b; C44bC454b; C46b; C47a; C48a; C49a; C50b |
| Health status of youth fighters | C19; C22 |
| Help from agencies | C30; C41 |
| Parental care | C8; C12; C17; C18; C19 C20; C23; C33; C38 |
| Future aspirations | C8; C11; C16; C21; C36 |
| Relationship with community | C13; C18; C20; C21; C28; C37; C41 |
| Resilience factors | C2; C19; C22; C33; C35; C37; C51 |
| Bad conduct | C14; C26; C40; C45a; C51 |
| Places not like to visit | C10; C42b |
| Things not like to see | C1; C7; CC14; C15; C24; C44; C51 |

| | |
|---|---|
| Things not like to hear | C16; C26; C46 |

### 6.2.4 Emergence of categories

Codes and concepts drawn from interview transcripts of the data from young people in Jos were copied and observed for similarities and commonalities either based on segments or reflections of concepts. Arrows were drawn to link concepts that have similarities or segments that have commonalities, and subsequently categories and subcategories emerged. Eventually, through the collapse and merging of subcategories, major categories emerged as presented below.

**Table 10: Categories emerging from concepts from the data on young people in Jos (w)**

| **Category** | **Code** |
|---|---|
| **Causes of violent conflict in Jos** | |
| Causes of violence | C3; C12; C14 |
| Bad conduct | C14; C26; C40; C45; C45a; C51 |
| **Managing violent conflicts in Jos** | |
| Help from agencies | C30; C41 |
| Things like to see | C25; C28; C29; C34; C37; C46 |
| Things like to hear | C27; C37; C46b |
| **Witnessing violent conflicts in Jos** | |
| Feelings of worry | C6; C10; Cc14; C15; C24; C28; C42a; |

| | |
|---|---|
| Sad moments | C43a; C44a; C45a; C46a; C47b; C48b; C48b; C49b; C50a; C51<br>C7; C14; C15; C36; C51 |
| Things not like to see | C1; C7; CC14; C15; C24; C44; C5 |
| Things not like to hear | C16; C26; C46 |
| **Description of suffering from Jos conflict** | |
| Trauma in pictures | C1; C42a; C43a; C44a; C45a; C46a; C37b; C48b; C49b; C50a |
| Consequences of violence | C4; C7; C15; C24; C26; C30; C51 |
| Feeling of worry | C6; C10; C14; C15; C24; C28; C42a; C43a; C44a; C45a; C46a; C47b; C48b; C48b; C49b; C50a; C51 |
| Sad moments | C7; C14; C15; C36; C51 |
| Health status of youth fighters | C19; C22 |
| Places not like to visit | C10; C42b |
| Things not like to see | C1; C7; C14; C15; C24; C44; C51 |
| Things not like to hear | C16; C26; C46 |

| | |
|---|---|
| **Ameliorating the effects of suffering** | |
| Buffers of trauma | C2; C8; C12; C22: C32; C33; C35; C37; C42a; C43b; C44b; C45b; C46a; C47a; C48b; C49a; C50b |
| Coping with suffering | C2; C19; C22; C32; C33; C35; C37 |
| Help from agencies | C30; C41 |
| Resilience factors | C2; C19; C22; C33; C35; C 37; C51 |
| **Factors promoting young people's well-being** | |
| Housework | C5; C13; C31 |
| Children's wellbeing | C8; C9; C11; C16; C18; C23; C25; C28; C29; C31; C36; C37; C38; C41 |
| Good conduct | C13; C28; C29; C31; C39; C41 |
| Care | C5; C13; C17; C23; C29; C30; C31 |
| Respect | C13; C30; C31 |
| Happy moments | C8; C9; C16; C25; C27; C34; C36; C39; C42b; C43b; C44a; C45b; C46b; C48a; C49a; C50b |
| Places like to visit | C11; C16; C42b |
| Things like to see | C25; C28; C29; C34; C37; C44b |

| | |
|---|---|
| Things like to hear | C27; C37; C46b |
| Happy moments in pictures | C42b; C43b; C44b; C45b; C46b; C47a; C48a; C49a; C50b |
| Parental care | C8; C12; C17; C18; C19 C20; C23; C33; C38 |
| Future aspirations | C8; C11; C16; C21; C36 |
| Relationship with community | C13; C18; C20; C21; C28; C37; C41 |

### 6.2.5 Codes from parents' data

The transcripts of parents' data were also analysed following the same steps as adopted in the young people's data; first codes were assigned, then the codes were examined and analysed for concepts.

The results in Table 11 show the final categories of parents' data. Initial codes appeared (see appendix 5, Emerging codes from parents' transcripts in Jos data (x)). Further analysis of these codes produced concepts (see appendix 6, Emergence of concepts from parents' data in Jos (x)). The final analysis and merging of segments of concepts of data based on commonalities and similarities produced categories in the parents' transcript which are presented below.

**Table 11: Categories emerging from concepts of codes from parents' data (x)**

| **Category** | **Code** |
|---|---|
| **Traditional marital institution** | |

| | |
|---|---|
| Marriage by culture<br>Pre/post natal care of pregnant mother | P1; P2<br>P3; P4; P5; P6 |
| **Socialisation practices of Hausa community in Jos**<br>Child upbringing<br>Hausa children's individual character expectations | <br><br>P7; P8<br>P9 |
| **Genesis of violent conflicts in Jos**<br>Sources of violent conflicts in Jos | <br>P10; P11; P13 |
| **Conflict management in Jos**<br>Conflict management of Jos crisis | <br>P11; P12 |
| **Effects of violent crisis on Hausa young people in Jos**<br>Consequences of violence in Jos<br>Effects of violence on young people | <br><br>P14; P16; P17<br>P15; P18; P19; P20; P26 |
| **Management of the effect of the violence by the Hausa young people in Jos**<br>Indigenous methods of handling crises by the young people<br>Spiritual/religious methods of handling | <br><br>P25; P27<br><br>P22; P23; P24; P25 |

| | |
|---|---|
| crises by the young people<br><br>Social support given to young people during crises | <br><br>P21; P23 |

### 6.2.6 Codes from data from traditional/religious leaders

The following codes were obtained from the analysis of the transcript of the interview with traditional and religious leaders in Jos. The data were also subjected to an analysis of initial codes (see appendix 7, codes emerging from data from traditional/religious leaders in Jos (y)). Further analysis of these initial codes created conceptual codes **(**see appendix 8, emergence of concepts from the traditional/religious leaders' data(y)). Subjecting the concepts to further analysis produced the categories of traditional/religious leaders' data presented below in Table 12**.** Categorising all codes from concepts that have similarities gives the data meaning.

**Table 12: Emergence of categories from traditional leaders' data(y)**

| **Category** | **Code** |
|---|---|
| **Marriage by culture**<br><br>Courtship and relationship<br><br>Marriage by culture<br><br>Pre/post natal care for mother and child | <br><br>T1; T2<br><br>T3; T4; T5; T6<br><br>T7; T8; T9; T10 |
| **Socialisation practices of Hausa community** | |

| | |
|---|---|
| Responsibility in child upbringing<br>Child-rearing practices | T11; T13<br>T12; T14; T15 |
| **Causes of Jos crisis**<br>Genesis of Jos crisis | <br>T17; T19; T20 |
| **Conflict management in Jos**<br>Conflict management | <br>T18; T19; T20 |
| **Consequences of violent conflict in Jos**<br>Consequences of conflict | <br>T16; T21; T22; T23; T24; T25 |
| **Mitigating the effects of violence**<br>Individual methods used by young people to mitigate crisis effects<br>Social support used by young people to mitigate the effects of the crisis<br>Religious means used by young people to mitigate crisis<br>Indigenous methods employed by young people to cushion the effects of the crisis | <br>T28; T29; T30<br>T29; T30<br>T27; T28<br>T26; T31 |

### 6.2.7 Codes from hospital workers` data

The transcript of the hospital workers' interview was also subjected to initial coding as specified below (see appendix 9 for emergence of codes from the hospital workers' data, (z)). The initial codes were also subjected to further analysis which produced concepts from the data (see appendix 10, emergence of concepts from hospital workers' data (z)). The final analysis of the concepts from the hospital workers data created the categories below in Table 13.

**Table 13: Emergence of categories from hospital workers' data (z)**

| **Category** | **Code** |
|---|---|
| **Age/gender of patients on admission** | |
| Age of patients on admission | H1; H3 |
| Gender of patients on admission | H2; H6 |
| **Background of patients on admission** | |
| Nature and description of illness on admission | H6; H7; H8 |
| Source of referral | H4; H9 |
| Background of patients on admission | H10; H11; H12 |
| **Description of traumatic reactions** | |
| Description of traumatic reaction | H12; H14; H20 |
| **Methods used to buffer trauma** | |

| | |
|---|---|
| Indigenous buffers of trauma | H15; H18; H19 |
| Spiritual/religious buffers to suffering | H16; H17 |

### 6.2.8 Emergence of theoretical codes

The analysis so far has produced categories. These categories are then integrated to produce theoretical codes, and the main categories identified are linked together to establish a relationship, which is referred to as a theory. The categories from case studies w (young people), x (parents), y (traditional/religious leaders) and z (hospital workers) are presented in Figure 5.

These categories and subcategories (w) were further scrutinised to form conceptual categories to enrich and illuminate the data. The first of these is category (a), a child-rearing category: this includes methods of bringing up a child that are captured in cultural practices of raising children, as well as religious procedures and inculcation of morals into a child, and modern methods such as the responsibility of parents in enrolling the child into school. It also extends to all categories that deal with discipline of the child: issues of respect, care, good and bad conduct, obedience, habit formation, child well-being, religious indoctrination of the child, which further affects his or her relationship with the community.

Following from (a) above, category (b) is related to how the young person is formed as a product of his socio-cultural, educational, physical and psychological status as a member of his community. Category (c) describes how events in the environment such as violence could trigger the way the individual responds to the act. The young person could,

depending upon his position in category (c), report the situation to be traumatic as seen in "places like to visit", "things not want to see" or "things not like to hear". In addition, depending on the situation in (c), the young person could report category (d) traumatic events (reflected in "buffers of trauma", "non-religious buffers of trauma", "coping with trauma", "happy moments", "things like to hear", "places like to visit", "things like to see") in his or her life but could easily have bounced back or (e) further deal with the situation by not getting traumatised, resilience factors, or peer pressure in resilience.

These were further compared with the categories from other data, from parents (x); traditional/religious leaders (y) and hospital workers (z).

This relational analysis emerging from the data (w, x, y, and z) forms an emergence of a theory: *There was a violent conflict in Jos. This was caused by ethnic, economic, religious and psychosocial factors as advanced. The conflict was initially poorly managed by the state and local government authorities but later was controlled by the federal government. The conflict caused untold hardship to the young people. There were age and gender differences in the expression of the effects of suffering. The young people, however, utilised indigenous resources available to them to contain the effects of the crisis and remain healthy. The indigenous resources were as a result of socialisation practices of the community; it addressed the individual, family, community and cultural efforts to deal with the effects of the conflicts.*

The emergence of the categories that resulted in the theory is discussed below in the results section.

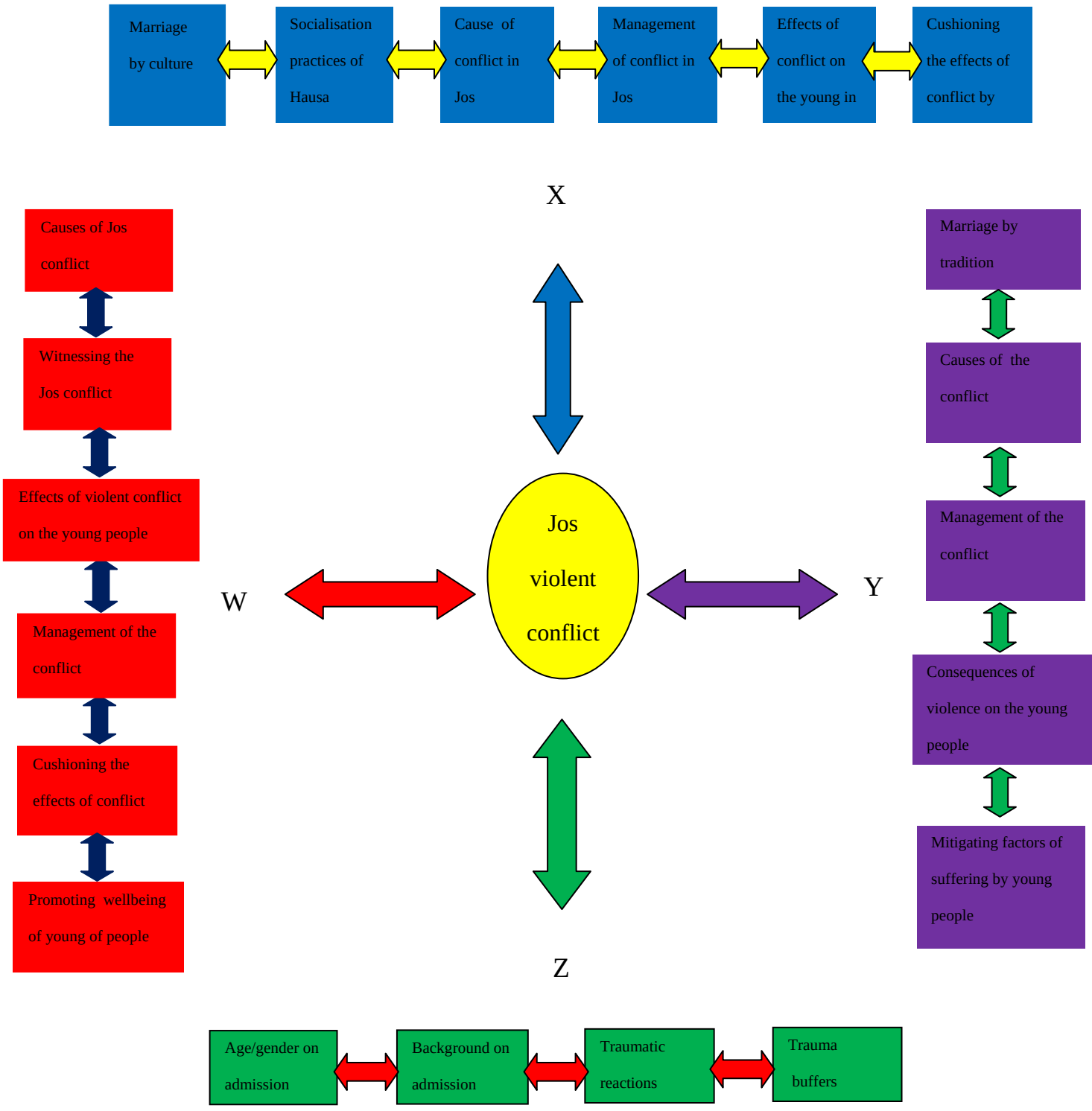



**Figure 5: Schematic diagram of categories from data w; x; y; z**

### 6.2.9 Conclusion

Section 6.2 has discussed the steps involved in coding the data from transcripts of interviews. Initial line-to-line analysis was used to code the major points. This produced the initial codes for each group of data (w; x; y; z). These were further compared for similarities and commonalities, which produced the second codes of the data: concepts. The concepts were further scrutinised for common themes, and subcategories and categories emerged. These were merged further, based on segment similarities, to create major categories. Finally, the categories for each group were related to each other and a relationship appeared in the form of a theory. In trying to manage a large data set and coding line by line, it is inevitable that certain information that would have illuminated the findings further will have been left behind. This may be due to translation problems or issues relating to equivalence of the meaning in both languages (i.e. Hausa and English). Finally, the N'VIVO 8 software package had only just been introduced into the graduate school; its use and sophistication are being reviewed. Few students have mastered its use and interpretation.

The categories arrived at in this chapter and further deeper analyses are discussed in the following section.

## 6.3 Results

### 6.3.1 Introduction

This section presents the results of the categories that emerged to form a theory. The substantiated categories, based on similarities, produced the categories that are discussed

below. These categories explain the happenings and experiences of the participants, both from the experiences of the young people and from the observations and guidance of their parents, other caregivers, and their community leaders. The theoretical codes have been used to answer the research questions. The results are presented sequentially.

Firstly, the young people's perspectives on their sufferings and the trauma it has caused them show that the trauma was expressed in various dimensions, especially in areas of avoidance, anxiety and fear, and re-enacting these in pictures. However, no expert group intervened in providing trauma counselling during the Jos crises (Ostien 2009, p.32). This study established the trauma among the young people after the crisis. Secondly, the young people contained the experiences through indigenous procedures. Deeper analysis of data revealed reasons advanced by young people for using certain indigenous methods to avert the effects of the violence. Furthermore, the caregivers of these young people also analytically show that the use of religiosity/spirituality and traditional/cultural resources have their origins in the socialisation practices of the Hausa community.

### 6.3.2 Suffering of Hausa young people in Jos

Hausa Young people in Jos have witnessed a decade of violence and some of them have actually been born and nurtured in violence. However, they function normally and have expectations, hopes, and dreams in life for fulfilment of their goals. They are, however, aware that fulfilment of these dreams may be thwarted by the constant disruption of peace in the town and its environs, this disruption caused them undue suffering. Chiefly among the causes of this suffering as narrated by the participants in this project (young people, parents, community leaders and hospital workers) include ethnic and religious differences. These factors breed political differences and bring about bad governance,

which they feel is the cause of the incessant crises in the town in particular and in the state at large.

The young people's perspective is centred on the religious differences as the causative factor of the crisis. However, some of them, especially the older ones, reason that the religious differences brought about the political differentiation. The Christians and natives (also known as the indigenes) and the Muslims (the settlers) reside in different political parties. This difference is expressed at all levels of governance and caused social/political injustice that has been expressed in rigging elections into political offices, which witnessed various degrees of protests and riots that escalated into a full-blown armed conflict.

The male parents, traditional leaders and hospital workers all have the same perspective as the older children, which is that political and ethnic differences, masqueraded as religious polarisation, caused the violent conflict. The female gender (irrespective of age) and the younger male children ascribed religious differences as the cause of the conflict. The different voices in Section 6.3.3 support this analysis.

### 6.3.3 Causes of suffering of young people in Jos

In trying to understand the effects of violent conflicts on young people that resulted in traumatic experiences, it is worthwhile and the basic requirement of psychology to get to the roots of the causes of the problem (trauma and resilience). This can only be appreciated if we get the perspectives of the participants on the causes of the Jos crisis. This may be the first point to address in recovery. Freud (1930) urged psychologists always to explore the root cause of a disorder. Getting to the roots uncovers the motives

of the behaviour and this, when brought to the conscious mind of the individual, results in recovery. The respondents' perspectives on the causes of their suffering will provide an understanding of trauma and resilience among the young people in Jos. This is the most important aspect of this research. Understanding the aetiology of the conflict addresses two issues: the first is understanding the effects of the conflict as addressed above and the second is appreciating the perspectives of the young people and including these in the course of the resolution of the conflict for complete recovery of the city and its environs. The former is the interest expressed in this thesis, while the latter is the general wish of humanity.

Unlike previously, assumptions were held by adults that the young people could not comprehend what is happening in their environment. The Hausa young people in Jos are aware of political happenings in their environment and often process and discuss these events as they affect their lives. The young people in this study reported that ethnic differences in Jos were a prime factor in the cause and escalation of violence in Jos. As an insider, I have often discussed and witnessed how the Hausa community feels and express political concerns. They (the Hausa) felt that other indigenous ethnic groups are not sensitive to their plight and were therefore mapped out for annihilation, and their houses, cars, property in shops and markets, were targeted for destruction. These targeted attacks were meant to discourage them from living in Jos and make them flee. Some of the participants' voices to support this position appear below.

*"The crisis made them [Berom] to hate us and we hate them too. So they will want to kill us if we go there [Barkin Ladi]." (Female focus group, age bracket 7-12 years)*

*"Gada Biyu and Randan Ruwa, these are areas where natives live, and because of that Hausa people's houses were burnt down, because the natives said we should not stay in Jos. Nobody wants to go to Gada Biyu because there is a demon that consume people." (Male focus group, age bracket 7-12 years)*

Political differences also contributed to the cause and escalation of the Jos crises. Following the ethnic divide, political identification was also closely related to one's ethnic and religious affiliations. The Hausa (settlers and predominantly Muslim) has a majority in the opposition political party, the All Nigeria People's Party (ANPP), while the indigenous community (natives, and predominantly Christian) have their affiliation to the ruling party, the People's Democratic Party (PDP). The young people, parents and community leaders felt that political injustice had been meted out to the Hausa candidate during the last Jos North local government chairmanship election, which led to protests by some Hausa youths and eventually escalated into a full-blown violent crisis. This is as reported by some participants.

*"Because of election, the election was rigged. So it caused a fight. I want justice done." (11-year-old boy*)

*"The governor is Berom; he imposed his clansman as chairman in a rigged election." (Male focus group, age bracket 7-12 years*)

This perceived injustice has been prepared, perpetrated, conceived and executed by the government in power as portrayed by the participants of this study.

The state government's response to the crises had always been coercive and repressive: in the recent past the police have been accused by various international agencies and local non-governmental organisations (NGOs) and community based organisations (CBOs) for engaging in extra-judicial executions (Human Rights Watch, 2008). Recently the military has also been accused by the State Governor of partisanship in the crisis.

The participants have identified lack of good governance as another causative factor. The Hausa community felt that the police, under the direct control of the State Governor, who is a Berom by ethnic affiliation, shot and killed its members indiscriminately and illegitimately on the order given to them. This was reflected in some voices to further support this assertion by the community.

*"The youths were very annoyed during the crisis they [the police] killed people and we were very annoyed, the governor made people to be killed. That is why many young men want to join the military and take revenge." (Male focus group, age bracket 7-12 years)*

Although ethnic and political differences have been isolated as causative agents to crises that have caused hardship, these differences have been melted down into religious discrimination. Religion has always been used to mask crime, loot, kill, maim and attain leadership and political office in Nigeria; the case is more prevalent in northern Nigeria

(Usman, 1980; Egwu, 2001). This is further expressed by the community in support of this position.

*"The genesis is political; it has to do with chairmanship, state and presidential election. Christians disguised in military and police uniforms came to this ward and killed people; if I can get to see them I will also kill them. People died and houses were burnt here. God will give us the strength to kill them." (14-year-old girl)*

*"The crises was religious, Muslims killed in the last crisis totalling up to 446, all were shot by the fake Christian soldiers" (Male focus group, age bracket 13-18years)*

*"I became afraid when I was told that Christian soldiers came to our street and they kept on shooting people including our neighbours." (10-year-old girl)*

Experiences of the participants also revealed that the crises in Jos always took place in areas that have populated settlements and amongst those who have not had a good education and who mostly live in poverty. They also realised that the youths were always the cause of the impasse. Those who were involved were young and energetic and mostly from the slum areas of the town; these are the conflict flashpoints of Jos and as will be seen later the participants dread visiting these places in Jos. These sociological factors have mostly contributed to triggering and escalating the violent conflicts in Jos, as expressed by hospital workers recounting their experiences.

*"Most people affected are not educated. If you are educated you get a way of hiding yourself and not to go out and engage in killings." (Focus group with hospital workers)*

*"Most were between ages of 15-25 years and more are male, only 2% are female. This is because only the male culturally defend the society; they have the heart, and are brave and the belief that men defend the community while the women stay and take care of the children. There was no shock because most people expected males to go and defend the family. The society is such that the females are reliant on males. The males provide all the needs." (Focus group with hospital workers)*

*"80% are the poor masses. Most rich people are in GRA [Government Reserved Area] and there was no crisis there. They were provided security." (Focus group with hospital workers)*

Lack of jobs and the inability of parents to send their children to school contributed to some young people getting involved with drugs and hence they terrorised people and were often the group that started these riots and subsequently resulted in gross loss of life. Joblessness among the youth was part of the cause of riots in Jos and the jobless youth took advantage of the riots and protests to loot and fend for themselves, setting shops ablaze to hide their crime under the guise of riots. The young people in this study understood these contributors to violent conflicts in Jos as they state below.

*"Idle people, they are the cause of crisis. I don't want to see street fights, violence or crisis; they make me feel bad." (Female focus group, age bracket 13-18 years)*

*"Involvement with drugs of abuse such as alcohol, marijuana, and inhalants, these all cause hooliganism, disobedience, insulting others, gossip, street fights with sticks and knives, bullying children and cheating them, and swearing at others." (Male focus group, age bracket 13-18 years)*

The youth involvement with drugs is a source of worry to community members; when protesting youths tried to convey their grievances with non-violent intentions, this group of drug addicts, jobless and "in poverty" use the opportunity to seize command of the protest and escalate it into a fully-fledged violent event, often culminating in the killing of innocent people, robbing them first and then getting rid of them later or vice versa. This seemingly uncontrollable situation causes some of the Hausa young people to engage in violence.

### 6.3.4 Consequences of Jos crisis as a precursor to youth suffering

Table 14 below shows the frequency of response codes on trauma from the young people in Jos.

**Table 14: Frequency of response codes on trauma from the young people in Jos**

| **Trauma symptom** | **Response from young people** | | |
|---|---|---|---|
| | **Yes** | **No** | **% yes** |
| Anxiety/fear | 32 | 0 | 100 |
| Avoidance of place | 32 | 0 | 100 |
| Insomnia | 0 | 32 | 0 |
| Enacted pictures | 20 | 12 | 62.5 |
| Irritability | 0 | 32 | 0 |

Codes of frequency of responses from young people were taken to reflect their respective responses to basic trauma symptoms after the violent conflict in Jos. The results of Table 14 indicate that three symptoms appeared to be significantly present in the young people; the symptoms of anxiety and avoidance of places recorded 100% incidence of each, closely followed by trauma enacted in pictures, which was present among 62.25% of young people. Two of the symptoms, insomnia/vigilance and irritability, were not recorded among the young people (0%). This shows the Hausa young people may have been traumatised by the happenings during the violent conflict.

"*Gada Biyu, Anguwan Rukuba, Jenta Adamu, Jenta Mangoro, these areas are no go areas for me, I fear going to Anguwan Rukuba, and Gada Biyu, they killed Muslims there." (Focus groups with 13-18 years old girls focus groups)*

*"Our house was burnt down in Gada Biyu; we escaped by miracle from killings in Dutse Uku, I will not go there again, our family members were attacked and my uncle and his wife were killed in Dilimi village, there is nobody there now, if you want your life do not go to U turn and Rock heavens!"(7- 12years old boys focus groups)*

*"We were shocked and feared for our lives when we saw a bus burning down with people inside in Anguwan Rukuba junction, my heart kept on beating fast throughout that day."(14year old girl)*

*"I am not wanting to see another crisis, in the last one I felt as if my heart will burst open because of fear, people were shouting, coughing and wailing, and we children were crying because smoke filled everywhere."(7year old boy)*

*"We can`t allow our children to go to Gada Biyu or Anguwan Rukuba, these places are dangerous for visits by any Muslim, they still kill Hausa commercial motor cyclists(yan achaba)there."(Male parents focus groups)*

*"I don't advice any of my children selling groundnuts to go to Jenta Adamu; they still kill people in that place. People do not go to Sabon Gidan kanar that is Berom place; we still*

*fear those wards like "Congo Russia" and Anguwan Rukuba."(Female parents focus groups)*

*"We preach for peaceful coexistence and at the same time warn our youths and children who engage in selling petty things, and youths who do achaba (commercial motorcycling) to refrain from going to areas that are dominant to non-Muslims, because there are increasing cases of our people being killed or reported cases of people disappearing when they enter areas like Anguwan Rukuba, and Gada biyu. These fears are entertained by all Muslims in Jos."(Religious leader)*

*"A friend visited from Kano together with his family, they attended a wedding fatihah in my ward, on his way out he followed through Gada biyu, and was attacked, his wife and the baby were rescued by an Igbo man, but the man was killed and his car burnt down. We warn our people to keep off these dangerous places." {Traditional ruler)*

The voices above express fears entertained by young people of all ages, indicating that avoidance of places and fears and anxiety have been expressed by both age brackets and are irrespective of the gender of the young person. The voices further support the establishment of the two symptoms of trauma (anxiety/fear and avoidance of places) as being prevalent among the Hausa young people. These areas avoided by the young people and the fears they express have been further confirmed by the voices of the parents of these young people as well as traditional/religious leaders who affirmed that the fears expressed are genuine and hence Muslims have to avoid those places considered

as dangerous by the Hausa community. This is an indication that both genders expressed fears and avoidance of places. These are symptoms of trauma according to DSM111, (APA, 1980). Furthermore the pictures drawn by the young people showed fear and anxiety enacted in these pictures, both genders and age brackets expressed these fears and anxieties in the pictures drawn (see appendix 12). The pictures further support that the young people in Hausa community in Jos were traumatised by the violence of last crisis.

The crises left some wounds on the minds of the young people. The young people struggled to continue with their daily activities and survival routines, but there had been very difficult moments for most Hausa young people in Jos, especially those who reside in the areas prone to conflict (or "flash spots") in the town. This persistent problem became a thing of worry and created an avoidance of certain places in the town, which caused more worry, tension, and moments of sadness amongst the residents of the city. This further caused psychological distress. This shows that the Hausa young people are aware of the dangers in their environments and have also devised means to cushion the effects of such threats.

The participants expressed their worry about the continuing crises in Jos. The most commonly expressed worry for young people was that the Jos crises had destroyed their educational and social developments, reduced their access to health facilities and increased outbreaks of diseases. The researcher attempted to get some information about the economic implications of the Jos crisis. The exact figure could not be released; however, anecdotally the cost of running the maintenance of security personnel runs into tens of thousands of pounds sterling. This, the source explained, has caused government problems, for instance, inability to pay wages for months. This has resulted in industrial

action by labour unions in the state. This is a direct effect of the crisis and a source of worry for children. Below are some of the voices to support this position.

*"It was worrisome during the crisis; people were running and were saying that there is war going on and I saw some people in blood, those who were shot at. I heard the sound of gunshots but I did not see anyone shot at close range but saw people who were wounded. So I became very worried and afraid." (12-year-old girl)*

*"War, people are dying that makes me to feel worried, bad, fear and unhappy. When there is war or fight I feel worried. When people are killed I become afraid. It makes me worried when I hear there will be war, oh! it makes me sick. I immediately think of the previous crisis." (Female focus group, age brackets 7-12 years)*

*"I feel worry because of the ongoing strike in schools; pupils are not yet getting attention after the crisis. There are areas that are terrible because of some hooligans and they bully you. They insult you and beat you and kidnap you. There was this worry during crisis when people became like animals and there was no food." (Female focus group, age bracket 13-18 years)*

The young people related the last crisis in Jos as a sad moment of their lives. In fact, it made them feel bad whenever the crisis was discussed; they were affected in numerous ways. It brought undue hardship to their lives; some had lost their pride as they were

forced to leave the places they cherished living in, or had lost their dignity because they were repressed, having to take refuge in other areas. Schools were closed down for some time, and there was complete breakdown of law and order. These formed some of the young people's saddest moments in life. Uncertainty reigned for some days. The young people were very aware and concerned about these negative developments in their environments. The young people expressed these in pictures of sad moments and also in their stories of their experiences. Figure 6 on the next page shows examples of the sad moments depicted in pictures.

Sad moment

PLACES SHE LIKE TO VISIT.

Yakari game reserve

DISLIKE

Nasarawa area.

F13-18

13th June 09

THE DAY SHE LOST HER IMMEDIATE ELDER BRO. Who happen to Drown in a [illegible] On the 13th of June 2009.

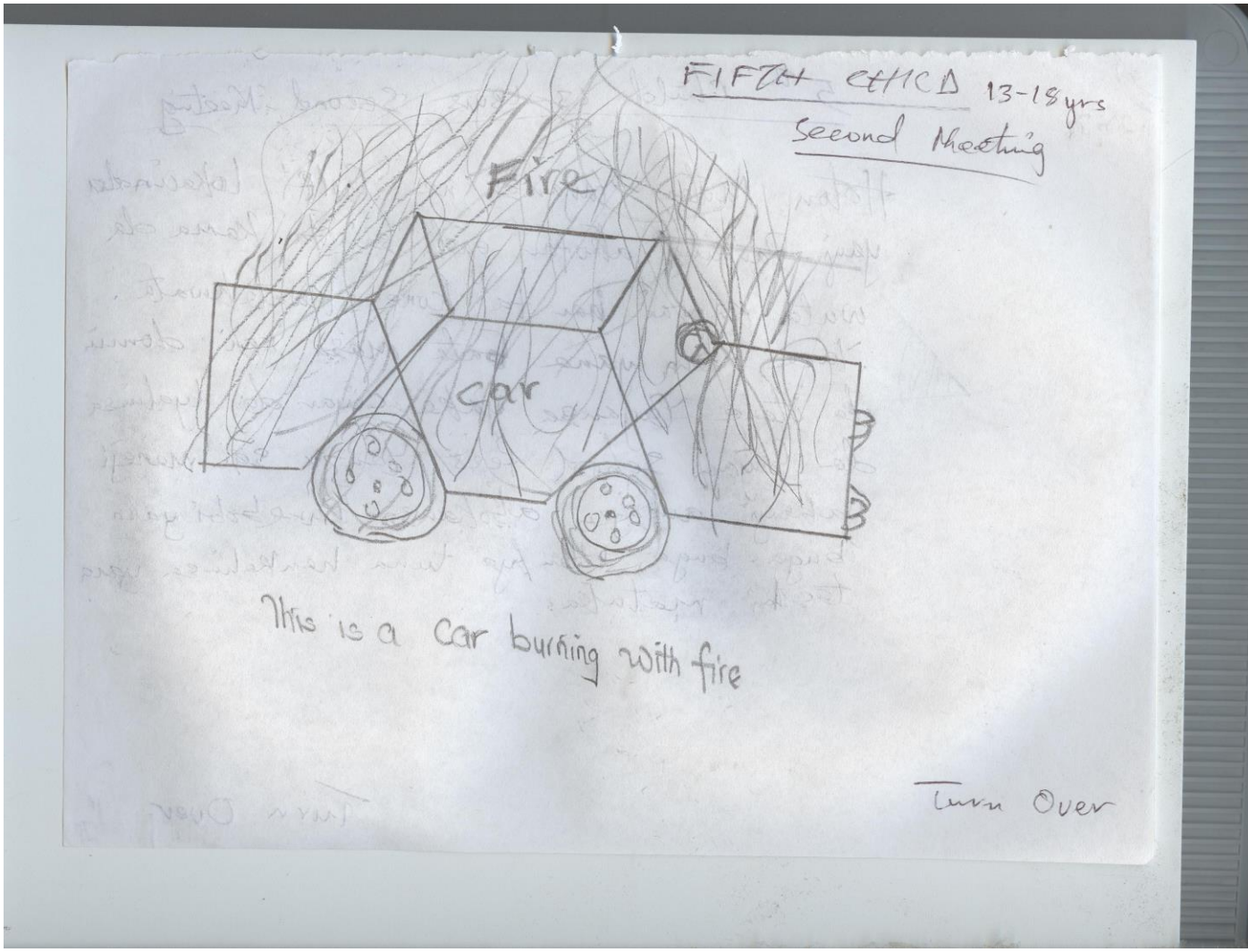

FIFTH CHILD 13-18 yrs
Second Meeting
Fire
car
This is a car burning with fire
Turn Over

**Figure 6: Pictures drawn by young people expressing their sad moments**

The pictures drawn above by the young people enact the fears and other incidents they dread that confirmed the instances of trauma. Some of the pictures have to do with the crisis directly as seen in the torched car, while others have to deal with incidents that do not relate to the crisis directly such as the danger of leaving the wells open in some areas, and floods that resulted in the loss of young peoples` lives, as seen in the picture above.

Some participants said this of the crisis:

*"Last Saturday was a bad one because there was crisis and my father's car was set ablaze my uncle was killed, and his wife later died as well. On Thursday, during the crisis night I was very afraid and my parents prayed for me and I stopped being afraid. On the day of crisis my house was burnt down." (Female focus group, age bracket 7-12 years)*

*"Fake security shot many people dead in front of me. I saw many people short dead in front of me. I saw it. Now it is hooligans that are killing people." (Male focus group, age bracket 13-18 years)*

*"I will never forget crisis day, the last one; the fake soldiers shot and killed my friend. We were together coming out when we heard gunshots and one of us fell and died." (15-year-old boy)*

The consequences as narrated by the participants above were devastating. The crises had imposed restricted movement and some areas were avoided by the young people. They felt these places were not safe for them to visit. These self-imposed boundary restrictions actually affected the young people's degree of freedom of movement, which placed further psychological burdens on them (see Table 13). A large chunk of Jos does not receive visits from friends and well-wishers from different religious and ethnic backgrounds. This has caused distrust and eroded confidence among young people. Large movements of people out of Jos (see Chapter 4) to neighbouring states have been recorded; these states include Bauchi, Nasarawa, Kaduna, Kano and Gombe. The young people who stayed with their families in Jos are restricted in terms of the areas they can visit. They choose to keep to this restriction for their own safety. The wards mentioned by the young people included 1) Anguwan Rukuba, 2) Tudun Wada, 3) Gada Biyu, 4) Yan Shanu, 5) NDLEA, 6) Rock Haven, 7) Jenta Adamu, 8) Apata, and 9) Barkin Ladi; these areas were predominantly occupied by Christians. The Muslim houses were burnt down and many Muslims were killed and their properties destroyed, vandalised and looted during the last crisis.

*"I don't want to go to unbelievers` area such as 'Oto Baba' and 'Tudun Wada'. There are no Muslims there, so I keep off these places. 'Jenta Adamu' they will kill you so I don't want them they hate us since after the crisis. I just don't like them. I don't want to go to 'Millionaires quarters' and 'Baraka', they still kill people since after the crisis. They are all non-Muslims and they kill Muslims there." (Male focus group, age bracket 7-12 years)*

*"Places like 'Gada biyu' and 'Congo' are not safe to visit because most crises started from 'Gada biyu' so I am not comfortable to go there. I don't want to go to 'Tudun Wada' and 'Oto Baba'. Because of crisis and there are so many Christians there. I keep away and avoid those places because it makes me afraid even to go near those places." (Female focus group, age bracket 13-18 years)*

The voices of the young people above demonstrate the intensity of the fears and avoidance of places especially wards and streets. Visits to these areas may remind the young people of the crisis that happened, possibly exciting the memories of the past crisis. These actions established one of the symptoms of trauma, avoidance of places.

The violent crisis in Jos has had various degrees of impact on the Hausa young people's psychological and health issues. The crisis has consumed thousands of lives, the victims often directly related to the young people. Parents, siblings, other relations, friends and neighbours were counted among the dead, often witnessed by these young people. This, they recognised, brought terrible health-related and psychological consequences on them, such as fear, health problems, and diseases. The hospital workers listed health problems to include gunshot wounds, deep knife and cutlass cuts, and wounds inflicted through hitting with sticks. The long curfew imposed as a result of the continuing violence also caused depletion of consumables, and essentials such as water and food ran out; this in turn caused outbreaks of diseases such cholera and typhoid, which were reported to be prevalent. Likewise, the direct consequences on individuals' psychology included a sudden rise in essential hypertension as seen in blood

pressure (BP) rise among the youth, frequent diarrhoea, and premature birth among pregnant women.

The symptoms exhibited by young people showed that the adversity in Jos has caused them some demonstrable level of suffering, but the psychological symptoms exhibited viz, display of intense fear and anxiety, and enacting these fears in drawings, and avoidance of places(table 14) have not qualified them for abnormality according to DSM categorisation, since these symptoms have not caused them aggression, potential harm to self or others, hypervigilance and insomnia, and a must met condition of incapacitating effects of the trauma to compel the young people to drop from school or not involved in house work. The young people expressed good level of hope and optimism to continue with goals (Perry, 2006) in life. These have all shown that the young people have expressed normal level of functioning and have qualified them to be addressed as resilient. If we recall the definition of resilience in chapter 2, the conditions for showing resilience are the presence of adversity but the young people have not shown traumatic behaviours; the presence of adversity and the young people have overcome traumatic reactions following the adversity; or the presence of trauma but the young people are thriving through such traumatic situation successfully. These findings among the young people of Hausa community have demonstrated that the young people are resilient to war trauma.

*"My miserable day was the day of crisis in 2008, I was trapped in a Christian area and saw people killed and many were wounded. I saw that with my eyes. My sad day was 2008 crisis, I saw smoke all over and one of my cousins was killed and burnt down in his house." (Male focus group, age bracket 13-18 years)*

*"Violence or crisis; they make me feel bad. I cry when they happen." (13-year-old girl)*

*"The day Jos main market was set ablaze and razed down by hooligans. My dad's shops were all burnt down in that incident. I was sick for two days. On crisis day I became afraid when I saw the fake soldiers shot and killed people. My cousin's shops were forced open and looted." (Male focus group, age bracket 13-18 years)*

*"The child is convinced just to eat for satisfaction, not for the goodness of food. Children also reason they know times of distress they appreciate what is given to them at that time of distress. The children discuss these problems among themselves; it gives them sense of understanding. They are also told that it is God's doing and that is how he wants it. The difficulties are much; no accommodation, no clothes, no water, and some have seen corpses and houses on fire, so they are traumatised, no food, and no medicines." (Mothers' focus group)*

*"None was mentally sick, but if anyone near you is affected you may act abnormally for some times due to sadness but later you become normal as things return to normal. Before the crisis many people were healthy but because of the crisis we had outbreak of many diseases, like high BP, fear, they presented. Some took drugs to make them braver otherwise they were normal and psychologically normal. Most people were presented with gunshots and knife cuts and burns." (Hospital workers' focus group)*

These appear to be normal reactions following a violent conflict (see Chapter 7); however, the difference lies in the frequency of experience in violent conflict. Some members of the younger age group may be witnessing and comprehending the effects of violent conflict for the first time in their conscious lives. The older young people had had such experiences before and could explain or rationalise them, thus making them more resilient.

The participants have identified the causes of their suffering and the way they expressed this suffering. They also discussed the way they dealt with the situation to ameliorate the pains.

*6.3.5.1* Conclusion

The young people reported fears/anxiety, avoidance of places, and pictures depicting their fears. However, insomnia and irritability symptoms were lacking. Could they be denying some experiences or exaggerating others to show that the crises had really impacted on the Hausa community? In Jos, every community wants to show that it has been impacted on by the crisis; the possible expectations of compensations by government could lead to exaggerations. The consistency of verbal and picture drawings has allayed the concerns regarding such exaggerations or denials. Furthermore the symptoms exhibited by the Hausa young people were not so severe to be labelled abnormal according to DSM categorisation. Thus the normal reactions and thriving through with life despite the adversity has qualified the Hausa young people to be addressed as resilient. Perry`s (2006) reference to resilience as meeting the DSM conditions and goal setting and pursuit of these goals in life by young people, have all been demonstrated by the Hausa young people.

### 6.3.6 Tolerance and hardiness shown by young people to cushion their suffering during and after the Jos crisis

*6.3.6.1* Introduction

In this section the results of discussion of the participants' narratives on how they managed the effects of the crisis which made them to come out resilient are presented. The results are sequentially presented. First, the results from the narratives of the young people on the major resources used to manage the suffering caused by the violent conflict are presented.

*6.3.6.2* **Tolerance and hardiness shown by young people to cushion their suffering during and after the Jos crisis**

The findings indicate that individual, family, social and community support, as seen in findings in various conflict scenarios around the globe; have also been established in the Jos study. However, in this research the influence of religiosity/spirituality and cultural resources are overwhelmingly clear. Gender and developmental age differences also appeared in the use of these resources. Further deeper analysis revealed that parents and other caregivers inculcate these resources in the socialisation procedures of the Hausa community. The role played by these resources and reasons participants used them are also supplied by all the participants. The rationale is to identify the reasons why the young people used these resources and the influence that these resources had in causing the young people to assume stable mental health.

6.3.6.3 **Responses for coping with trauma made by Hausa young people**

*"When I saw people running and saying the war has started, I run to the house and started praying, my parents told us to continue to pray, and they also consoled us, in the name of Allah things will come to pass."(10 year old boy)*

*"I prayed for protection; my friends and I were given certain liquid portion to drink and rub on our faces, we escaped unhurt during the heat of the crisis; a prayer was called and we all converged at the mosque in our ward and we prayed for peace and protection from Allah."(13-18 year old boys focus group)*

*"When people came back running from the market and saying that the fight has started , I started crying, I became confused and ran to my mother, I started asking after my father, and my mother kept on saying he will soon be back." (11 year old girl)*

*"I cried and ran to my grand dad; I did not see my dad and later our uncle came to the house and told us our father was killed in his car, we started crying but my mother said he is in heaven and in paradise, because he did not provoke anybody, this made us bold"(13-18 years girls focus groups)*

*"In times of crisis one has to be strong if not you will just die for nothing because of fear."(17 year old girl)*

*"One cannot change what Allah has destined to happen, I slept it off during the crisis" (13 year old boy)*

The voices above are all tailored towards use of resource to manage the effects of the crisis by the young people. An interesting pattern of these voices points towards heavy and frequent use of religion and spirituality to contain the effects of the violence, both genders use the religious resource to avert the consequences of the crisis. Both age brackets also engage in religion and spirituality to also cushion the consequences there from the crisis. Girls by pattern of their responses engage with social support in addition to the use of religiosity. The use of cultural resource other than religion and spirituality has also come into use by the boys. Individual asset such as strength and the power to dampen the happenings in the environment by sleeping off shows another individual asset expressed by the young people. The voices further indicate that both age brackets also use religion/spirituality to buffer trauma of war. Younger age bracket expressed more religiosity and seeking for support more, while the older age bracket engages in the use of cultural resource in addition to religion. Both age brackets use individual assets as well. This finding shows that younger people differ from older young people in the preferential use of resource. In all both groups of genders and age brackets engage with multiplicity of resources to contain the crisis.

There is an apparent preferential engagement of different sources of coping across genders. This finding also answers the question of possible gender differences in containing the effects of the conflict.

Further scrutiny of the voices of the young people showed that the younger age group used religiosity/spirituality, social support and individual coping mechanisms; while the older age group used more of only one resource (i.e., traditional/cultural). As discussed in Chapter 7, this difference may have to do with the roles the two groups played: the older age group participated in the conflict and hence used more traditional resources, which are believed to be more

protective of physical harm; whereas the younger age group used the resources that they needed to protect them from the psychophysical effects. The research question that asked whether a role is played by different ages in containing trauma is also answered by the findings here. This is also consistent with earlier findings in other conflict situations across the globe. This is discussed further in Chapter 7 and placed in the context of global literature on conflict and trauma and resilience. What is surprising, however, is the more intense use of the religiosity/spirituality resource by the younger age bracket as opposed to that of the older young people.

The following quotations further support this position.

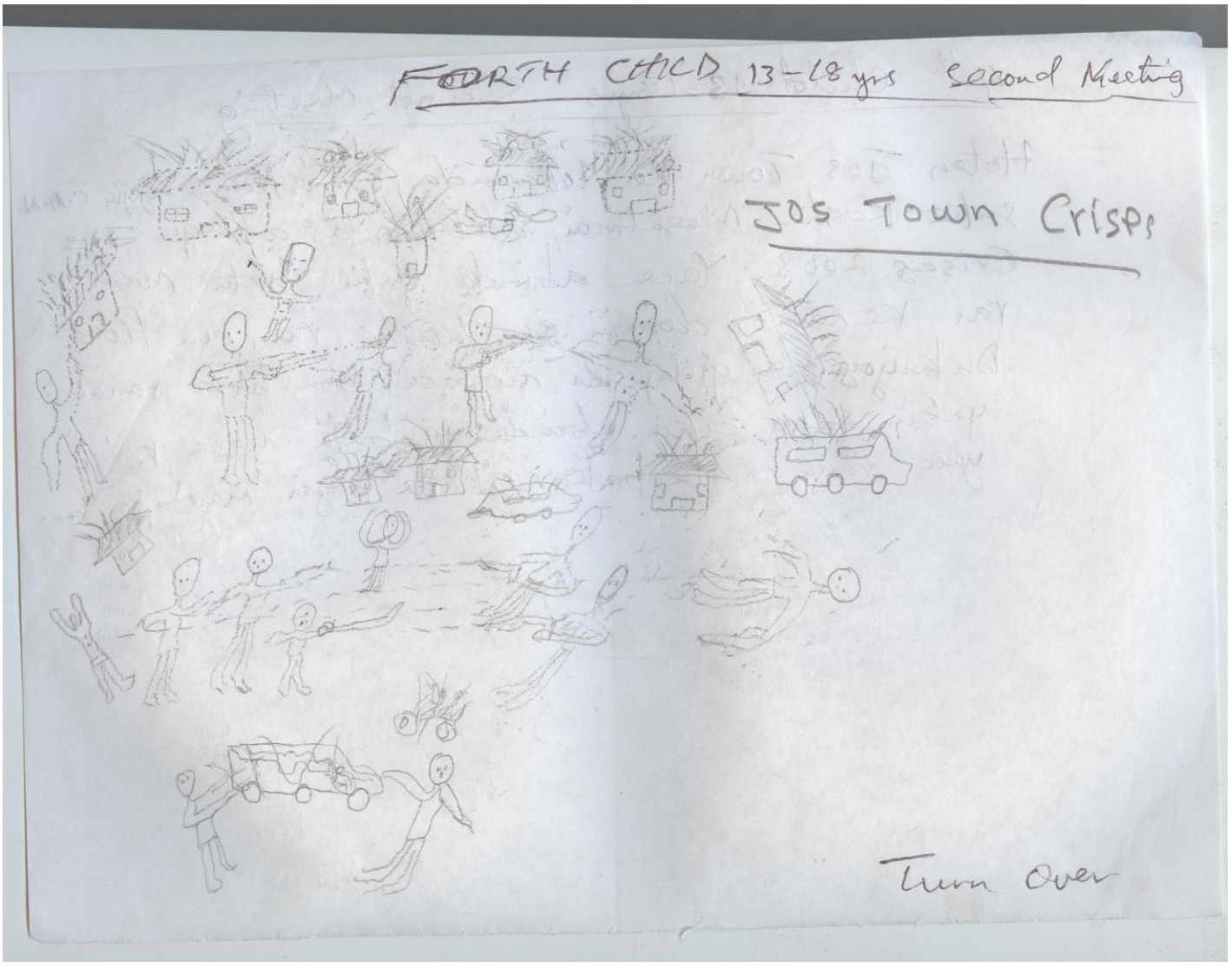
*"On crisis day I became very afraid, my brother was killed and I became very annoyed and started crying my mum said I should stop crying and pray for his soul, which I did and I became very happy." (Female focus group, age bracket 7-12 years)*

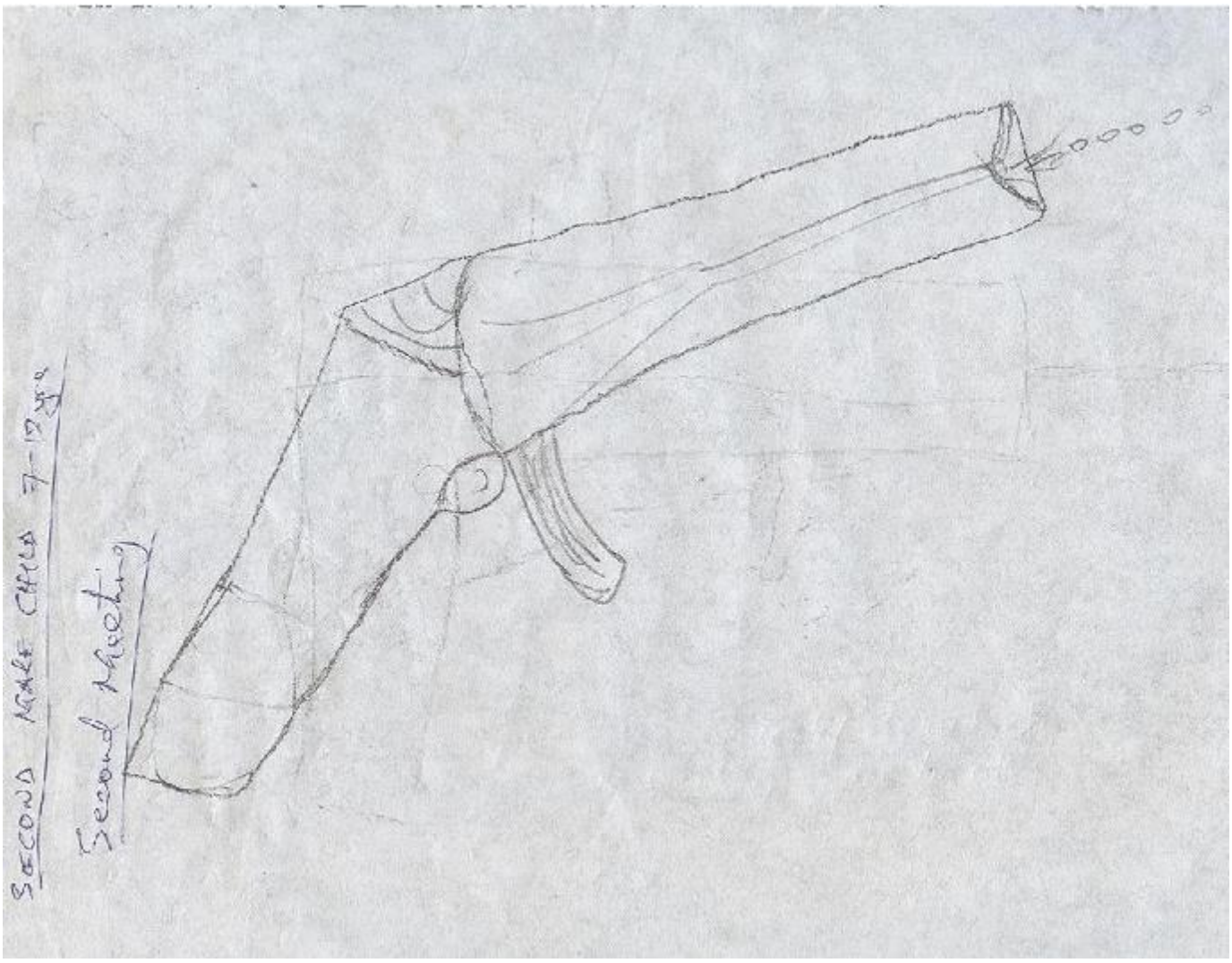
*"When your mother makes you happy by making you laugh and relaxed." (Female focus group, age bracket 7-12 years)*

*"If you are worried read the Quran, or recite Quran. Quran takes care of everything street fights with knives." (Male focus group, age bracket 13-18 years)*

*"Loss of my grandmother, I was very sad on that day. But I feel good when I remember that we shall meet in Heaven." (Female focus group, age bracket 13-18 years)*

The voices above express similarities and differences in the young people's use of resource for coping with the crisis. Both groups used religiosity/spirituality intensively, but it appears from the data that the younger age group relied on significant others to pray on their behalf for peace, while the older age group engaged in the prayers themselves. This is not surprising; however, what is surprising is the constant reliance on religiosity/spirituality by the younger age group.




SECOND MALE CHILD 7-12 yrs
Second Molar

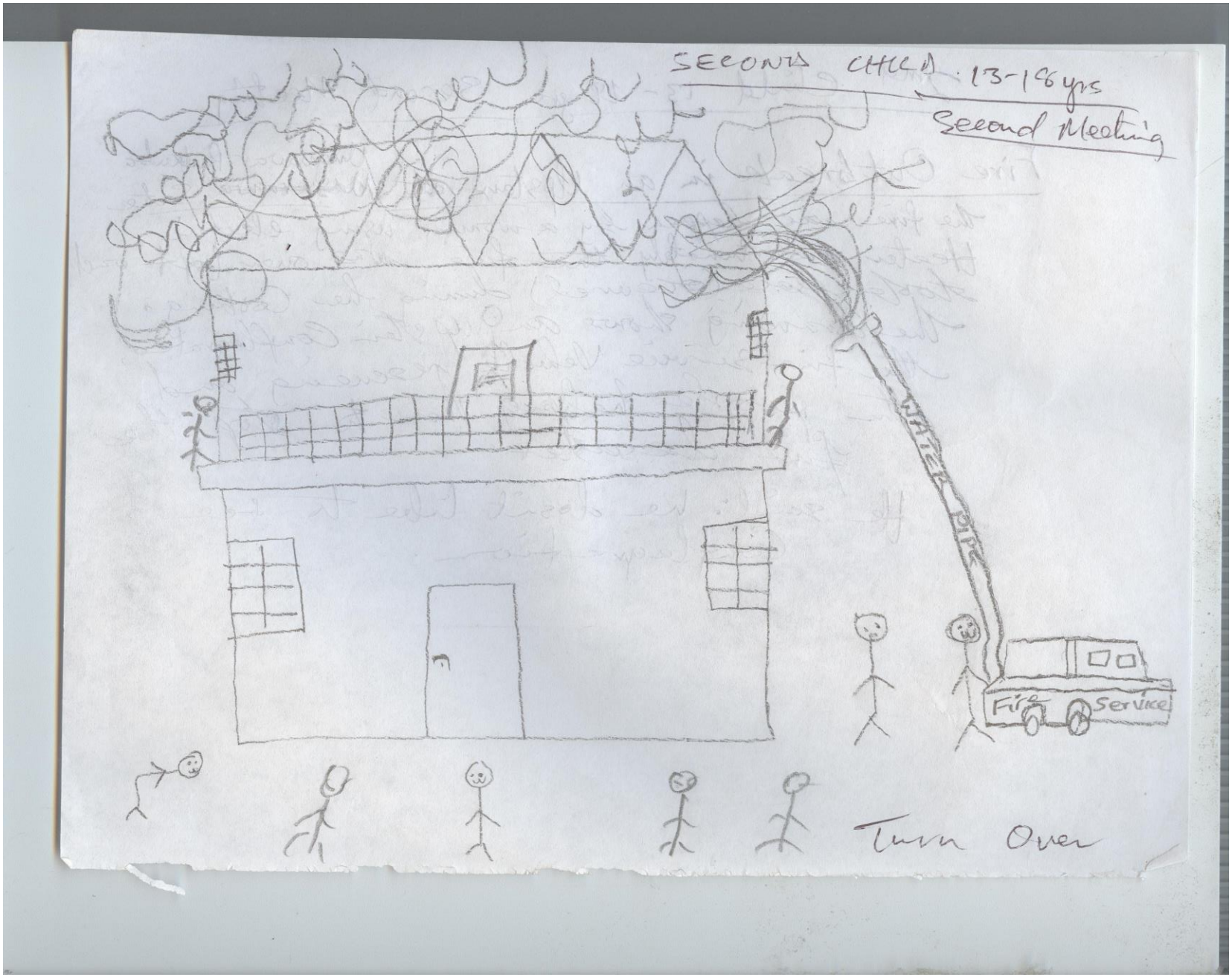

SECONDS CHILD - 13-16 yrs
Second Meeting
WATER PIPE
Fire Service
Turn Over

**Figure 7: Showing some of the pictures drawn by participants from age 7-12 years and 13-18 years**

A visual analysis comparing pictures drawn by young people of different age categories,7-12 year olds and 13- 18 years old, shows that both groups have been impacted by the crisis, pictures such as the one enacted above show dread as in torched houses, vehicles, stores, markets and use of light weapons. The undue loss of lives and the wounded, littered copses, and the sight of blood on the streets of Jos as witnessed by the young people have all been expressed as part of the trauma of the crisis. Both age groups suffered the trauma. Girls, as can be heard from the voices above expressed more fears, as seen in pictures and some of the voices above (see more pictures in appendix 12). These findings partly answer the research question on how the young people managed the trauma resulting from the Jos ethno-religious conflict.

#### 6.3.6.4 **Reasons advanced by young people for using religiosity/spirituality to contain the impact of trauma**

"*Prayers give me confidence and I feel fearless; when I pray I become happy with myself; Islam is a religion of peace and prayers give me peace of mind and strength to carry on with life"(13-18 years boys focus group)*

*"Islamic prayers give one a sense of control; prayers make one strong and give a good purpose of life even when things are out of way for you"(13- 18 years girls focus group)*

*"Whenever I pray to Allah I feel calm; prayers relax me" (12 year old girl)*

*"I always pray, and when I do my hopes in life increase, even during the crisis I always run to my mother`s room to pray, and I always believe that the crisis will be over one day"17 year old girl)*

*"In the morning I pray for protection throughout the day and in the night I pray for protection throughout the night, and Allah always protect me."16 year old boy)*

The voices above show the various reasons advanced by young people on their experiences of using religiosity/spirituality resource in times of adversity. The Hausa young people mentioned protection, confidence-building, derivation of happiness and stable peace of mind. It is also believed by some of them that religiosity relaxes the individual and makes them feel calm. It was also voiced that religion and spirituality give them hope, make them feel in control and provide them with the strength to keep on living. These voices give us further insight into the feelings of the young people when they use religiosity/spirituality to cope. It links the external impact (violent conflict) on the individual, the internal processing of this impact (coping) and the resultant behaviour (resilience). These findings provide us with answers to the question as to how the Hausa young people dealt with the effects of the violence and their feelings thereafter. The results also link us back to the resilience theory.

#### 6.3.6.5 **Voices from caregivers on resource contribution to young people's trauma resilience in Jos**

*"Our religion Islam prepares the believer to expect harsh side of life as our prophet Muhammad (may peace be upon him) also faced many difficulties in his life; culture of the Hausa requires*

*the individual to standout strong in mishaps, the Hausa man is a warrior, a hunter and a farmer, all these are tough activities to execute in life" (mothers` focus group)*

*"We bring up our children as we were brought up, gradual exposure to farming, in some families herding; we also prepare our children to grow up as fishermen as well as gatherers, both young girls and boys are taught and exposed at an early age to these; young children as early as seven are allowed to engage in gathering and fishing in shallow ponds, it exposes them to be responsible" (fathers` focus group)*

*"Our children are named after great warriors, farmers, and hunters; we want them to grow up with these qualities in them. The Hausa families bring up their children introducing them to herbs and portions that make the child hard, fearless and a hero; we have community members who specialise in these protective charms and families visit them for help when raising children" (traditional ruler)*

*"We are very few in my ward but very powerful with traditional protective methods that other people visit us for protection of their young ones who are growing up. Our children are very hard" (traditional leader)*

*"we all grew up with our tradition, and religion; our parents raised us in such a way that we accept everything positive or negative that happen to one as coming from Allah, you cannot*

*change it; that's the way we were brought up. You can't change the way your parents brought you up" (hospital workers` Focus groups)*

Above are voices of caregivers (parents, traditional rulers, and hospital workers) of the young people in Jos on resources used by the Hausa young people to avert the sufferings inflicted by the ethno-religious conflict. The voices indicate that religious and spiritual involvement of the young people as well as the traditional/cultural process that the young people were reared in and other socialisation practices of the Hausa social organisation provided the young people with protection against the traumatic sufferings caused by the violence. All voiced these factors (religion and cultural practices) ingrained into the young people during the child-rearing practices. It is apparently clear from these voices that the Hausa community uses socialisation practices to inculcate religiosity/spirituality and traditional/cultural resources in the young people to protect them from the effects of adversities in their lives. The findings support the research question on how the Hausa community makes the young people trauma resilient.

**Table15: Reasons advanced for inculcating religious/cultural methods in socialisation practices**

| **Reasons** | **Parents** | | | **Hospital workers** | | | **Community leaders** | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Yes** | **No** | **%yes** | **Yes** | **No** | **%yes** | **Yes** | **No** | **%yes** |
| Makes the young fearless | 16 | 0 | 100 | 6 | 0 | 100 | 5 | 0 | 100 |
| It makes the child hard | 16 | 0 | 100 | 6 | 0 | 100 | 5 | 0 | 100 |
| It strengthens the emotions of the | 16 | 0 | 100 | 0 | 6 | 0 | 5 | 0 | 100 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| young person | | | | | | | | |
| It provides good health | 16 | 0 | 100 | 0 | 6 | 0 | 5 | 0 | 100 |
| It provides coping with it over time (God`s intervention) | 16 | 0 | 100 | 6 | 0 | 100 | 5 | 0 | 100 |
| Good role models from the community (reference) | 16 | 0 | 100 | 0 | 6 | 0 | 5 | 0 | 100 |
| It makes the young people active | 16 | 0 | 100 | 0 | 6 | 100 | 5 | 0 | 100 |
| It makes young people brave and strengthens the heart | 16 | 0 | 100 | 0 | 6 | 100 | 5 | 0 | 100 |
| It prepares the young people for adversities in life | 16 | 0 | 100 | 6 | 0 | 100 | 5 | 0 | 100 |
| It makes the young person withstand hardship demands placed by rearing | 16 | 0 | 100 | 0 | 6 | 100 | 5 | 0 | 100 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| animals and encounters with humans | | | | | | | | | |
| It teaches support for/from members of the community | 16 | 0 | 100 | 0 | 6 | 100 | 5 | 0 | 100 |
| It prepares the young people to defend their community | 16 | 0 | 100 | 6 | 0 | 100 | 5 | 0 | 100 |
| It strengthens the belief about destiny | 16 | 0 | 100 | 6 | 0 | 100 | 5 | 0 | 100 |

Table 15 shows the results of frequency of codes of responses from the parents' about their reasons for inculcating religiosity/spirituality and traditional/cultural resources among the Hausa young people. They also explain what these resources influence in the young people. Socialisation factors have also been reported to have significant influence on making the young person resilient. Perusing across the table shows that 100% of the caregivers (parents, community leaders and hospital workers) approve of use of all three resources (religiosity/spirituality, traditional/cultural, and socialisation) because of their effects in making the young person fearless, making them hard, creating trust in God`s healing powers over time, preparing the young people for adversities in their life, preparing the young people to defend

their communities, and strengthening their beliefs about destiny. Further analysis shows that the parents and community leaders (100%), but not hospital workers (0%) believe that these resources also strengthen the emotions of the young people, provide good health, make them good leaders (modelling those leaders in the community who got to leadership positions because of their resilient behaviours), make them active, make them brave and strengthen their hearts, make them withstand the demands placed on them through rearing animals and dealing with difficult humans in their environment, and teach support for/from members of the community. In further support of the results obtained in this section, the voices below echo the concerns raised here.

*"The elders in my ward helped in keeping the ward healthy. They also gave some food to those who didn't have or keeping the ward clean or asked the youth to help the elders. The elders in my wards also helped in paying school fees of those whose parents could not, they also brought peace to the ward in times of turbulence or disagreements between people in the ward. They also visited schools and gave advice to teachers and students." (Male focus group, age bracket 7-12 years)*

*"I want to hear what my parents tell me. I want to hear preaching and Quran recitation - it makes me feel good. I also want to hear what my parents and teachers tell me. I want to hear words of advice on obedience (tarbiya) and preaching on prayers, fasting and Quran recitation." (Female focus group, age bracket 7-12 years)*

*"When the violence ended and there was calm everywhere, I felt good. When the violence ceased I became happy. I read the Quran it makes me relaxed." (Female focus group, age bracket 7-12 years)*

*"I pray to God to save me and make me strong" (14-year-old girl)*

The above quotes from the young people brought out the roles of religiosity/spirituality and support from family, community and peers in providing support to help the young people deal with the crisis. The voices indicated the frequent use of religion and spirituality to calm the fear and anxiety created by the impact of the crisis on the young people. Prayer to God saved some of the young people and it also made them stronger in certain instances as claimed by the voices above. In the next chapter a link is made to earlier findings in the literature (Werner, 2004).

*"These days because of advanced knowledge of religion in every community, religion has replaced certain community cultures and Hausa community is one of them. In fact, in preaching you hear that religion is part of culture or is a way of life." (Fathers' focus group)*

*"When the child is born the first thing is to call the religious leader after three days to pray for the child and whisper his name into his/ her ears, that is the Islamic culture we all practise today." (Mothers' focus group)*

*"If the parents provide good education and discipline, the child grows up to be an achiever. Peer-group pressure makes the child hard." (Fathers' focus group)*

*"There was deficiency in food but we coped by getting neighbours to help, sometimes organisations came in to help. There was no water and if available the price was very high. Some children saw their parents killed - we prayed for them and they overcame it. The very good coping is for the child to get someone to support him that makes him to cope with the problems. My husband was shot in the presence of the child when he was two but he would wake up in the night and say my father was shot but with prayer, he overcame it." (Mothers' focus group)*

*"Nigerians have strong heart and are brave and can bear any situation that they find themselves in. We are religious people and we leave everything to God. You cannot erase it so you leave it to God to do it. That's the way we were brought up, and bring up our children too. That is why we are not traumatised." (Hospital workers' focus group)*

*"They only cope because of their parents and then preach to them as something destined by God, some live with it, and with time it fades away." (Mothers' focus group)*

The voices above show how religiosity/spirituality is now part of Hausa culture, and the way it is included in the socialisation practices of the community. The voices further confirmed how the Hausa community imprints religion on to the growing young people, and religion has now

occupied an aspect of the Hausa culture. The use of religion/spirituality to buffer trauma and other psychopathology has also been illuminated by the above voices of the young people, hospital workers, parents and community leaders. The voices below further show the use of religiosity and traditional/cultural practices as part of Hausa child-rearing procedure.

*"At conception the woman is given some herbs to make her have safe delivery, the child is given herbs and roots (Dauri), this makes the child strong and fearless." (traditional leader)*

*"Mostly the child is introduced into hardiness how to tame an animal and then the child now is ready to face the hardship of humans, the child is now given bow and arrows to initiate him into wars or battles with thieves or other human misbehaviours. In bringing up the children they are taught to defend their religion and good culture and patriotism. That is why the young people come out in mass to show and protect their religion and culture and country. Our social support system contributes to buffer of trauma because our culture pays attention to support your brother and neighbours. We come and share with our family members and neighbours and community members. So whatever is the magnitude of trauma you have people to share and care for the victim." (Religious leader)*

*"We were brought up the hard way, rearing animals and hunting, farming and herding was our way of life. That's why we introduce into our children early in life, we give them dauri and a mixture of some herbs, this portion makes young people to grow up `hard` and resilient. That is what we have been passed by our parents; we do the same for our children" (Traditional leader)*

*"During the crisis we were given a mixture of a white pulp-like solution to rub on our lips and face. It protected us against bullets and metallic weapons, I believe it did. None of us was wounded." (13-year-old boy*)

The voices above show how through socialisation some historical artefacts and beliefs have been transmitted to generations of the Hausa community. This has clearly become part of socialisation of the culture, as expressed by the voices. This further supports the findings in Table 19.

*6.3.6.6* Conclusion

The Hausa young people in Jos displayed stable normal function despite the life-threatening disaster they encountered. They displayed both individual and collective skills to cushion and reduce the distress they found themselves in. Most of these measures resided in the socialisation procedures of the cultures the young people grew up in. The most used among the measures were as follows:

1) Resorting to religious faith and spirituality. The young people have faith in God and they grew up with the Islamic religious belief that whatever happens to one is ordained from Allah (God), and one should prepare for adversity in one's life because it is Allah's way of testing the believers. This indoctrination is with the individual while they grow up; the community repeats this to the child every day by way of teachings, preaching and story-telling. The indoctrination matures as the individual grows up. The Hausa young people had matured their world view based on this and every aspect of their lives was affected by it. In fact, religion had completely replaced some cultures and had become a

significant part of others, as reported by participants. The young people used their religious faith and spirituality to cushion the effects of the crisis; they prayed individually and collectively using actions and words to ask God to save them, provide for security, give them peace of mind, and the strength to bear the untold hardship they encountered. Those whose parents, relations, siblings and family members or neighbours were affected prayed for God's intervention for them to withstand the suffering.

2) Cultural factors. Some communities also employed certain cultural rites to encourage young people to be brave. Some of these cultural measures were ingrained into the socialisation processes of the community. Participants had identified some of these cultural rites to include ingestion of certain herbs `*simi*` and `*dauri*` from the child's early childhood. The Hausa community attached special beliefs to these herbs that they would harden the child and help them to face all adversities in life. Some drop hot chilli solution into the eyes of the newborn baby as a mark and testimony that the world can be a hot and difficult place to be. The child is expected by this initiation early in its life to grow up bold and resilient. Furthermore, some communities initiated some children and young people into certain trades that expose them to dangers and gradually, through exposure, the child becomes bold and is able to withstand harsh environmental changes, as seen in violent crises. These activities included exposure to hunting at an early age, building tolerance through herding of animals, and gathering wild fruits. These activities exposed the young people to the use of weapons at early age. It also exposed them to the sight of blood and dying animals at an early age (Millwood, 1995). This is explained further in Chapter 7. This hardened them, as seen in their boldness to withstand the suffering caused by the last Jos crisis. Farming also exposed them to long periods of tilling the soil

with little or no food. This also had an impact on the young people's ability to tolerate adversity. Growing up in poverty meant the young people were exposed to fending for themselves, which exposed them to repressive lifestyles of roughness and hardiness early in life (Sinha, Mishra & Berry 1996, p.152; Shrestha & Mishra 1996, pp.171-172). By extrapolation, growing up in poverty is like growing up to be `hard` in Jos.

3) Parental presence and availability. The presence of at least one of the parents also gave many young people confidence because they were comforted, and could turn to them for assurance in the times of the crises. Having parents around them was the first social protective wall; they turned to them for comfort, assurance, prayers and security.

4) Economic strength. Following from number 3, the family that had resources available to withstand the hardship created by the crisis was able to withstand the suffering. Young people who were provided with most of their needs during the crisis coped well.

5) Peer support. Young people discussed with their friends the impact of the crisis and were supportive of one another psychologically and socially; they comforted, helped and participated in getting the wounded to the care centres during the crisis.

6) Community support. Neighbours and members of community also mobilised and gave the young people support; the neighbouring families who had food and portable drinking water and shelter provided for those who had none or who had had their houses destroyed as a result of the crisis. Congregation prayers were encouraged to give support to the wounded, the bereaved, and the weak.

7) Support by relief agencies. The timely release and provision of relief materials to the affected individuals also contributed to cushioning the effects of the crisis on the young

people. The Hausa young people identified relief agencies such as the Red Cross and Jama'atu Nasir Islam as agencies that reached the survivors on time and provided them with food, water and drugs that buffered the sufferings of the wounded and the hungry.

These claims by Hausa young people in Jos need to be re-examined by further research. This is the first of its kind and has been carried out by an insider.

### 6.3.7 Summary

This section presented an analysis using grounded theory of the data from Hausa community members' experiences of the ethno-religious crisis in Jos. The four-part data gathered from the young people, parents, community/religious leaders and hospital workers were subjected to line-by-line analysis of the initial coding. Further analysis produced concepts and categories of data, which later formed a theory for this thesis.

The categories are the main explanations of the feelings and experiences of the Hausa community towards the causes, effects and consequences of the violent conflict. They are further explained to give meaning to, and understand, the experiences of the young people. The results produced by the analysis showed that the violent conflicts in Jos had some psychosocial effects on the young people, but that these consequences were contained through use of culturally constructed methods. The findings here have been established in some cultures other than the Hausa. Further discussion of these results is provided in Chapter 7 in order to relate the findings back in the literature.

# CHAPTER 7

# DISCUSSION OF RESULTS

## 7.1 Introduction

Chapter 6 presented findings based on the emergence of categories that built theoretical codes. The theory raises a lot of issues such as the causes of ethno-religious violence in Jos that has further resulted in the undue hardship and suffering in the lives of Hausa young people. Besides the efforts made by the Department of psychology to provide counselling services after the crisis, which were not used by the community, no other body or organisation provided trauma counselling services (Ostien,2009). Rather, it seems that alternative methods have been used by the young people to contain the traumatic effects of the violence. This chapter discusses these findings and locates the position of the theory in the existing literature in the area of war trauma resilience. The discussion focuses on the research questions raised earlier on, which include the following:

1) Is there evidence of resilience among the Hausa social organisation in Jos, and to what extent?

2) If so, how does the Hausa social organisation make its young people war trauma resilient?

Embedded in these research questions are queries concerning how the young people expressed the suffering that was caused by the violent conflict in Jos. The roles played by the gender and age of young people in their expression of these sufferings were also examined.

The project was initially designed to capture the experiences of the Hausa young people in relation to the violent conflicts in Jos and examine whether resilience to war trauma exists among the Hausa community in Jos. To that effect, a qualitative study of the community was embarked upon and three groups of focus discussions were conducted in an effort to answer the raised questions. Firstly, the experiences of the young people reflecting their sufferings, and how they contained the violent situations were discussed in multiple sessions of focus groups. These narratives were captured in separate groups dependent on the age bracket and gender of the young person. Secondly, an assessment was made of the parents in the community about their beliefs as to what led to the sufferings and the ways in which the young people were able to handle the violent situation they found themselves in. Thirdly, the leaders of the community, through in-depth individual interviews, discussed the causes that led to the ethno-religious violence and related how the young people were culturally, through socialisation, able to master some coping strategies to cushion the effects of the suffering resulting from the violent conflicts in Jos. Lastly, focus groups were held with the hospital workers to distil their observations of the ways in which the young people who were admitted to hospitals expressed trauma on admission during the crisis.

The first part of this section is a discussion focused on understanding of the experiences of suffering and diagnosis of any symptoms of trauma and the qualification of resilience amongst the Hausa young people. The methods that the Hausa young people employed to deal with the sufferings inflicted on them by the conflicts are also discussed in the second part of this section. The issues raised by the theoretical analysis are discussed according to the research information obtained here and are supported further by the position in the literature.

## 7.2 War Trauma among Young People in Jos

### 7.2.1 Introduction

The findings of this thesis revealed that the Jos conflicts have traumatised the young people. The findings below confirm that some, but not all, of the symptoms as presented by DSM IV TM-TR were noticed among some young people in Jos. However, because the young people used certain cultural buffers none could be said to have suffered from post-traumatic stress disorder (PTSD).

### 7.2.2 War trauma among young people in Jos

The adversity in Jos had caused initial sufferings in the lives of the Hausa young people. The findings revealed that symptomatically, the Hausa young people avoided certain places due to an objective fear, if an individual entered an area inhabited by people of a different faith from him /her, this could lead to an attack and possibly loss of life. However some fears have been exaggerated by myths about demons in areas that are inhabited by people of different faiths. The warring parties have been employing the psychology of enemy images (Stein, 2001, pp.190-191), i.e., demonising the enemies to justify an attack on them (enemies). Avoidance of certain places that reminds one of certain unwanted images of the conflict has been found to be one of the symptoms reported in DSM IV TM-TR (APA 2001, pp.467-468). However, insomnia and recurrent thoughts of the traumatic events (also reported in DSM 1V TM-TR) have not been found in this group of Hausa young people in Jos.

The children in the age bracket 7-12 years reported an intense fear, which is another symptom of PTSD according to DSM IV (APA 2001, p.467). However, these reported symptoms have not led to horror or disorganised behaviour. Hence, clearly, some of the PTSD symptoms have been lacking in some communities, as has been reported by other researchers in Africa (Bracken 2002;

Giller 1998). However, the young people sometimes depict scenes of and sources of traumatic incidents in their pictures. The pictures drawn by some of the young people showed incidents connected with the conflicts as well as others that are not connected with the conflict. This is in line with earlier studies (Freud, 1900, Perry 1999, Berry et al. 2004) which reported traumatic pictures drawn by young people to depict the sources of fear or to reveal the intrinsic conflicts in the unconscious.

The reported incidents of suffering by the young people has not qualified the clinical diagnosis of PTSD as specified by DSM IV TM-TR (APA 2001, pp.467-468); since the Hausa young people have not shown any disorganisation in their behaviours to harm self or others, and kept to house and school work, they have demonstrated behaviour enough to be diagnosed normal according to DSM 1V TM-TR. The crisis has rather left the Hausa young people thriving with some emotional pains (resilience). Elsewhere in Africa and in war-affected areas across the globe, trauma of war has been reported that is similar to the Jos findings on trauma. Wessels (1997) in Sierra Leone reported that the Northern Muslims used certain indigenous procedures to contain the effects of the war on their community. Likewise, he observed the use of a ritual cleansing ceremony for child soldiers and young women who had served as sex slaves to de-traumatise and re-integrate them into the community in Mozambique (Wessels, 1999). The difference lies in the fact that in these countries full-blown PTSD was reported, whereas the findings in Jos revealed that the Hausa young people remain relatively healthy and resilient.

The reported lack of certain symptoms among the Hausa young people (mainly irritability, insomnia and hypervigilance) are of importance here. The young people in the Hausa community have not shown these symptoms because of the way the culture has socialised them to deal with adverse situations. The Hausa culture supports and encourages its young people to be strong

during adversity. The young people are not left alone to deal with the effect of the crisis but are supported by members of their immediate family, by members of their extended family or by the community. The community support made the young people in the Hausa culture to feel relaxed, and hopeful, and developed the desired self esteem to go on with their lives with less irritability, hypervigilance or insomnia. This may not be the case with individualistic cultures that primarily socialise the young people to deal with certain adverse situations differently. Different cultures have varied ways of coping with adversity. In times of intervention in trauma among young people, foreign workers in Africa should understand and bear in mind these cultural differences before embarking on measures to deal with issues of trauma among young people especially with in the Hausa community and by extension African communities. Techniques that work well in one culture cannot always be applied to another; some of these communal culture's methods for dealing with adversity would not be accommodated in western cultures and vice versa. This takes us back to the debate in the literature about whether some cultures express and deal with trauma and other psychopathologies differently. Sam & Moreira (2002) see culture as an independent variable influencing mental illness, the dependent variable. The debate in the literature on trauma and cultural relativism and universalism continues. The discussions on trauma here are based on findings from discussions with young people. There is the need for further research in this community using standardized measures to quantify the extent of suffering of this community. The indices would place the Hausa culture properly in the literature compared to other post conflict communities, since qualitative research by design cannot be generalised because of the restriction of sample size as seen in this thesis.

### 7.2.3 Conclusion

The Hausa young people in Jos are war trauma resilient. The recent crisis in January 2009, went on for days; the warring factions killed male members of the families they visited including two-week-old babies, and the number of casualties was very high (see Chapter 4). The Jos crisis was also very intense, with deployment of both light and heavy weapons reported. Many wards have been abandoned or destroyed (see Chapter 4). The scale of the crisis in Jos has been devastating; the ethno-religious crises have been going on for the past 13 years, with the intensity increasing every time a crisis happens. Despite these happenings, even the young fighters who were admitted to hospital did not show evidence of PTSD, as defined by DSM1V TM-TR. The young people were admitted because of the physical wounds inflicted on them during the crisis. All the management of five hospitals and clinics visited in Jos also claimed not to have admitted patients with PTSD. Following from the above it is obvious that the Hausa young people in Jos have not suffered the degree of trauma to warrant the diagnosis of PTSD, which indicates a low scale of trauma in Jos. Resilient behaviour was therefore evident as the Hausa young people have shown stable normal functioning according to DSM1V TM-TR. The discussion in the literature on the effect of culture on mental illness i.e. cultural relativism vs. universalism is further supported here, positioning Hausa cultural practices as mediators in traumatic situations and developing resilience. However the reports here on trauma are based on qualitative self reports by the Hausa young people on trauma and there is the need for replication and or using another design to capture the indices of trauma and properly place the Hausa community in the trauma literature.

### 7.2.4 Age and Trauma among Young People in Jos

#### 7.2.4.1 Introduction

The findings from the Jos study have also revealed that the age of the young people was implicated in the expression of traumatic incidents. The section that follows discusses and provides explanations for the links between the ages of the young people and their experiences of trauma in the Jos violent conflict. These experiences of the young people in Jos are also compared with other findings in the literature, drawn from other studies.

#### 7.2.4.2 Age and trauma among young people in Jos

The younger age group (7-12 years) reported more incidents of traumatic responses during the conflict than the older age group (13-18 years). This is because members of the older age bracket have witnessed various conflicts in Jos and have learnt to cope with the sufferings thereof. Furthermore, those in the older age bracket are more cognitively and physically mature and could create meaning from the crisis situation, whereas members of the younger age bracket relied on older adults such as parents or significant others to explain or to move them out of the crisis area to safety. The older young people have more power and control resources available to them than those in the younger age bracket. The child's age and developmental stage influence their response to risk, perception and understanding of the traumatic event and their development of cognition and attention, social skills, personality type, self-concept, self-esteem and impulsive control. Some Hausa young people in Jos are developmentally mature enough to understand the political and social meaning of the situation of the Hausa community amongst other ethnic communities, and it made sense to them to join the fight against the opposition. The hospital workers reported that the majority of those admitted as a result of injuries sustained from

fighting were young people under the age of 18 years. I witnessed several violent conflicts in Jos and from my experiences those who were engaged in arson, fighting, and looting to a large degree are young people whose ages could be estimated to be well below 18 years. These developmental differences among young people and relationships to expressions of traumatic experiences have been consistent with the results of earlier research (Pfefferbaum 1998, Perry 1999, Punamaki 2002, Cryder et al. 2006, Prilleltensky, Nelson, and Peirson 2001, Irish 2007).

It is also gleaned from the findings of this study that the older young people could, due to their age, master and integrate those cultural protectors/skills that have been taught and passed on to them over time to make more meaning out of their daily interactions with normal and abnormal situations such as the conflict situation in Jos. Caregivers and religious/traditional leaders in this research referred to older children as being more independent and focused on how to deal with the situation than those in the younger age group, who were overwhelmed and asked questions, cried and expressed fears during the conflict. These developmental differences have also been reported in earlier studies. For instance, Prilleltensky, Nelson and Peirson (2001) argue for the role of power and control in pathways towards health, resilience, and problems in children's lives. They conclude that just as adults' lives are influenced by power and control, so also are the lives of children. Age differences in trauma resilience could also be due to the socialisation effects of the Hausa culture. The Hausa older young people could have completed their journey through all of the socialisation procedures necessary to make them resilient, ( as seen in herding, farming, gathering, hunting and certain other cultural practices) and must have passed the initiating stage. These are necessary cultural rites that are performed to welcome the young person into the community. These cultural practices have provided the older young people with responsibilities, recognition, and improved self esteem to deal with adversity in their lives

particularly war trauma. The members of the younger age bracket are still undergoing this process of socialisation and hence are not yet culturally developed enough to deal with the situation of war trauma. This finding in Hausa culture differs with the other findings from non communal cultures. In other cultures it is thought that the inability of the younger age group to process information gives them the much desired opportunity not to be anxious and hence an advantage in developing resilience (Punamaki, 2006). These cultural differences in the expression of resilience again situate this finding in the literature on the debate of the role of age in the development of war trauma resilience. The findings on the role of age in trauma resilience also have implications for the policy formulations and/or intervention in the post conflict recovery of Hausa young people in Jos. The comparisons here are based on qualitative analysis made on two age brackets of Hausa young people. The level of trauma/resilience expressed has not received any rigorous comparative analysis because of the nature of this qualitative design and limitation of the number of participants. More research especially a comparative analysis design is required to further properly situate age factors in trauma/resilience among the Hausa young people.

#### 7.2.4.3 Conclusion

Young people from Hausa social organisation in Jos were found to have suffered from the effects of the crisis. The crisis in January 2009 has caused the Hausa young people to exhibit certain trauma symptoms such as intense fear, and avoidance of certain areas. However, these symptoms have not been intense enough to warrant a diagnosis of PTSD as described in the DSM IV category. The age of the Hausa young people has been implicated in the role of interpreting and cushioning the effects of the crisis. The socialisation provided by the Hausa culture exposes the older young people to responsibilities, and independence, and develops their self esteem which

helps them to deal with war trauma. The finding that older Hausa young people developed better war trauma resilience than the younger age group negates findings from other non communal cultures. The role of age in moderating war trauma resilience is an ongoing debate in the literature and, the findings on age and war trauma in this study have added to that debate. However the age factor comparison is from a qualitative analysis limited to only 32 participants. A different age factorial design needs to be conducted to ascertain the trauma/resilience comparison across different age brackets that could also be generalized. The next section discusses the role of gender in trauma expression in the experiences of the young people.

#### 7.2.4.4 Gender and Trauma among Young People in Jos

#### 7.2.4.5 Introduction

Another interesting finding in the results of this study is the fact that girls reported more traumatic incidents than boys. The different experiences of boys and girls in suffering caused by the crisis showed that girls have used emotion-focused coping strategies while boys have used more problem-solving coping strategies. These differences are discussed and located in the literature.

#### 7.2.4.6 Gender and trauma among young people in Jos

Girls developed fears (objective or not) at the beginning of the violent conflict and reported more violence centred on individuals and property than the boys; they reported seeing people covered in blood, people being attacked or killed, houses being torched, markets burning down and shops being vandalised. These sights often made them worry and develop fears, cry and look for support. They gravitated towards mature family members for support and, asked questions about the crisis more often than the boys. The boys were part of the discussions and the ideological and

political decisions to protect their votes during the elections; girls did not participate in the political discussions. In the case study culture, women are not invited to make decisions on issues that have to do with community development; the husbands and by implication the men take the decision. The women are side-lined and are expected to conform and be subservient to the men. Hence, the violent crisis would appear to be more shocking to the girls than the boys.

The gender differences in reaction to traumatic situations here is consistent with recent findings across the globe in relation to gender and post-traumatic stress disorder (Breslau & Anthony 2007; Curle & Williams 1996; Laufer & Solomon 2009; Moser et al. 2007; Pfefferbaum 1998). The reasons advanced are attributed to differences in psychophysiology between men and women (Fallot, 2008); cultural explanations (Fisher 1998), gender differences in peritraumatic factors, pre-traumatic factors and post-traumatic factors (Irish 2007).

The Hausa is a culture influenced by Islam; the socialisation of the girls is entirely different from the socialisation of the boys. Girls are socialised to take up home roles, raising of the children, and cooking for the family. The girls are also expected to spend some of their times inside the compound (purdah) (Zakariya, 2001). They are not to be seen outside unless they are going to school or running an errand. The culture also relegates women to the background; decisions on running the family or community are hardly ever made by women. The boys are initiated into masculine roles, decision making, and independence. These socialisation practices further create a difference between Hausa boys and girls in their reactions to adversity, with boys more likely to be hardened than the girls as confirmed by the findings in this research. The gender differences in resilience among Hausa young people also negate the findings from other non Islamic communities, where girls have been found to be more resilient. Most of these non Islamic cultures accord equal opportunities and roles to young people of both genders. The

young people are socialised without gender bias. Equal opportunities for self expression and degrees of freedom of movement are observed for both genders. In addition the nature of adversities in these liberal cultures differs in type and intensity. While the happenings in Hausa culture (in a developing economy) are much more devastating and pose much bigger threat to life, the adversities in some of these developed economies are much smaller in scale. For example in developed economies instances of single episode school shootings, road transport accidents and (recently) flooding are the reported adversities, as opposed to the Hausa culture`s multiple exposure to violent crises in which there were reported cases of rape, and killings, and continued property loss and huge displacements. These cultural differences have also placed within the literature the finding of the role that gender plays in moderating war trauma. Gender role in developing trauma is a debate that continues in the literature, and the present finding adds to the ongoing debate. The finding on gender also has implication for policy formulations and intervention in recovery of post conflict societies such as the Jos Hausa community. The analytic discussions on trauma among genders amongst the Hausa young people are limited to only Hausa community. Proper design with larger number of participants cutting across different levels of social class would give a proper situation of gender differences in trauma amongst Hausa young people in the literature.

#### 7.2.4.7 Conclusion

In the Jos study, gender has been found to be implicated in expression of trauma. The girls reported more traumatic experiences than the boys. This has received general observations in the war trauma literature cited in this section. The literature attributes these gender differences to physiological, peritraumatic, and pre traumatic factors differences between the genders. Cultural factors in the socialisation of genders and the role culture plays in resilience are issues that have

been debated in the literature of war trauma. The findings on gender differences on the development of trauma among young Hausa people add to the ongoing debate in the literature, and to the interventions within, and recovery of a post conflict society.

Further discussion of the ways in which the Hausa community created resilient behaviours in their young people will be provided in the sections that follow.

## 7.3 Factors that influence war trauma resilience Amongst Hausa young people in Jos.

### 7.3.1 Introduction

Section, 7.2 discussed the effects of the January 2009 Jos crisis on the Hausa young people. The young people exhibited symptoms of trauma but these were not intense enough to cause PTSD according to DSM IV categories. In this section the various cultural factors that influenced the development of war trauma resilient behaviours among the Hausa community, namely religion, age, gender, individual resources and social support, are discussed. The discussion links the results with the literature on war trauma resilience

### 7.3.2 Culture in trauma resilience

One factor that was mentioned by all the four categories of respondents in this study is culture, including religion/spirituality. This factor has been implicated in developing resilience in young people in the Hausa community in Jos. This section discusses in detail the role played by culture, and how culture influences resilience.

The results of this study reported ways in which the Hausa social organisation in Jos builds resilience in their young people. Mention was made of the use of religious institutions and spirituality by young people. In Jos, the Hausa social unit is conscious of its location amidst a majority of other citizens who are predominantly Christians and worshippers and practitioners of

traditional religion, and belong to different ethnic and tribal affiliations. Adding to this competitive background are the rich ethnic and religious divides in Plateau state and Jos in particular. The Hausa community strives to hold on to the dictates of its culture and the Islamic religion (see Chapter4).

Religion has played a prominent role in the history of the Hausa community. It is part of the historical context of the community. It has become an important factor in child-rearing and development. Interview data from all the groups: the young people, the caregivers (parents), the traditional/religious leaders and the hospital workers, demonstrated the importance of religion and spirituality and its continued influence in their daily lives. Each of the caregivers expressed a desire to continue to instil in their children a strong value system based on the principles of Islam. The themes in regards to religion and spirituality were the same for all the groups. The Islamic religious home is a defining feature; the principles of Islam drawn from the Quran and Hadith of Prophet Mohammed are integrated into child-rearing practices as a common parenting task, and shaping the participation of the young people in religious practices is a primary goal. The young people have been raised in such a way that their daily events sit alongside religiosity and spirituality. The first thing in the morning is prayers before one proceeds to greet one's parents: God supersedes every person, whatever their status. The child is further encouraged to have solidarity with God, raised to abandon whatever he or she is doing to attend to congressional prayer (preferably) or pray alone.

With this upbringing, the Jos Hausa young person believes and trusts in Allah as the provider, the protector and the saviour in all situations. In times of distress Allah is there to save; in times of pleasure he is there to provide. Therefore, all conditions are due to Allah. The young person grows up with these belief systems. The use of religiosity/ spirituality gives the young people

hope and protection, and makes them feel in control of the situation. These are the protective factors in religious beliefs since they happen at the cognitive level and give the young person the assurance they need to cope in times of distress such as the violent conflict in Jos. A community's level of resilience precipitated by cultural factors such as religiosity has been reported in earlier studies (Alim et al. 2008. Bracey 2010;Bracken 2002;Ellison 1993; Fofana 2006; Millwood 1995; Pargament et al. 1998; Peres et al. 2007; Shaw et al. 2005; Wessels 2008). These authors' common denominator in explaining the role of religiosity and spirituality in building positive growth is that religion is a cognitive coping strategy and as such provides the individual with benevolent reappraisal, spiritual support, active religious surrender, spiritual connection, and religious direction. They further proposed that religious coping may uniquely prepare individuals to respond to adverse situations that they face. It can also reduce feelings of loss of control and helplessness, and provide cognitive strength that can deplete suffering and strengthen one's purpose and meaning in the face of trauma. In addition, it can create a world view that helps give purpose and meaning to suffering and provides hope and motivation. Religiosity may also help the Hausa young people to cope through the social support it offers, providing role models for suffering and supporting healthy behaviours. Spirituality provides individuals with a purpose in life, which early philosophers theorised as implicated in decreasing stress reactions (Janoff-Bulman 1992, cited in Bracken 2002).

Religiosity has been implicated in resilience from two perspectives. Firstly, the congregational support received makes the individual feel involved, and provides warmth, sympathy and empathy with others, which makes people relax. The process of congregational prayers is one in which the individual has to get involved, and through this process the individual forgets his or her distress. Cognitively, believing in the power of religion to link the individual to a higher

spiritual level makes the individual further concentrate his or her attention on the presence of, or his presence in front of, a deity. All other things are forgotten about or suspended from attention, which buffers stress reactions. The individual, engaging in spiritual connectivity, eventually relaxes in the process. This phenomenon reduces distress and coping is ensured, as Lazarus & Folkman (1984) identified in their research on coping strategies that lead to resilience.

The culture of socialisation has also come into play in the shaping of resilience in young people in Jos. One other factor reported by parents and young people as responsible for resilience is the peritraumatic factor of control. Hausa young people who were close to their parents or significant others during the violent conflict reported remaining calm and were assured by the people around them that the situation will come to pass. The seeming control by the significant others in turn gave the young people hope and control over their lives. This belief in control during the crisis period has also been reported in literature (Bracey 2010; Irish 2007).

Hausa young people and parents reported developing hardiness as derived from socialisation as part of the protective inbuilt mechanism against trauma. The cultural factors included early exposure to independence, and further independence as dictated by the ecological demands, namely early exposure to herding, hunting, farming and gathering of wild fruits. These activities have psychological demands on the individual: firstly, at initiation the individual is tasked to be hard, now that he or she is mature, as defined by some African cultures; secondly, the tasks themselves demand emotional and psychological maturity to execute them. Thus, the child experiences the negative (adverse) side of life as he or she grows up. These cultural factors found here as reported by caregivers and religious/traditional leaders have been supported by findings from other studies in Africa (Alim et al. 2008; Bracken 2002; Millwood 1995; Wessels 2008). These cultural milieus, as these authors explain, are found in developing the young people.

Another explanation could be that growing up in the cultural environment builds the psychological differentiation of the individual. Field independent (those who depend on themselves for judgement) persons have been found to be those who grow up independently and this helps in boosting their health and psychological well-being (Linden 1973).

Socialisation in non-Western cultures, especially in Africa, demands that the child grows up tough. Many cultures induce hardiness through early initiation of the young person. The initiation marks the beginning of emotional responsibility for the young person intrinsically, while the demands of the environment create an adjustment in the person's tolerance threshold. These produce a resilient child. These cultural experiences mediate how young people access and express adversity.

Closely related to the above findings is the report by Hausa young people of community support received in times of adversity. Community members advised and supported the young people, directing them to stay healthy and attend group religious worship where religious leaders strengthen their belief and resolve. This finding has received a lot of support in literature, where the role of community has been implicated in shaping resilience (Alim et al. 2008; Boyden 2003; Campbell-Sills, Forde & Stein 2009; Ungar 2005; Wallace & Wallace 2008). These studies explain that the community religious service increases one's level of optimism and boosts positive self-esteem and individuals hope for a positive outcome which has been implicated in better psychological well-being and resilience.

In as much as religion has permeated the Hausa culture and has been used positively, so also the use and abuse of drugs has been found among some of the Hausa young people. The young people used and abused cannabis sativa (weed or Indian hemp), valium (diazepam),gutter smoke (the use of straw to inhale the nitrogen dioxide emitted from fermenting rotten grass, rubbish

and/ or human excreta in the water logged gutters in Hausa wards of Jos), and inhalants (Obot,1989). Some young people still believe that only alcohol is prohibited in Islam, hence they abstain from it. However, Islam prohibits all intoxicants, though alcohol is specifically mentioned in the Quran. The young people who abused these substances constitute a menace to the community. It could be argued here that these substances have added to the complexities of the crises in Jos, since these young people who abused them often started and abetted the ethno-religious crises in Jos. If the young people who abused these substances are religious, they should not have engaged in the act of substance abuse. Furthermore getting intoxicated and resorting to violence in the name of protecting religion is a problem that still needs to be solved in terms of how young people in Jos use religion. However these young people also use religion as a fallback position in these times of adversity (which they created but have now assumed an entirely different scale from anything they had imagined). This is because religion may be the only social value left for the young people to observe; there is an abject decline of social and infrastructural development in Nigeria. Corruption has eaten deep into the stem of the country. There is decline in agriculture, education, and infrastructures such as roads, the electricity generating capacity of the country is diminished every day, health facilities are absent, and the observance of country`s laws is at a very low level, which has created insecurity in the country. Diseases that could be controlled through vaccinations such as polio have become contentious issues in Nigeria. The consequences, I believe, have widened the gap between the rich and the poor, with poverty increasing amongst the poor. These factors among others have resulted in the Nigerian masses to gravitating towards religion as the last hope, a reminder of Marx`s famous quotation on religion, as `the opium of the masses`.

In as much as religion is used positively to develop war trauma resilience among the Hausa young people in Jos its prescription for use in intervention should be observed with caution. Cultures that have embraced religion as a way of life, such as the Hausa culture in Jos would benefit from religion-based intervention, because it has been found to work for the Hausa young people. Likewise societies that have beliefs rooted in religion might also benefit from religious based intervention work. Wessels (1997) and Fofana (2005) in Sierra Leone have cited Northern Sierra Leone Muslims to have used religious based interventions during the Sierra Leone war. Wessels, (1999) also reported the use of traditional religion based intervention in Mozambique (see section 7.2.2). However the religious based intervention procedures should be limited to religious communities, there are many communities that are now liberal with a decline in religious observance, and such communities may not benefit from the religious-based intervention. The liberal communities have a different world view and such beliefs should be studied and harnessed and the young people made to benefit from such practice of the cultural beliefs in times of adversity. These differences in world views and the effects on intervention launch the findings here into the ongoing debate on cultural universalism and relativism. Some communities benefit from their interpretation of their world views on issues of health and wellbeing. However because a particular belief is held by a community does not mean that such a perspective is accepted universally. Culture including religion has been implicated in cushioning the effects of trauma and hence leads to the development of trauma resilience among the Hausa young people in Jos. This study is an exploratory one and although the experiences of the Hausa young people, parents and religious leaders were explored and confirmed that the cultural factors are associated to the development of trauma resilience. The study is not designed

to establish cause effect. Hence the findings here should be held with caution of generalisability, and linking culture as causative of trauma resilience should be interpreted with caution.

### 7.3.3 Conclusion

The role played by culture which includes socialisation practices, religion/spirituality, and community support, has been discussed. All the enumerated factors have produced feeling of control, which boosts the individual's self-esteem and has been implicated in the trauma resilience research cited in this section. However these culturally specific interventions found among the young people of the Hausa community in Jos should not be extended to non religious communities, thus the debate on cultural universalism and relativism continues as the findings of this study also contribute. So also the findings on religious based intervention have implications for recovery of a post conflict society that observes religion as its world view. The findings of this study also have implications for research. Social support is another factor that has been reported in the results as influencing the development of resilience. This is discussed in section 7.3.4 below.

### 7.3.4 Social Support and Trauma Resilience

#### 7.3.4.1 Introduction

Social support was mentioned as another factor that influences the development of resilience. All the young people interviewed mentioned that this factor contributed to giving them relief from the effects of the crisis. This section discusses further the role that social support plays in developing war trauma resilience among young people in Jos, and aligning their experiences to other experiences of war-torn societies in the literature.

#### 7.3.4.2 Social support in trauma resilience

The role social support plays in shaping resilience has been researched extensively (Bernard et al. 1998; Germazy 1991), lending support for the same findings here. An individual's ability to draw on relationships with others as a resource in times of crisis is a principal component of social support, which has been implicated in trauma resilience. The findings of this study also revealed the role social support played in building resilience among young people in the Hausa social organisation. Community, parental presence, peer support, economic support and relief agencies` support have all provided different forms of social support in the lives of the young people of Jos.

These researchers (Bernard et al. 1998, Germazy 1991) argue that fostering resilience in young people through families and communities that are caring, structured, and encourage participation in the life of the family is likely to increase children's well being. Most resilient young people have a strong relationship with at least one adult; this relationship helps to diminish the risk associated with any adverse condition. Families and communities that promote the value of assigned chores, caring for the younger children and doing part-time work to contribute to family upkeep are promoting resilience among young people, thus further supporting findings from this study.

Although part time work by some Hausa young people has contributed to the up keep of some of these families, the experiences in the Hausa community could be attributed to a culture that promotes child labour. The use of child labour as contributing to the up keep of the family could also be viewed critically because it is prevalent among communities that are in poverty and lack acceptable levels of education. Many communities that engage their children in the up - keep of the family are economically disadvantaged. These economically less developed communities

argue that it is a way of teaching the children to preserve and transmit their traditional ways of life. However, in the economically developed communities the use of children for labour under any guise to contribute to the up keep of the family could be seen as abusive and could attract litigation and penalties for such families. The debate continues in the literature on tradition as opposed to the modern rights of the child. The finding in this thesis on children working part time to contribute to the upkeep of their families from the Hausa community contributes to the ongoing debate. The use of children in labour found among the Hausa community in Jos also has implications for policy formulations and intervention in the post conflict recovery of Hausa community. In this exploratory study, the development of trauma resilience amongst the Hausa young people has been attributed to religion and culture, social support and individual resources. How much contribution of each of these resources to the cause of trauma resilience is a limitation of this qualitative design? There is the need for further research to establish how much each resource contributes to the cause of trauma resilience amongst the Hausa young people. This study just illuminates the path to that design.

#### 7.3.4.3 Conclusion

Social support, as reported by this study of young people in Jos, influences the development of resilience. This has also been reported to do same in other studies carried out in war-torn communities. The studies in literature explain that the social support factor reduces risk and builds the confidence of the individual. However, the support given by the Hausa young people in the upkeep of their families could be seen as child abuse in the modern sense of the rights of the child. Another factor that has been implicated is the gender of the individual at the time of crisis. This is discussed in section 7.3.5 below.

### 7.3.5 Gender and Resilience

#### 7.3.5.1 Introduction

The results of this study also reported gender as being implicated in the development of resilience among young people. Although the issue of gender is relevant amongst the Hausa social organisation of Jos, it should be considered with caution due to different cultural contexts of communities affected by war.

#### 7.3.5.2 Findings on gender and resilience

The findings on gender and resilience show that boys report more resilient behaviours than girls; this is supported by prior studies (Laufer & Solomon 2009; Pfefferbaum 1998, Stein et al. 1999, Thabet et al. 2006). The reasons for these differences perhaps lie in the way in which the socialisation process comes into play with different cultures as explained in section 7.3.2. Hence, culture demands that the male child is exposed to masculine tasks, such as building houses, hunting, fishing, farming and gathering, which are much more aggressive tasks. The girls are expected to take care of raising and caring for the children and to help with chores around the house. In times of adversity, especially war, the boys defend their families, community or country. These differences in social roles may explain the gender differences in resilience as seen in the results of this study. There are sharp observations on links between differences of culture and differences in trauma resilience expressed by different genders, with most Western countries reporting girl gender as more resilient(Duplessis,2001), and most countries from the Middle East and Africa reporting the male gender as more resilient. This may be explained by the reasons advanced earlier on the differences in the socialisation practices. Cultures differ so also reactions to adversity differ between these cultures. Furthermore, the findings make a contribution to the debate on the role culture plays in shaping war trauma resilience in the literature. The findings

also have implications for policy formulation and intervention in recovery of a post conflict community such as the Hausa community of Jos.

#### 7.3.5.3 Conclusion

The discussion on gender provides various reasons advanced by the literature of war trauma resilience in respect of gender and resilience. It is argued that the role socialisation plays in moulding different genders explains the differences in reacting to adversity. In African and Middle Eastern cultures boys showed more resilience than girls. However, this difference dissolves in the West where genders are socialised with equal treatments from childhood. In the case of Western cultures, girls showed more resilience than boys. The arguments here tie in with the explanations in section 7.3.2 which link the findings to the debate in the literature on cultural relativism and universalism in shaping war trauma resilience.

The last factor the study results revealed is age. This is discussed in section 7.3.6

### 7.3.6 Age and Resilience

#### 7.3.6.1 Introduction

The study results also reported age difference as a factor in influencing the development of resilience among the young people. Age differences are discussed in this section drawing on the differences in trauma resilience amongst the younger age bracket (7-12 years) and older age bracket (13-18 years). The discussion also draws support from the literature to support these findings.

#### 7.3.6.2 Age and resilience

The age of young people in this study was implicated in trauma resilience, with the younger age group showing less resilience than the older age group. This finding has also been supported by

results from previous research (Haughian, 2004; Pfefferbaum 1998; Swartzwald et al. 1996, Thabet et al. 2006). These differences in resilience between different age brackets are due to the fact that a child's age and developmental level influences his or her responses to risk perception and understanding of the traumatic event (see section 7.3.2). Furthermore, repeated victimisation results in a much more complex impact on development in which the child integrates his or her traumatic experiences into his or her daily life (Pfefferbaum, 1998). Those in the younger age bracket are left much more confused because they cannot internalise and make sense of what is happening, much more how to deal with the traumas and tensions they see on the faces of their caregivers(Berry et al. 2003). They have their own tensions to deal with and coupled with the stress their caregivers are facing this makes life worrisome and much more difficult to deal with. Comparatively, the older young people could internalise, use problem-solving techniques that they acquired during previous crises and master ways of dealing with the present crisis. This makes them much more resilient.

#### 7.3.6.3 Conclusion

In this section, the older age bracket has been found to be more resilient than the younger age bracket. Experience, control and meaning-giving have been attributed to the older age bracket, which boosts the ability of this age bracket to be more resilient. Various studies drawn from the literature have supported this finding that age difference influences resilience among young people.

#### 7.3.6.4 Multiple uses of resources and trauma resilience

In the opening chapter, the researcher has criticised the dominance of individual psychology as an inadequate explanations for trauma and trauma resilience. As the thesis progressed the emphasis shifted to the inclusion of the social ecological environment, which emphasised the

inclusion of family and school environments to explain trauma and resilience as advocated by Bronfenbrenner, (1979), and suggested by Betancourt & Khan,(2008),that ecological model of Bronfenbrenner be expanded to include the culture of the individual to explain trauma and resilience.

. The findings of this thesis found multiple uses of resources by the Hausa young people to contain the effects of the violent conflict in Jos. The Hausa young people used individual assets, social support resource, and cultural resource including religiosity/spirituality to ward off the effects of the crisis. This finding has been supported by the position advocated by Luther & Cicchetti, (2000) who argued that young people who used multiple resources to contain adversity appear 14 times more resilient than the young people who used only one resource. This is because relying on only one resource to cope could sometimes fail an individual in certain adverse situations. Individuals who parade multiple use of resource are more malleable to be resilient because they always have good sense of coherence because of the general resistance resources they have (Antonovsky, 1979). The more the resources the individual has the more he/she may be resistant to trauma.

The findings also moderate the position advocated by critical psychologists such as Bracken,(1998,2002);Summerfield,(1999);Smail,(2001),andKleiman,(1998),who completely rejected the application of individual psychology in cultural set up. The findings here though usher in a new paradigm of inclusion of cultural resource it has also found that the individual psychology is still useful in cultural societies such as the Hausa community of Jos. This boils down to holistic approach in trauma and trauma resilience in post conflict recovery.

#### 7.3.6.5 Conclusion

The use of individual psychology in pluralistic cultures has been applauded by the findings of this research negating the earlier positions of some critical psychologists who have rejected such posture. The discussions here focus on the expansion of the ecological model of Bronfenbrenner to include in the macro system such as culture in discussing trauma and resilience in pluralistic societies such as the Hausa community as advocated by Bentacourt and Khan, (2008). The use of multiple resources by the Hausa young people is an added advantage to contain adversity. The discussions here suggest for a holistic approach in issues of trauma and resilience in post conflict recovery. The use of individual assets, social support resource, religion/spirituality resource and other cultural resources have been found to be more potent in making the individual resilient than the use of a single resource.

## 7.4 Summary

The qualitative evidence in this thesis showed that the young people in Jos suffered traumatic incidents which they depicted in pictures and described in the discussions of their experiences. The symptoms have not produced post-traumatic stress disorder to warrant treatment. However, they were left socially traumatised. The expression of the traumatic experiences differs depending on the ages of the young people, with the younger age group exhibiting more traumatic reactions; this has been found consistent with earlier findings (Pfefferbaum 1998). Gender also played a role in the expression of trauma, with girls showing and reacting to

traumatic situations more than boys; confirming early findings that now tilt towards females expressing more traumatic events than males (Irish 2007).

Overall, however, the results showed that none of the young people's behaviour was judged abnormal and in need of treatment. Most of the DSM symptomatic categories were not reported by the young people in this study. Besides the efforts made by the Department of Psychology at the university of Jos to provide counselling services after the Jos crisis, which were not used by the community, no other body or organisation provided trauma counselling services (Ostien 2009). The behaviour of the Hausa young people met the criteria for resilience. Firstly, there is the evidence of adversity, which is the violent conflict in Jos. Secondly; the adversity caused untold hardships to the young people. Thirdly, the young people were able to cope well with the adversity and came out strong, with a better than expected outcome; there is a good recovery from trauma. These behaviours were reported by the young people, their caregivers, the traditional/religious leaders, and the hospital workers. The behaviours are consistent with description in the literature of resilient behaviour (Luther & Ciccheti 2000; Masten 1994; 1990, cited in Harrop et al. 2007).

The war trauma resilience found among the Hausa young people in Jos as reported by parents, hospital workers, community leaders (religious/traditional rulers), the young people themselves, and the long-term observation of the phenomenon by the researcher, is present to a high degree. The Hausa young people in Jos are resilient and contained their trauma and were able to resolve it through the use of indigenous and cultural methods. Cultural socialisation factors of herding, fishing, farming, gathering and building have made the young Hausa male growing up resilient; findings that are also consistent with observations in the literature (Bracken 2002; Millwood 1995; Wessels 1997; 1999). Furthermore, religious/cultural socialisation also contributed to

making Hausa young people resilient. The role of religion in shaping resilient personalities has been reported by early studies (Bracey 2010). Bracey (2010) studied two African-American families for five years and established that the two families used religion/spirituality to raise their children and protect them against racial hatred. The focal children in these families grew up resilient to racial abuse.

Social support from community members and family members, along with personal characteristics of the young person, has also been found to contribute to making the Hausa young people resilient, and is further supported by early studies in the literature (Bracey 2010; Irish 2007; Pfefferbaum 1998). The gender and age of young people at the time of adversity have been found to play a role in resilience: girls have been found to react differently from boys to traumatic situations. This is consistent with the emerging literature on gender and resilience to trauma of war cited earlier (Comer, Gadner, and Keller, 1999; Haughian, 2004; Laufer and Solomon, 2009; Pfefferbaum, 1998; Thabet et al., 2006,). Age has also been found to contribute to a Hausa young person being resilient. Older young people have been found in this study to make meaning of the crisis, which helps them to cope with the effect of the crisis better than the children in the younger age bracket; this is consistent with earlier studies (Pfefferbaum 1998).

Furthermore, the multiple uses of resources by an individual in the Hausa community has been found to contribute to making the individual more resilient, as advocated by Luther & Ciccheti,(2000). The uses of multiple resources by the Hausa young people also moderate the position advanced by critical psychologists such as Bracken; Summerfield; Smail; and Kleinman who variously dismissed the application of individual psychology in pluralistic societies. It rather confirms that there is the need to expand the ecological model of the Bronfenbrenner, to accommodate culture in addition to individual, family and school environments.

The findings on the Hausa young people`s reactions to traumatic situations as being moderated by gender, age, social support, and cultural factors including religion have been shown to have implications for the ongoing debates in the literature, for interventions in the recovery of post conflict communities, and for research with cultures that hold religion as important in their world view. It has also been cautioned that this study is a qualitative design, and places some limitations on how much the factors like gender, age differences, culture and religion as well as social support contribute to the cause of war trauma resilience is not part of this design. Therefore since this is a qualitative research it places further restriction on the generalisability of the findings beyond the Hausa community of Jos. The next chapter draws some recommendations and limitations based on the discussions in this section.

# CHAPTER 8

# RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

## 8.1 Introduction

Drawing from the findings from the Hausa community in Jos, Nigeria, this chapter proffers recommendations to peace workers who use the psychosocial framework in trauma and resilience recovery. The rationale is to distil all the efforts made through this research to empower other researchers to use the approaches arrived at here to inform their intervention strategy and policy formulations and to enrich the existing literature on war trauma resilience among young people. However, the study is not without limitations. These are given with recommendations for further research in this area.

## 8.2 Recommendations for Psychosocial Programmes among Hausa young people in Jos, Nigeria, Africa

### 8.2.1 Recovery

The Hausa young people in Jos showed many promising and good qualities that need to be harnessed, improved and supported to better their lives. A focus on improving these identified

life goals can be the objective of peace-builders and researchers using the psychosocial programmes for young people in this community in Jos, Nigeria, Africa.

Below is a summary of qualities that young people and parents expect young people to develop. These include well-developed and mature behaviour as exhibited in good "*da`a*" or "*tarbiya*"; showing loyalty to one's community; respect for self; and respect for elders through politeness and hospitality in dealing with elders and younger ones in the community. They should be responsible and show courage in dealing with their day-to-day activities. Likewise, they should show sound knowledge of their religion and have faith in it. Young people should be very healthy, which should also be reflected in their cleanliness. They desire good feelings, happiness and good relationships with others, in the family and in the community at large.

The research also identified certain opportunities for young people, including opportunities for school and education; vocational education as seen in tailoring, shop keeping, trading and engaging in petty activities that can give the young people some earnings (as long as these young people are not abused); and enjoying celebrations as reflected in religious activities and festivities and end-of-year speech and prize-giving day celebrations. Sight-seeing, visits to parks and visits to wildlife reserves were other opportunities desired by the young people.

Other desires included development of good and harmonious relationships between young people. This they desired in spending time with each other to share empathetically and sympathetically, to interact through listening to each other and asking questions. They also wanted to love and comfort each other in times of happiness and distress, as reflected during the crisis. They voiced their support for punishing those young people who are found to be indiscipline or have "*rashin da`a*"(bad da`a).

This study has identified problems that pose threats to Hausa young people in Jos as a result of the consistent crises. These problems have caused serious suffering and trauma in the lives of the Hausa young people and included the crisis, family loss, poor sanitary conditions, displacement, kidnapping, armed robbery, ghastly road accidents, stray wild animals, bullying, drug addiction, street fights, unemployment, poverty, child labour, and illiteracy among the youth. Sights of destroyed buildings, lack of water, incessant industrial action by primary and secondary school teachers, harassment from security agents, lack of freedom of travel to other wards within Jos, and over-population are further problems that the young people have to deal with because of the crisis. Furthermore there is a lack of inter-religious harmony, with ethnic discrimination, religious discrimination, and political discrimination. Food is inaccessible, there is a lack of good medical facilities, and there are plans of taking revenge. These need to be targeted and changed or ameliorated. Furthermore, relationships within families, and between families and the larger community, need to be strengthened by peace-builders working within the psychosocial framework. This will be done through strengthening the coping resources that families already have.

The study revealed some coping strategies that were adopted by the Hausa young people to deal with the suffering caused by the crisis; these should be further strengthened and adopted by other families that do not have these coping resources (resilient factors). Reading the holy Quran and, encouraging preaching that focuses on peaceful coexistence between various political, ethnic, religious and social groups could give the young people confidence and hope about life after the crisis. The use of culture – specific indigenous methods such as the use of water from a clean prayer guard, as well as cultural exercise that promote resilience, such as hunting, fishing and herding should be encouraged. Also to be encouraged is the oral ingestion of herbs that have

been found to be safe and promote social acceptance of a young person by their community. They should also be encouraged to use safe herbs that promote boldness. Young people should be encouraged to use amulets and to follow the practice of writing certain parts of the Quran on a slate, washing the writing off into a clean bowl and drinking it. Furthermore, abnormal behaviours should be identified and managed, including, nursing revenge, using child labour to provide money for the family, lack of self-discipline, negative feelings towards any non-Muslim, low self-esteem, tension, anxiety and fear. These behaviours should be targeted and modified.

It is also recommended that younger children should be given special attention, since the findings revealed that they rely more on support. It is recommended that family reunion should be the first focus of peace-builders who are working with smaller children. Reunion with some family members would go in a long way in answering their questions about the confused situation. The younger children also expressed more fears, so peace-builders should encourage use of safe places for play, even within the Internally Displaced Persons (IDP) camps. The presence of family members would give them a sense of assurance. Interaction with fellow children in play would reduce tension, anxiety and fears.

Female Hausa young people have special needs that should be attended to during peace-building using the psychosocial framework. Peace-building efforts should focus on their fears and provision of support, preferably by an adult in their family. They also rely on other adults for information; as such, reunion with family members or neighbours who would give them assurance and information they seek, which would reduce their tension and fears. They harboured more negative feelings about non-Muslims. They were traumatised more, with more tension, fears and places they dreaded visiting. These negative behaviours should be targeted and managed by mental-health workers and peace-builders. Efforts should be made to reunite female

young people with their parents, other family members, peers and siblings as these were found to be sources of cushioning trauma and suffering among the Hausa young women.

### 8.2.2 Research

Researchers using the psychosocial framework should consider using the methodology used in this dissertation. The triangulation method of qualitative methods used here provided rich data that would help researchers to understand the experiences, meanings and understandings of young people in war-torn societies especially in Africa. Engaging the children with pictures of their experiences gives them ownership of the project and hence they relax and depict what is on their minds in pictures. Likewise, the focus groups stimulated sharing of a common problem, which could be therapeutic and give confidence, courage and dignity through providing the right to be listened to and to voice their experiences and understanding without adult interference on their behalf. They would be happy to give first-hand information about their experiences. It is also recommended that the researchers using this framework should choose from the community experienced parents to give their perspectives about socialisation in the studied community. The community leaders would throw more light on various communities they come from, and how different or similar the child-rearing methods are. Health workers' and other carers' experiences would further illuminate the data especially in relation to the diseases and the demographic factors implicated in the violence as their experiences would allow.

There is the need for action in identified areas such as the young person's physical environment; issues to do with leisure; family issues; child-abuse prevention; information and campaign issues. Other identified vital sectors that were affected by the crisis included health, education, counselling and healing, relocation and return. The crisis also caused human rights issues.

### 8.2.3 Physical environment issues

The physical environment of the Hausa child in Jos, Nigeria, needs improvement for the child to feel safe. Buildings need to be renovated to change the ugly traumatic images they present after the crisis. The affected communities need to be empowered to restructure and renovate their demolished buildings to give hope and confidence to the young people that the crisis is all over. Reconstruction is a therapeutic measure for the individual, community and nation. There should be committed efforts to promote safety in all the flash-points of conflicts in Jos, to allow for safety of access to these areas by young people. If people truly reconcile their differences then there should be no dividing lines between communities. Access to these places should be made safe for the young people. Other areas of improvement in the physical environment include ensuring that public buildings and homes are built to approved specifications and standards to withstand the test of time.

Weak buildings pose serious threats to young people. Open wells should have strong covers to avert accidental falls. Drainage in the city should be upgraded and monitored to avoid flooding when the rain falls, which caused loss of young people's lives. Roads in Jos and Nigeria are a source of trauma to young people. Road accidents are the biggest killer in Nigeria (Dagona, 1996). Nigeria is the world's most reckless nation of drivers as declared by the World Health Organization in 1998. This has yet to change. Road safety campaigns should be mounted to sensitise road users to the proper use of road rules. Rubbish and dirt heaps in Jos, especially in the conflict-affected areas, pose another threat to young people: wild animals (snakes) live and breed on these heaps and often cause threats to young people. These heaps of rubbish should be cleared and the spots converted to play areas for children and young people.

Young people need time for leisure. Peace-builders should work with the young people to identify the places and sports they take pleasure in, so that efforts are made to provide the facility for sports and identify places to visit. These will reduce tension and further boost their confidence and hopes. Organising competitive sports in IDPs will go a long way in dissipating young people's latent aggressive energies. Sports are a socially acceptable channel for releasing aggression. If properly monitored, engaging in sports will restore harmony and peace among young people across ethnic, political and religious divides. Sports and leisure should be introduced as peace-building activities.

### 8.2.4 Family factors

Family strengths in resources, relations and ties need to be identified by peace-builders and areas of improvement and empowerment identified and strengthened. Peace-builders working with the psychosocial framework should work hand in hand with NGOs that provide economic capacity-building loans or identify micro-credit schemes to support families in need. Peace-builders should also create forums where parents can meet and share experiences. Together they can empower each other.

Security monitoring should be improved to reduce the pressures on families to relocate. There have been mass relocations of people to the neighbouring states of Kaduna, Kano, and Bauchi. The movements were all due to fear of insecurity. Improving the security patrol and presence will give people confidence and may make them rescind in their decisions to relocate.

### 8.2.5 Child labour/abuse

The Jos crisis brought hardship and suffering to many Hausa families. Children are exposed to various trades to bring in money for family upkeep. It is unfortunate that some of the children

lost their parents in the crisis and now have to contribute to the upkeep of their families. This is often done at the expense of the young person's schooling. These families should be targeted for empowerment; to free the young from the shackles of poverty and overwork for their age.

### 8.2.6 Information and campaign issues

Bad "*da`a*" (lack of discipline often from bad family upbringing) has produced many drug-addicted young people who pose serious problems to themselves and the community and contribute to the threat of another outbreak of violence in Jos. Peace-builders should create information and campaign measures to engage community leaders, youths, younger people, and the young people's parents, teachers and sheikhs to join in the anti-drug crusade to save young people.

### 8.2.7 Education

Poverty and lack of qualitative education have been discussed as contributing to the Hausa young people taking to labour to support their families. It is recommended that the quality and quantity of education should be expanded and provided to young people up to the end of senior secondary school (12 years of education beginning from primary school). If the young person matures in education it creates a difference in their thinking and empowers them to change their status for the better. Refresher courses should also be organised for teachers, to help them learn to support themselves and provide support for the young people. Alternative to Violence projects should be introduced in schools and IDPs so young people imbibe the language of peace from early on in life. With an education focusing on peace, they will grow up peaceful.

Peace-builders should also explore ways to support Quranic education, which is now a custodian of a large number of young people, often with only one sheikh covering many hundreds of Hausa young people.

### 8.2.8 Health

The young people have reported fears of reptiles such as snakes. The crisis has brought about problems relating to movement in Jos, this has caused fear of access into Hausa community to collect the bins, because the majority of the drivers of the health ministry waste disposal vans are indigenes and Christians. As a result large heap of rubbish has accumulated in Hausa wards. Large heaps of rubbish lies over the flash-point areas of Jos. The heap of rubbish is a big health issue in Jos, and efforts should be made to clear these piles of rubbish that house rodents, dangerous animals (such as snakes) and flies that carry diseases. Communities should be made aware of this and encouraged not to wait for rubbish-cleaners but to make their own efforts to provide sanitation for their members.

### 8.2.9 Counselling and healing

Peace-builders who offer counselling should build on their approach and on the indigenous methods identified, especially the ones that deal with negative feelings. Group counselling, where friends and family members are part of the process, should be encouraged. This reflects the basis of the African support system.

Activities that have to do with Quranic recitation and other religious activities should be encouraged as part of intervention procedures. Peace-building should incorporate Islamic teachings.

Sheikhs and mosque congregations should be included and promoted in community and national mobilisation programmes.

### 8.2.10 Human rights

Peace-builders should work towards ensuring that children are custodians of rights. They should be respected and protected from all insecurities and other abuse such as child labour, as discussed in section 8.2.

Young people's rights issues should be included in young people's rights clubs and carry campaigns of peace and safety to all fronts.

### 8.2.11 Policy recommendations

As a matter of policy it is recommended that the Hausa young people's suffering and stability in Jos deserves a holistic approach. It would strengthen young people's progress and well-being if all the peace-building outfits come together to offer a holistic perspective for improving the lives of young people in distress. The NGOs that are rebuilding structures or creating new ones should work with the mental-health workers in peace-building, human rights groups and NGOs to change the ugly face of Jos. The young people's perspectives should be respected: the environment is traumatic to them. The sights of burnt houses, schools, markets and shops should as a matter of policy be dealt with immediately. This will change the negative effect of the conflict on the young people.

Furthermore it should be a policy that in times of intervention girls and children under the age 12 should be targeted for support. This is because this study has found them to be the most vulnerable to trauma.

In Sierra Leone, the International Court of Justice in 2008 prosecuted "war lords" for the first time in history for conscripting children to take part in armed conflict (child soldiers). This policy should be extended to Jos. All NGOs, Human Rights Watch and their local counterparts and religious organisations should put pressure on the state, and central governments, to find the sponsors and perpetrators of this act and ensure they face the full force of the law for denying the young people the right to peaceful existence and fairness.

Policy-makers should also make it possible for indigenous coping resources of the people to be supported and empowered. The world views of cultures vary and as seen in this research in Jos, the local coping mechanisms of the people helped them restore their livelihood after the crisis. Religion and other cultural resources of the people should be harnessed and empowered in the Hausa community of Jos. Peace-builders using the post-traumatic stress disorder paradigm should be made to respect this view of the people.

The conflict in Jos had devastated the environment, which the government could not put a financial cost on (e.g., by stating the number of houses destroyed). Efforts to restructure the environment have been put in place and are widely acknowledged, but reducing suffering and emotional suffering, and concern for giving better "*da`a*" and "*tarbiya*" should also be supported.

Finally, intervention and support should be based on good and qualitative information. The Hausa young people and their parents expressed similar opinions about most issues relating to the crisis in Jos; policy-makers should listen to these voices. The young people have voice and that should be respected.

## 8.3 Limitations

This project has certain limitations. Notably the area of coverage, Jos, has many ethnic groups, but the crisis happened in Jos (Jos north) and Bukuru (Jos south). In both places the violence was targeted at the Hausa community. However, the voices of the other minorities living amongst them were minimally heard.

The voices of the participants were recorded in their native language Hausa. In translating it into English, some meaning must have been lost due to lack of equivalent words in both languages.

This research is qualitative, hence generalisation of the findings is ruled out; however, the method adopted is suitable for use in other similar areas of conflict especially in Africa. The study explored the experiences of the Hausa young people in Jos, the factorial contributions of gender, age, religion and culture, social support and individual characteristics to the development of trauma resilience have been established, but this is not the same as these factors have caused trauma resilience. The study is not fashioned out along cause effect design.

The sample size of 32 Hausa young people is small, and hence cannot be used to generalize the findings from this study.

The crisis happened in January, 2009, the research was carried out in September - December, 2009. In the 9 month that passed between the crisis and data collection commenced, some participants must have forgotten some of the important details of the crisis, thus colouring some of the data collected.

At age 7 some of the members of the younger age bracket could not adequately express themselves. This lack of adequate self expression by some members of the younger age group may have affected the quality of the information collected and used in this study.

### 8.3.1 Researcher bias

The researcher is a Muslim and two out of the four proctors are also Muslims. The immersion of the researcher in the research must have biased some responses.

## 8.4 Conclusion

This section has proffered recommendations drawn from the discussions of the findings of this thesis. Recommendations are focussed on the issues of poverty, human rights of Hausa young people, abuse of drugs and other substances by Hausa young people; lack of education; interventions; and the recovery of the post conflict Hausa community in Jos. Specific policy recommendations were targeted at girls and members of the younger age bracket as well as the issues of child labour. Issues debated in the literature, and the contribution of the findings in this thesis to these debates, has formed part of the recommendations.

Certain limitations were also encountered during the conduct of the research and these have been highlighted to include sample size and the issue of generalisation of the findings, researcher bias, and memory decay in transferring and reporting information due to time lag.

The findings in this thesis have contributed to

a) Knowledge documented in literature. Debates on the contributions of cultural relativism and universalism to war trauma resilience are ongoing, with the findings of this study contributing to the debate in areas of 1) age and war trauma resilience 2) gender and war trauma resilience 3) cultural vs. modern attitudes towards child labour 4) data and information coming from an under developed community that has not been studied in adequate depth (the Hausa community in Jos).

b) Intervention and recovery of the post conflict Hausa community

c) Policy formulations in areas of working with Hausa young people with special focus on girls and younger children.

d) Research; triangulated methodology used in this thesis could be used in researching with war affected young people in other communities. Focus groups, individual interviews, and picture drawings could give rich qualitative data on young people.

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# APPENDICES

## Appendix 1: Hospital workers' focus group discussion lead questions

INTERVIEW SCHEDULE

| NO. | QUESTION | PROMPT/ | VARIABLE |
|---|---|---|---|
| 1 | What are the medical conditions of your patients? | Explain, the conditions prior to and during the crisis | Medical symptoms |
| 2 | What are the psychological /psychiatric presentations? | Discuss the psychological/psychiatric states of the patients. | Psychiatric/psychological symptoms |
| 3 | What are the socio-economic statuses of the patients on admission? | Discuss the socio economic spread of the patients | Socio-economic status |
| 4 | What is the age spread of the patients? | Explain the number of young people and their ages on admission | Age |
| 5 | What is the gender spread of patients on admission? | Elaborate on the number and gender of the patients | Gender |
| 6 | What were symptoms on admission? | Physical wounds, cuts burns, fractures, disease. | |
| 7 | How do the patients cope with their situations? | Explore | Trauma/resilience |
| 8 | What was the source of referral? | Explain/counseling/prayer houses, Advice agencies | Intervention |
| 9 | What are your experiences working with the young people? | Their age, gender, socio-economic status, beliefs, reactions as reflected in their daily discussions on admission | Culture |
| 10 | Any gender specific presentation of symptoms? | Explore | Gender specific symptoms |

Appendix 2: Interview schedule for focus group discussion with young people in Jos

| No. | Question | Prompt/instructions | Variable |
|---|---|---|---|
| 1 | Trace the figure of one of you | The volunteer young person lays on the prepared cardboard paper to be traced | For the young people to own the project and for good rapport |
| 2 | Tell us a story about your worst day | Think of your worst day in your life and tell us about it. | Violence |
| 3 | Where do you feel pain when you hurt? | Part of the body that records painful events. | Pain |
| 4 | What happens if you are afraid? | Part of the body that records fear | Fear |
| 5 | What makes you gain peace if you went through bouts of fear? | Things that you engage in to make you calm | Peace |
| 6 | Tell us about a worry you went through. | Explore | anxiety |
| 7 | Tell us about something that made you happy in your life. | Think of an occasion that you were very happy. | Peace |
| 8 | Tell us about a situation that made you very sad. | Prompt a discussion | Anger |
| 9 | What are the places you will like to visit? | | Safety |
| 10 | What area the places that you will not like to visit? | | Sense of security |
| 11 | What are the things you will like to see? | Look around you. | |
| 12 | What are the things you will | | |

| | | | |
|---|---|---|---|
| | not like to see? | | |
| 13 | What are things you will like to hear? | | |
| 14 | What are things you will not like to hear? | In your day to day discussions and activities. | |
| 15 | What are your house chores? | | responsibility |
| 17 | What contributions do you give your community? | Community development | |
| 18 | What is your relationship with your community? | Explore | Social relations |
| 19 | What is discipline? | Discuss | |
| 20 | What is good conduct? | Think of an incidence of good conduct | |
| 21 | What is bad conduct? | Think of an incidence | |
| 22 | What are the contributions of elders towards upbringing? | | |

## Appendix 3: Parents' focus group discussion lead questions

INTERVIEW SCHEDULE

| NO. | QUESTION | DESCRIPTION/PROMPT | VARIABLE |
|---|---|---|---|
| 1 | What do you do? | General discussion on trade/occupation/interests | Occupation |
| 2 | How many children have you? | State number and gender and ages of children | Number/gender/age distribution |
| 3 | What are the criteria for a young man and woman who want to get married in your family/culture? | Expectations for/from the young people, parents and community | Marriage |
| 4 | What does the marital union entail? | Process of living together by the young couple | Marital union |
| 5 | How is the expecting mother treated? | Care for both the young woman and fetus/prenatal care | |
| 6 | How is the young mother treated? And the child? | Care for both the mother and baby/postnatal care | Child upbringing |
| 7 | What does the socialization of the child entail? | Elaborate on the role of the family, community and culture if different | Socialization practices |
| 8 | What are the things that make Hausa young people happy? | Elaborate on typical Hausa young peoples` lives. | |
| 9 | What are the current pressures on the peoples' lives? | Discuss the effects of the ongoing crisis | Crises and trauma |
| 10 | How do the young people contain the effects of these crises? | Explain the strategies used | Coping methods |
| 11 | What caused the crises? | Dig deep in to the causes | Therapeutic/cathartic engagement |
| 12 | What are the difficulties on the young people? | Explain the symptoms observed | Trauma |
| 13 | How did the young people handle these difficulties? | Explain the strategies | Coping |
| 14 | What is good conduct? | Elaborate with examples | |

| | | | |
|---|---|---|---|
| 15 | What is discipline? | Expalin | |

## Appendix 4: Traditional / religious leaders' interview lead questions

INTERVIEW SCHEDULE

| NO. | QUESTION | PROMPT | VARIABLE |
|---|---|---|---|
| 1 | How is marriage contracted in Hausa culture? | Explore both sides, the young man and the young woman | Marriage/culture |
| 2 | What are the expectations from the young family? | Explain | Cultural responsibility |
| 3 | What care does an expectant mother receive from the family and community? | Discuss | Prenatal care |
| 4 | What care do the mother and her child receive after delivery of the baby? | Explore | Postnatal care |
| 5 | How and what are challenges of growing up in Hausa culture? | Explore child upbringing | Socialization |
| 6 | History of Hausa in Jos | Explain | |
| 7 | What are the causes of crises in Jos | Explore | conflict |
| 8 | What is the impact on your community? | Explore | Psycho-economic |
| 9 | Specifically, what impact has the crisis had on the young people? | Discuss | Trauma |
| 10 | How did the young people contain the situation? | Explore | Coping |
| 11 | Were the young men`s reaction the same with young women? | Explain | Gender expression |
| 12 | Did the young men contain the situation differently from the young women? | Discuss | Gender and coping |

Appendix 5: Emerging codes from parents' transcripts in Jos data (x)

| Identity | Item | Codes |
|---|---|---|
| P1 | Parents of the boy visiting the parents of the young woman to indicate the interest of their son intending to court their daughter | Traditional Courtship |
| P2 | Marriage based on payment of *sadaki* and witnesses from both sides participating in the wedding *fatihah* lead by the chief *imam* of the ward. | Traditional wedding/ ceremony |
| P3 | Care of the pregnant wife by the husband, family as well as religious injunctions on the rights of an expectant mother | Prenatal care |
| P4 | Cultural preparations of herbs and other brew to help the expectant mother to have safe delivery, and other brew to prepare the child to be strong and brave | Other cultural prenatal care |
| P5 | Child labour and delivery issues for the care of | Woman in labour |

| | | |
|---|---|---|
| | woman and labour and expected child in Hausa community | |
| P6 | special care of mother and child after labour, family community and cultural expectations | Post natal care for both mother and child |
| P7 | Child responsibility and upbringing, cultural, family, community and religious roles | Socialization practices of Hausa |
| P8 | Exposure to certain cultural practices as the child grows it is initiated especially after circumcision for boys, and other child care and family care roles for girls as well | Child initiation rites |
| P9 | Hausa children expectation, strong, fearless, faithful, and religious, subservient to the parents, family and community, | Child character expectations |
| P10 | source of violence in Jos, ethnic, religious and political | Causes of conflict in Jos |

| | | |
|---|---|---|
| P11 | Role of government of the local government, state and federal in handling the crisis | Escalators/de-escalators of conflict ( management) |
| P12 | Role of army police, state security and national defence corpse in the handling the crisis | Conflict management |
| P13 | Fake security and escalation of crisis | Loss of trust |
| P14 | Exodus of people relocating from the crisis affected areas, looting, destruction of property in the market, homes and lives, outbreak of diseases, lack of proper medical attention, and disruption of school calendar | Consequences of conflict |
| P15 | Reports of nightmares, children asking after their slain parent(s), and other family members, disruption in mobility because of curfew | Psychological suffering |
| P16 | Depletion of revenue accruing to the three tiers of government, Local, state and Federal, | Economic consequences |
| P17 | Continued ambush attack by enemies, despite | Guerrilla warfare |

| | | |
|---|---|---|
| | the presence of security agents | |
| P18 | Involvement of young people in the crisis<br>Involvement of youth in the crisis | underage fighters /youth fighters |
| P19 | Children understand there is crisis,<br>they ask questions | Young people's perception and<br>meaning of the conflict |
| P20 | The younger ones cry, the older children pray | Reaction to the conflict |
| P21 | Parents explain to the children the causes of the crisis and tell them it will soon end. | Assurance and confidence building |
| P22 | when parents pray for the children they calm down | Religious buffers |
| P23 | We go to mosque with them, so they meet other children | Religion and congregation as social support |
| P24 | They listen to preaching in tape recorders and it helps in calming down of their nerves. Some read the holy Qur`an | Spirituality and meditation |

| | | |
|---|---|---|
| P25 | We also recite some verses and breath into water for the them to drink | Cultural buffers of suffering |
| P26 | Dependence on drugs such as use of marijuana, cigarette, sleeping pills, lizard droppings | Use of drugs |
| P27 | The tradition of the community promotes certain traditional indigenous methods for making the child in the face of difficulties like this | Indigenous methods making the child hard |

## Appendix 6: Emergence of concepts from parents' data in Jos (x)

Further analysis and merger of segments of concepts of data based on commonalities and similarities produced categories in the parents' transcript (see main text, data analysis)

| | **Items** | **Codes** |
|---|---|---|
| | Marriage by culture | P1; P2 |
| | Pre/post natal care pregnant mother | P3; P4; P5; P6 |
| | Child upbringing | P7; p8 |
| | Hausa children's individual character expectations | p9 |
| | Sources of violent conflicts in Jos | P10; P11; P13 |
| | Conflict management of Jos crisis | P11; P12 |
| | Effects of violence on young people | P15; P18; P19; P20; P26 |
| | Indigenous methods of handling the effects of the crises by the young people | P25; P27 |
| | Spiritual/religious methods of handling the crisis by the young people | P22; P23; P24; P25 |
| | Social support given to young people during the crises | P21; P23 |

## Appendix 7: Codes emerging from data from traditional/religious leaders in Jos (y)

The following codes were obtained from the transcripts analysis of traditional and religious rulers interview transcript conducted in Jos.

| IDENTITY | ITEMS DESCRIPTION | CODES |
|---|---|---|
| T1 | growing up starts with the courtship of the Would be parents | courtship preparations |
| T2 | Quality of the couple to be are sought and Identified in young members of the community, Family cohesion, decency of the parents, character stability of the child | family stability |
| T3 | marriage by asking the hands of the girl in marriage by the groom`s family members | notice of intention of Marriage |
| T4 | traditional rites for blessing the marriage preparations | cultural rites for Marriage |

| | | |
|---|---|---|
| T5 | religious prescriptions for marriage | religious rites in<br><br>Marriage |
| T6 | description of consummation of marriage<br>traditional and religious | marital<br><br>accord/ceremony |
| T7 | Care of the pregnant wife by the husband and family as well as religious injunctions on the rights of an expectant mother | prenatal/maternal care |
| T8 | cultural preparations of herbs and other brew to help<br>the expectant mother to have safe delivery<br>other brew to also prepare the child to be strong and brave | Indigenous maternal care |
| T9 | Child labour and delivery issues for the care of woman and labour and expected child in Hausa community | Care in labour |
| T10 | special care of mother and child after labour, family, community and cultural expectations | maternal / post natal care<br><br>cultural naming ceremony |

| | | |
|---|---|---|
| | community and religious ceremony for naming the child/meaning of name | |
| T11 | child responsibility and upbringing, cultural, family, community and religious roles | socialization practices of Hausa |
| T12 | Exposure to certain cultural practices as the child grows it is initiated especially after circumcision for boys, and other child care and family care roles for girls as well | Child initiation rites |
| T13 | Hausa children expectation, strong, fearless, faithful, and religious, subservience to the parents, family and community, | Child character expectations |
| T14 | Process of initiation into professions, herding, hunting, fishing, farming ,medicine wo/manhood | Initiation into cultural trades |
| T15 | Contribution of young people to the upkeep of the family and community | Young people responsibility |
| T16 | Role of young people as perpetrators and | Young people as escalators of |

| | | |
|---|---|---|
| | combatants in the conflict | conflict |
| T17 | History/ description of the genesis of Jos violence, reference to ethnic, religious, political, land or psychological | Causes of Jos conflict |
| T18 | Concern for security situation in jos, role of security and other bodies such as NGOs, CBOs, INGOs, and GOs in meetings and attendance of workshops to bring back peace to the city and environments | Conflict resolution and mitigation |
| T19 | Reference to failure of government in using the submissions of traditional institutions in maintaining peace in the community | Distrust in indigenous peace structure |
| T20 | Reference to the ambivalent role of local, state and federal government on the need for peace in Jos | Loss of trust |
| T21 | Effects of conflict with reference to arson, looting, loss of lives, property | economic consequences of conflict |

| | | |
|---|---|---|
| | | |
| T22 | Regrets, sleeplessness, anxiety, fear, relocations, nightmares distrust between various ethnic and religious groups | Psychological consequences |
| T23 | Various degrees of injuries, outbreak of diseases, inaccessibility of food and portable drinking water,<br>and medicine and good medical attention | Physical consequences |
| T24 | Reference to age differences and he impact of the violence | Age differences and impact of conflict |
| T25 | Reference to gender and the impact of conflict | Gender differences and conflict |
| T26 | Reference to cultural role in mitigating the | cultural buffers of Suffering |
| T27 | Religious activity to cushion the consequences | religious buffers of suffering |

| | | |
|---|---|---|
| | of violence | |
| T28 | Individual spiritual activity to reduce the effects of violence | Spiritual buffers of suffering |
| T29 | Involvement of young people seeking advice and meaning from parents or significant others to redress the effects of the violence | Social buffers of suffering |
| T30 | Use of strategies of the past events to mitigate present effects of violence | Individual use of coping strategies |
| T31 | Young people use of other means of tradition to reduce the effects of violence | Indigenous methods of reducing suffering |

Appendix 8: Emergence of concepts from codes of traditional rulers' data in Jos

**Showing concepts from traditional rulers' codes (y)**

| CONCEPT ITEMS | CODE |
|---|---|
| Courtship and relationship | T1; T2 |
| Marriage by culture | T3; T4; T5; T6 |
| Pre/post natal care for mother and child | T7; T8; T9; T10 |
| Responsibility in Child upbringing | T11; T13 |
| Child rearing practices | T12; T14; T15 |
| Genesis of Jos crisis | T17; T 19; T20 |
| Consequences of conflict | T16; T21; T22; T23; T24; T25 |
| Individual Methods used by young people<br>To mitigate crisis effects | T28; T29; T30 |

| | |
|---|---|
| Social support used by young people to mitigate the effects of the crisis | T29; T30 |
| Religious means used by young people to mitigate crisis | T27; T28 |
| Indigenous methods employed by young people to cushion crisis effects | T26; T31 |

The next stage of coding is to categorize all concepts that have similarities to that the data makes meaning (see main text)

Appendix 9: Codes emerging from the interview transcripts of hospital workers' data (z)

| IDENTITY | ITEM DESCRIPTION | CODE |
|---|---|---|
| H1 | Reference to young people who constitute the bulk of the combatants in Jos admitted in hospital | Young fighters |
| H2 | Reference to gender distribution in hospital admission | Gender differences in hospital |
| H3 | Ages of people on admission during the conflict | Age differences in Hospital |
| H4 | Company of people on admission | Source of referral |
| H5 | Type of injury from conflict on admission, cuts, gunshot wounds, burns | Physical Injury |

| | | |
|---|---|---|
| H6 | Reference to female type of illness on admission as different from males | Gender differences in admission |
| H7 | Physiological reaction as a result of the effects of the violent conflict, hypertension, bowel movements, premature delivery | Somatisation reaction |
| H8 | Other infections as a result insanity of the environment as a result of the conflict, water or food or environment cholera, gastro intestinal problems | infections related to the conflict |
| H9 | Hospital ability to provide services to the patients during conflict period further referral of patients to other sources of help sister hospitals, prayer homes, herbalists centre | Management of patients/ referral for specialist help |
| H10 | Background of patients on admission, most are from disadvantaged group, peasants, petty traders, jobless | Social class of fighters |
| H11 | Description of education level of patients admitted as a result of conflict | Educational status of fighters |

| | | |
|---|---|---|
| H12 | Mental health status of patients despite feelings of pains | Psychological status of patients |
| H13 | Root cause of the conflict as related by the fighters, ethnic, political, religious, but more of religious | Causes of conflict |
| H14 | **O**bservation of any traumatic reactions | Trauma |
| H15 | Observations of methods of dealing with suffering as a result of the conflict | Buffers of suffering |
| H16 | Religious reasons advanced for lack of being traumatized | Religious buffers |
| H17 | Spirituality as source of hardiness | Spiritual buffers |
| H18 | Cultural reasons advanced for hardiness | Cultural buffers |
| H19 | Traditional methods of cutting away suffering | Indigenous buffers |
| H20 | description of behaviour of patients on admission | Behaviouraldisposition of patients |

| | | |
|---|---|---|
| H21 | Description of hospital workers feelings at work during the conflict | Hospital workers reactions |
| H22 | Hospital workers analysis of the patients' participation in the conflict | Workers analysis |

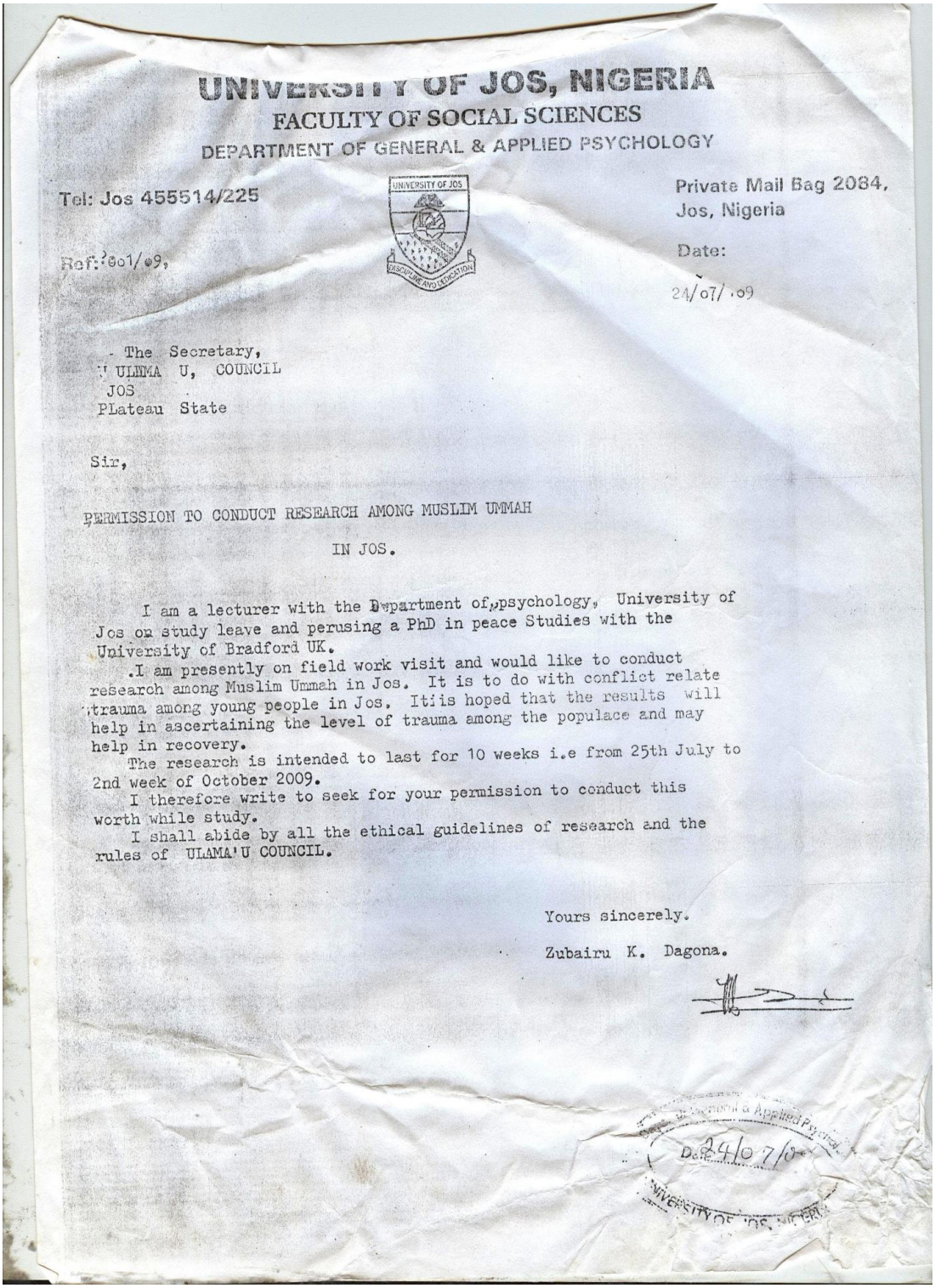
## Appendix 10: Emerging concepts from hospital workers' data

The codes emerging from hospital workers data were further compared segment to segment based on common themes. These were further coded together to produce concepts below**)**

| CONCEPTS | CODE |
|---|---|
| Age of patients on admission | H1; H3 |
| Gender of patients on admission | H2; H6 |
| Nature and description of illness on admission | H6; H7; H8 |
| Source of referral | H4; H9 |
| Background of patients on admission | H10; H11; H12 |
| Genesis of the conflict | H13.H21; H22 |
| Description of traumatic reaction | H12; H14; H20 |
| Indigenous buffers of trauma | H15; H18; H19 |

| | |
|---|---|
| Spiritual/religious buffers of suffering | H16; H17 |

Appendix 11: Correspondences with hospital and religious institutions



UNIVERSITY OF JOS, NIGERIA
FACULTY OF SOCIAL SCIENCES
DEPARTMENT OF GENERAL & APPLIED PSYCHOLOGY

Tel: Jos 455514/225

Private Mail Bag 2084,
Jos, Nigeria

Ref: Soc1/09,

Date:
24/07/09

The Secretary,
ULAMA U, COUNCIL
JOS
Plateau State

Sir,

PERMISSION TO CONDUCT RESEARCH AMONG MUSLIM UMMAH
IN JOS.

I am a lecturer with the Department of psychology, University of Jos on study leave and perusing a PhD in peace Studies with the University of Bradford UK.

I am presently on field work visit and would like to conduct research among Muslim Ummah in Jos. It is to do with conflict relate trauma among young people in Jos. It is hoped that the results will help in ascertaining the level of trauma among the populace and may help in recovery.

The research is intended to last for 10 weeks i.e from 25th July to 2nd week of October 2009.

I therefore write to seek for your permission to conduct this worth while study.

I shall abide by all the ethical guidelines of research and the rules of ULAMA'U COUNCIL.

Yours sincerely.

Zubairu K. Dagona.

Dept. of Psychology & Applied Psychology
Date 24/07/09
UNIVERSITY OF JOS, NIGERIA

# UNIVERSITY OF JOS, NIGERIA

## FACULTY OF SOCIAL SCIENCES

### DEPARTMENT OF GENERAL & APPLIED PSYCHOLOGY

Tel: Jos 455514/225

Ref: 001/09

Private Mail Bag 2084,
Jos, Nigeria


Date:

21/07/09

The Secretary,
JNI
Jos
Plateau State.

Sir,

**PERMISSION TO CONDUCT RESEARCH AMONG MUSLIM UMMAH IN JOS.**

I am a lecturer with the Department of Psychology, University of Jos on study leave and perusing a PhD in Peace Studies with the University of Bradford UK.

I am presently on field work visit and would like to conduct research among Muslim Ummah in Jos. It is to do with conflict relate trauma among young people in Jos. It is hoped that the results will help in ascertaining the level of trauma among the populace and may help in recovery.

The research is intended to last for 10 weeks i.e from 25th July to 2nd week of October 2009.

I therefore write to seek for your permission to conduct this worth while study.

I shall abide by all the ethical guidelines of research and the rules of JNI.

Yours sincerely.

Zubairu K. Dagona.

Dept. of General & Applied Psy...
Date.....
UNIVERSITY OF JOS, NIG...

# UNIVERSITY OF JOS, NIGERIA

## FACULTY OF SOCIAL SCIENCES

### DEPARTMENT OF GENERAL & APPLIED PSYCHOLOGY

Tel: Jos 455514/225

Private Mail Bag 2084,
Jos, Nigeria


Ref:

Date:

**Ref: 09/001/02**

**Date: 17 – 08 – 09**

The Director,
AL – IHSAN Schools
Rikos

Sir,

**PERMISSION TO UNDERTAKE A STUDY: PSYCHO SOCIAL CULTURAL FACTORS IN TRAUMA AMONG YOUNG PEOPLE AFFECTED BY POLITICAL VIOLENCE.**

I write to seek for your permission to conduct the above mentioned research using students of your institution as participants.

The discussion with the participants will focus influence or not the onset of trauma among young affected by political crisis in Jos.

The data collected are to be used for research only. It may take up to eight week to the participate safety and confidentiality.

*Sincerely yours.*
**Dagona, Z.K.**
**Research Student.**

Sauki Clinic & Hospital, Jos
1 Joseph Gomwalk Road, P. O. Box 6863, Jos Nigeria ☎: 073 - 457461

saukihospital@yahoo.co.uk

26th August, 2009

Mr. Dagoma Z. K
Faculty of Social Sciences,
University of Jos, Nigeria.

Dear Sir,

**RE: PERMISSION TO UNDERTAKE A STUDY.**

Thanks for your letter of 17th August 2009.

I appreciate your interest in the topic you've chosen to do your research on. During the Jos crises very few patients or casualties presented at this hospital, and I am afraid that an interactive session with us here will be of no benefit to your project.

I remain committed to assist you in any other way, but certainly we do not have any specific evidence to prove any PTSD (POST TRAUMATIC STRESS DISORDER)

Thank you.

Yours Sincerely,

**Dr Daniel Gana, MD, mni.**

Dr. Dan Gana MD, mni, Medical Director

# UNIVERSITY OF JOS, NIGERIA

## FACULTY OF SOCIAL SCIENCES

### DEPARTMENT OF GENERAL & APPLIED PSYCHOLOGY

Tel: Jos 455514/225

Private Mail Bag 2084,
Jos, Nigeria


Ref:

Date:

**Ref: 09/001/02**

**Date: 11 – 09 – 09**

The Medical Director,
ECWA Evangel Hospital
Jos.

Sir,

**PERMISSSION TO UNDERTAKE A STUDY: PSYCHO SOCIAL CULTURAL FACTORS IN TRAUMA AMONG YOUNG PEOPLE AFFECTED BY POLITICAL VIOLENCE**

I am a lecturer with the University of Jos – presently on study leave to pursue a PhD in conflict resolution and peace studies at the University of Bradford, U.K

I am doing a research work on the above mentioned area. I am hereby writing to seek for your permission, approval and participation of the hospital staff. It is a qualitative study and will therefore entail a focus group discussion. It may take up to 2 hours of discussion, and with as few as 6 – 8 members of staff.

The discussion will focus on cultural expression of trauma as seen by the staff and any help sought by the victims and if any further referral was done by the staff to other sources of help

*Sincerely yours.*
**Dagona Z. K**
**Research Student.**

Date 11/09/09

## ASSENT FORM

I the undersigned have been under the protection of the law and parents whose consent have been sought and have agreed to participate in this research. I understand that my participation in the research will not harm me in any way.

I therefore assent to participate in the research.

Signature [illegible] 13-12 Date

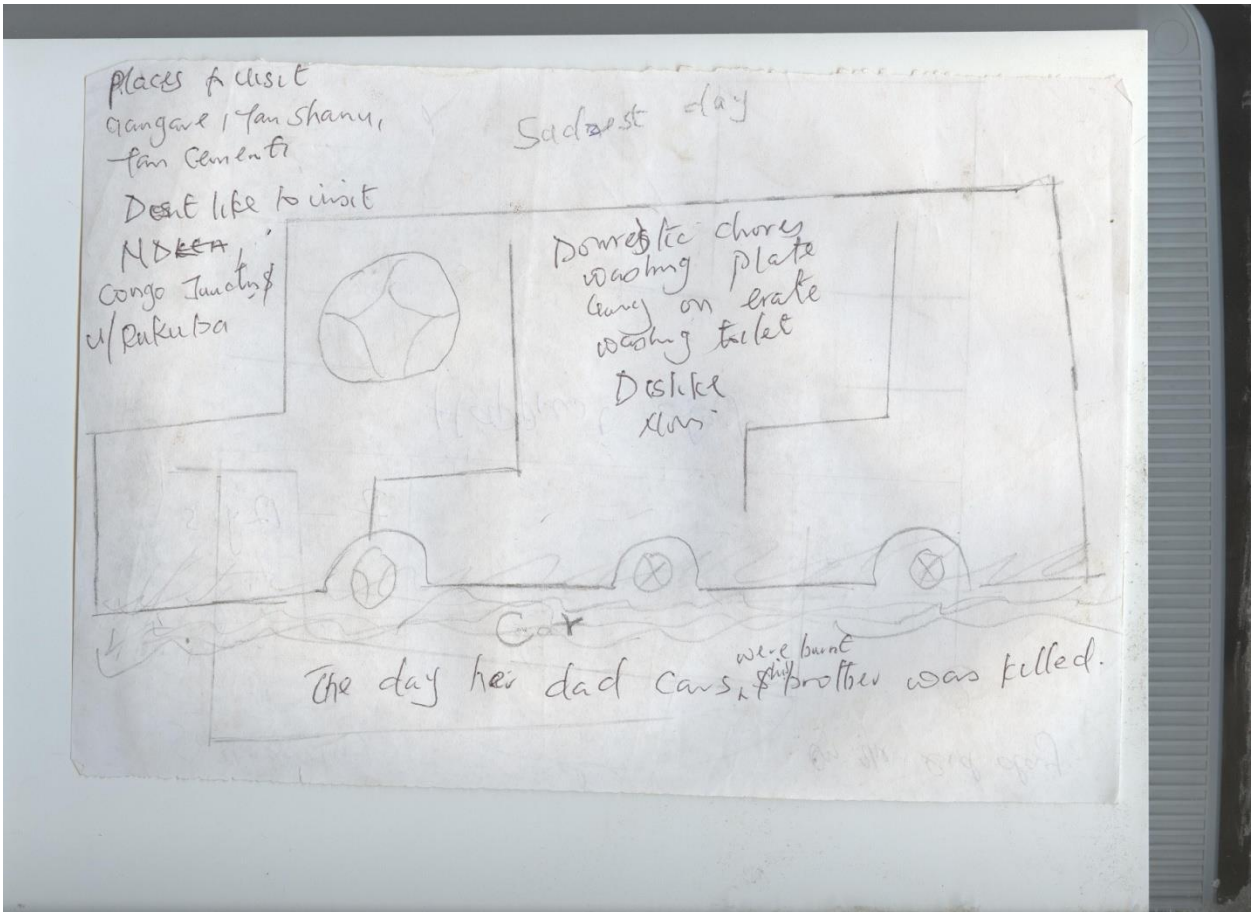
F 30-9-09

## CONSENT FORM

I the undersigned have been briefed about this research. I have understood the aims, objectives of the research and my rights of confidentiality, continuity, or withdraw at any stage of the research. I have agreed to participate and hereby sign to ~~conduct~~ consent.

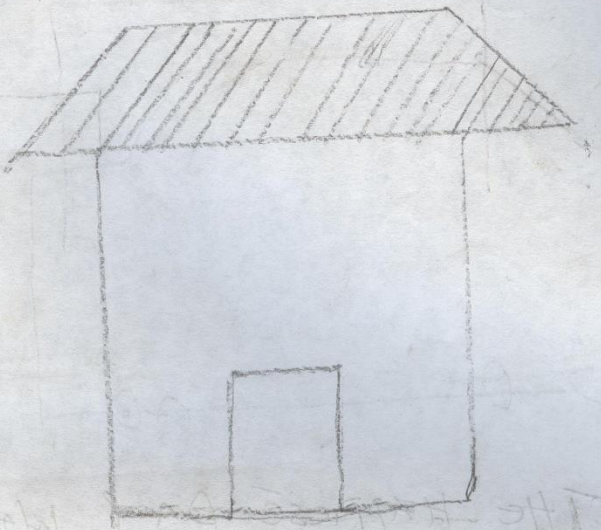
Signature [illegible] Date 6/11/09.

Appendix 12: Drawings by the young people



my My SADEST DAY

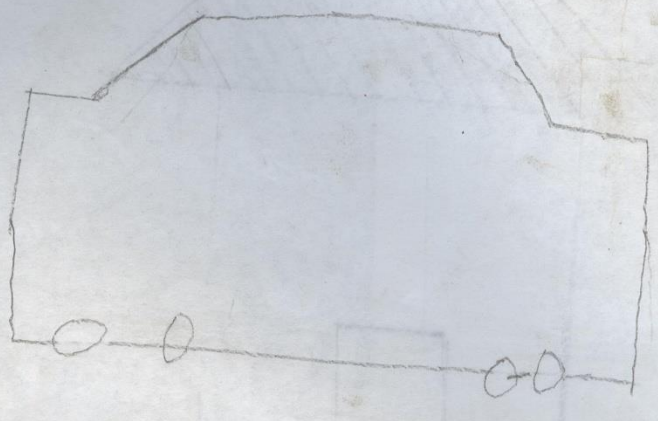
f-13-18



THE HER ~~HOUSE~~ WAS BURNED DOWN

It was on Thursday night of 28 Nov 2008 when there was a call frm ē mosque at Ppl shld come out f Jihad and things like at. and on Friday they left the area to their grand mom's place and when ēy came back ēir house was burned down, so ēy put their properties at are not been burnt & sold ē house and move to another place.

HAPPIEST DAY



THE HAPPIEST DAY WAS THE DAY HER DAD BROUGHT A CAR

When her dad bought a new car she was very excited bcos whenever ey want 2 go, they will be taken to e place in e car.

PLACES SHE LIKE TO USIC

Unguwan Rogo & Rikkos

DISLIKE

Dutse Uku & unguwan Rukuba.

PLACES SHE LIKES TO VISIT

KANO

DISLIKE

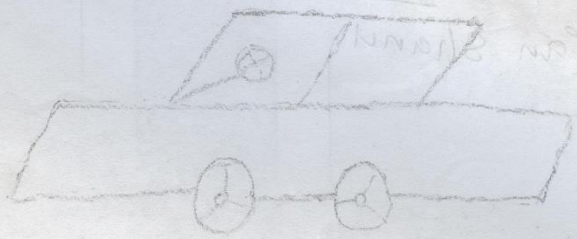
F 13-18.

SAD

WHEN HER GRAND DAD DIED

BCAS HE SEES HER LIKE HIS MOM

Happiest day



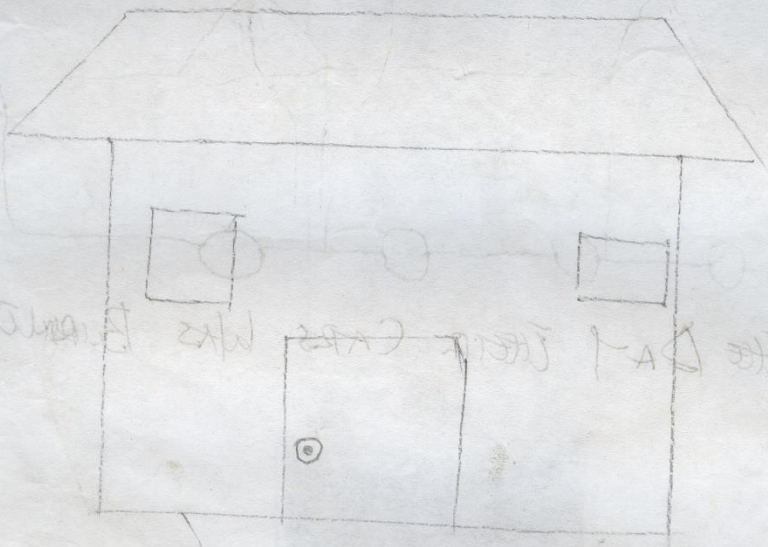
WAS ON EID DAY
When everyone will be wearing clothes and a new shoes and going 2 ē mosque 4 prayers.

saddest day

THE DAY SHE LOST HER GRAND NUMBERS she was stay b/4 she died.

THE HAPPIEST DAY

F 13 – 18



The Day her DAD Bought A
New House ~~AND~~ they Moved into it.
Places She Like To visit
Cangare & unguwan Dogo
DisLike
~~Plan~~ Shanu & unguwan Rakuba

Sad moment

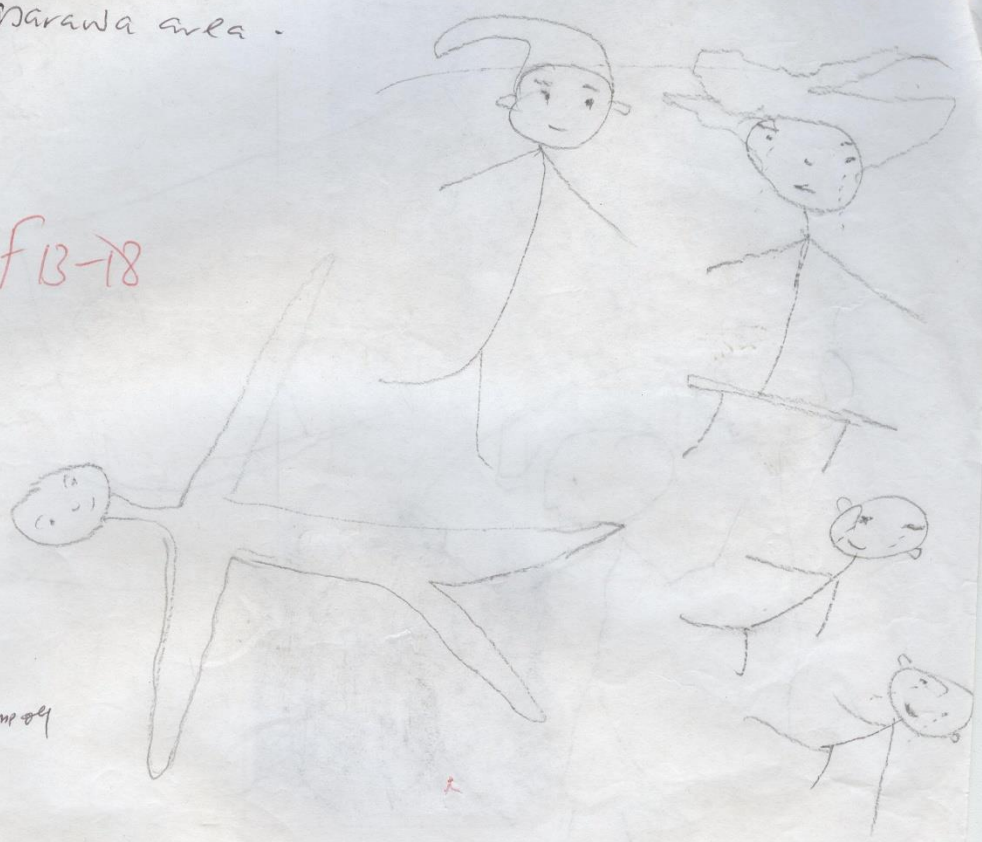
PLACES SHE LIKE TO VISIT.

Yakari game reserve

DISLIKE

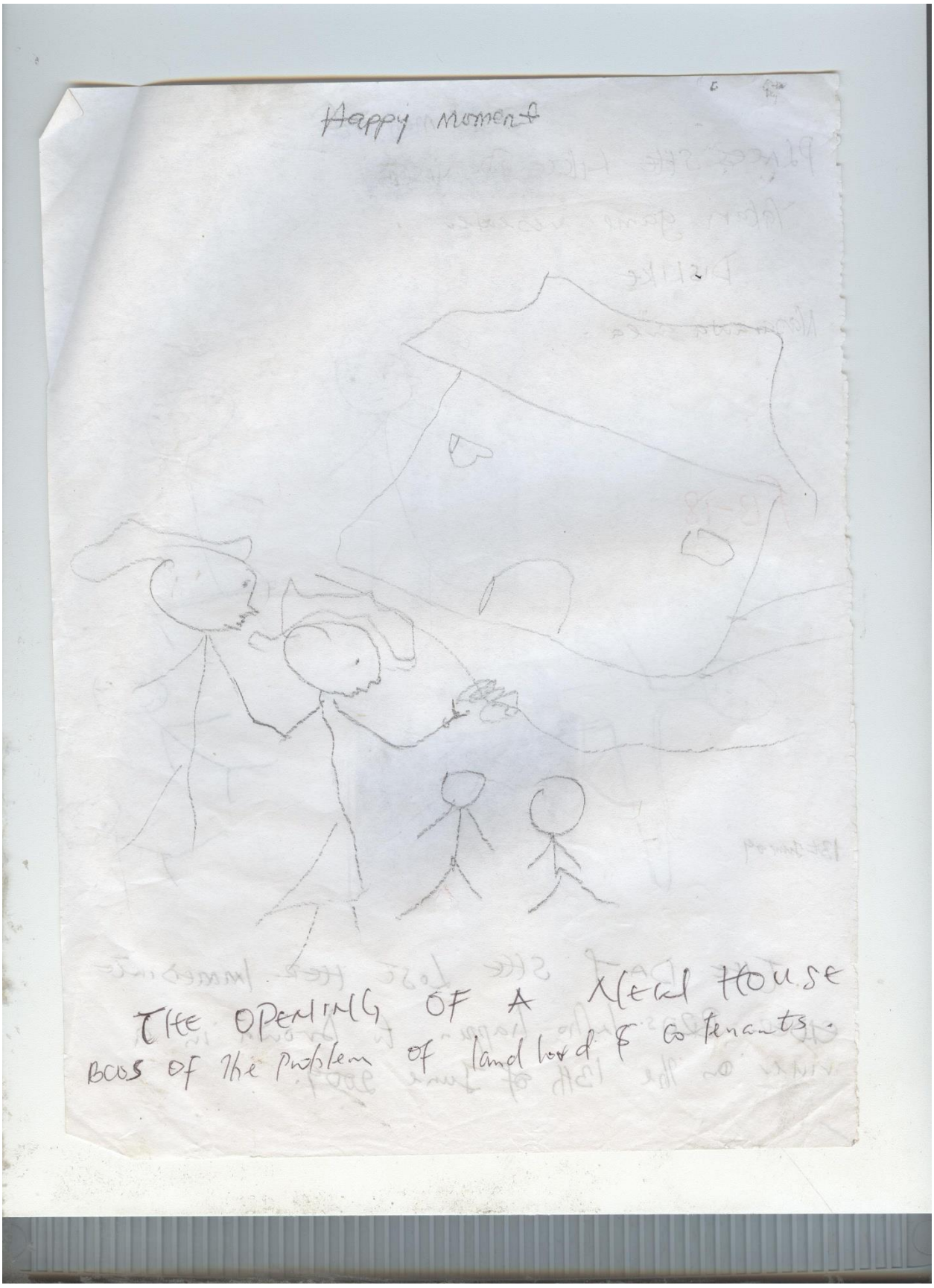
Nasarawa area.

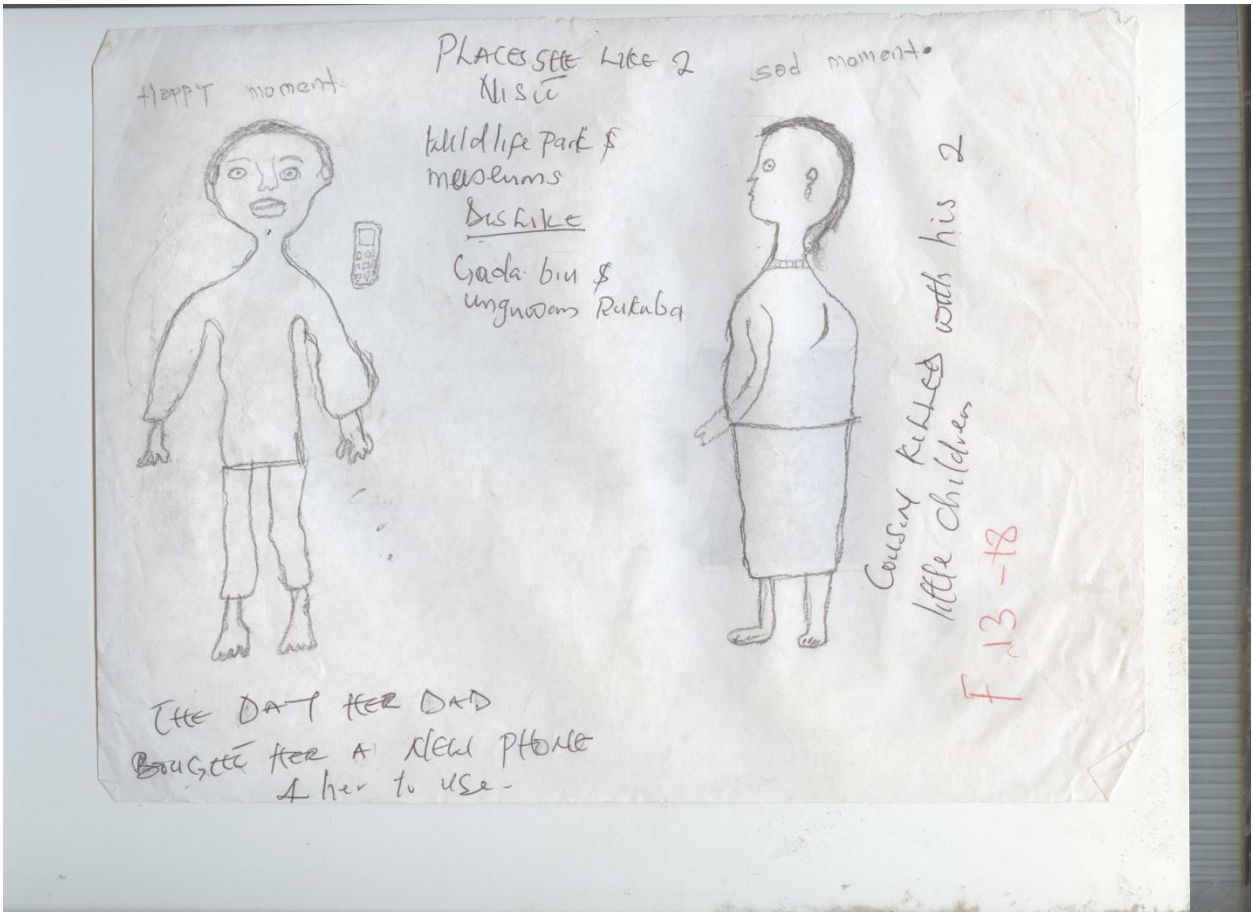
F13-18



13th June 09

THE DAY SHE LOST HER IMMEDIATE ELDER BRO. WHO happen to Drown in a [illegible] on the 13th of June 2009.


Happy moment
The OPENING OF A Next House
BOOS of the problem of landlord & Co tenants.


happy moment
PLACES she Like 2
Visit
Wildlife park &
museums
Dislike
Gada bin &
ungroom Rukaba
sad moment.
Cousin killed with his 2
little children
F 13 -18
The DAY HER DAD
Bought her A Nokia phone
4 her to use.

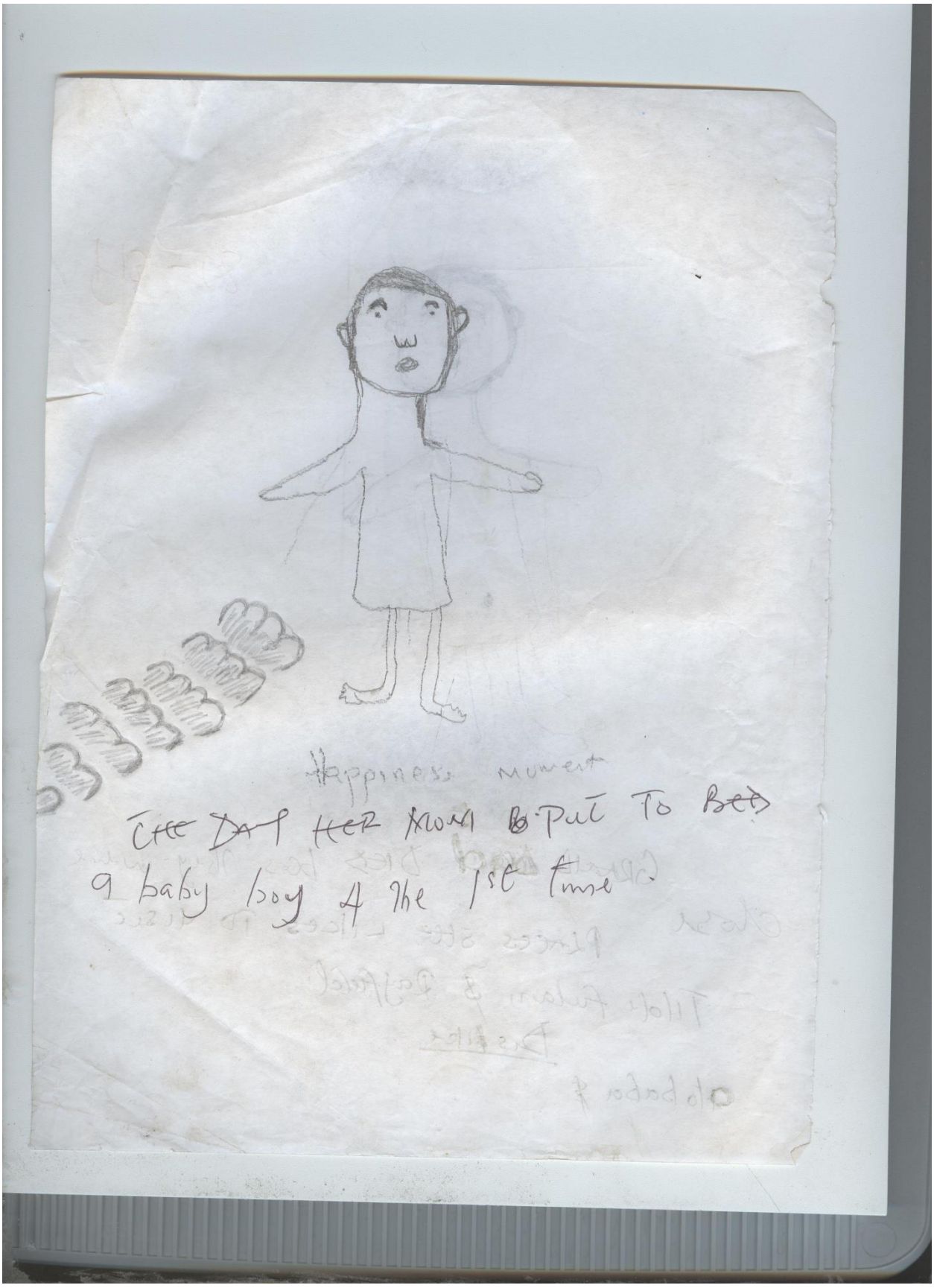
GRAND Dies bcos They were close

Places she likes to visit

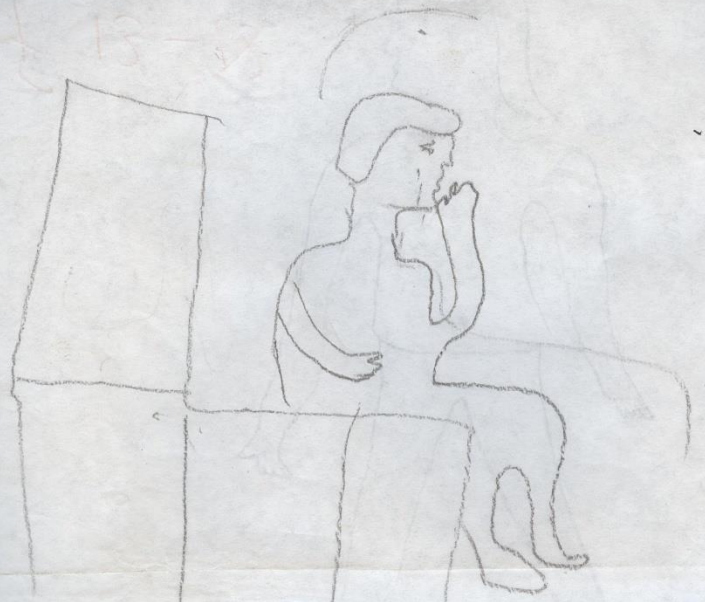
Tilda fulani & Rayfield

Dislike

Ato baba &

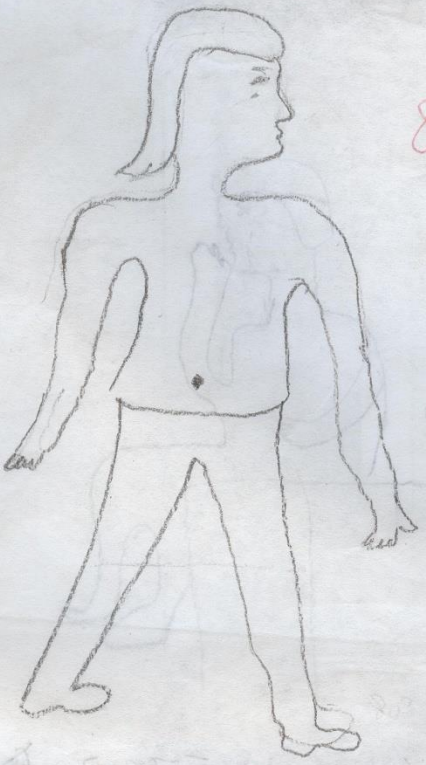

Happiness moment
The Dad her mom Put To Bed
a baby boy 4 the 1st time.

Sad.



~~16~~ June 98

~~THE DAY~~ ~~HER~~ ~~FATHER~~ ~~DIED~~
bcos She was close 2 him



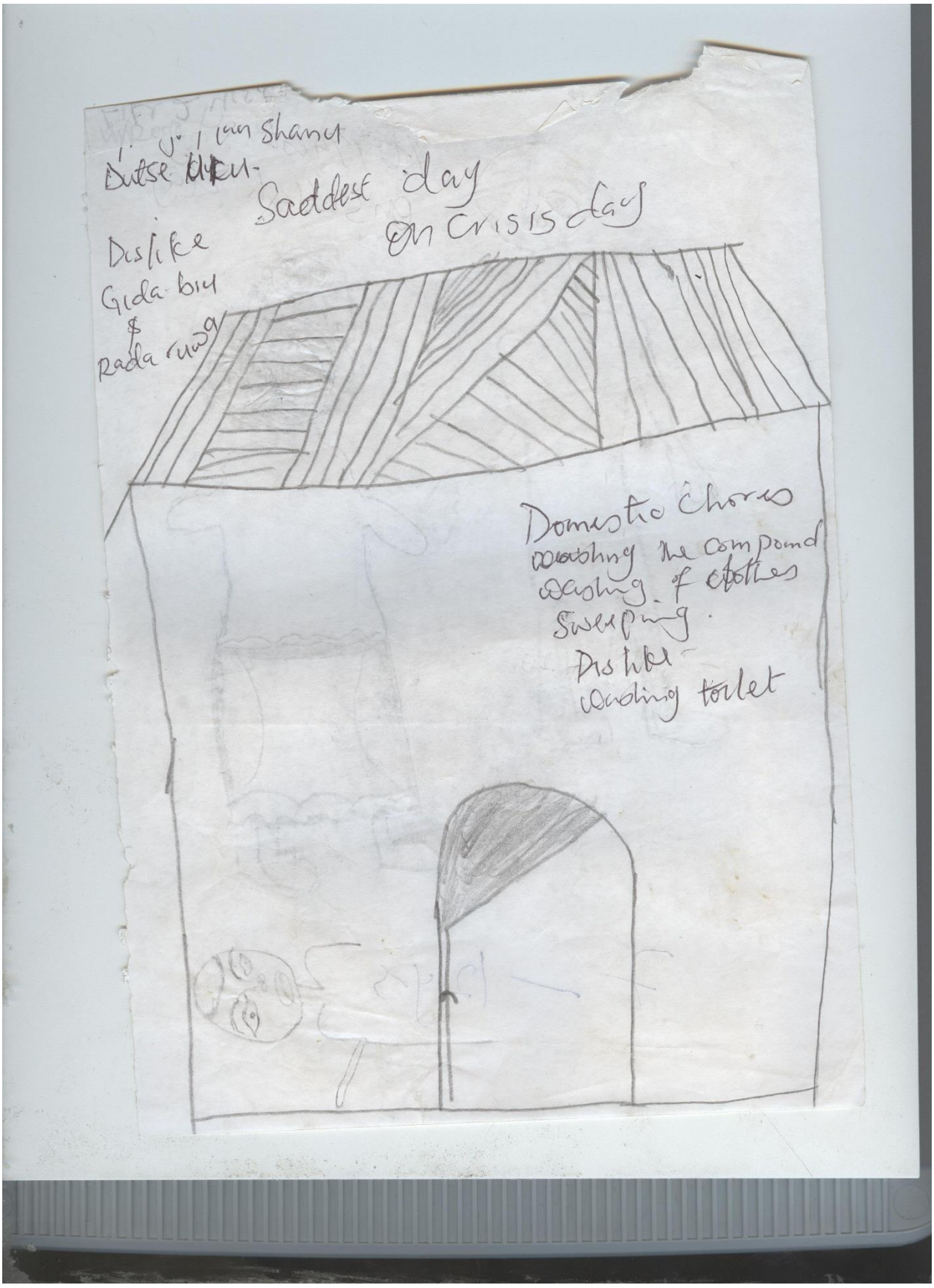
Mom put I Bed
a baby girl & at make
her have a baby sister.

PLACES SHE LIKE TO VISIT

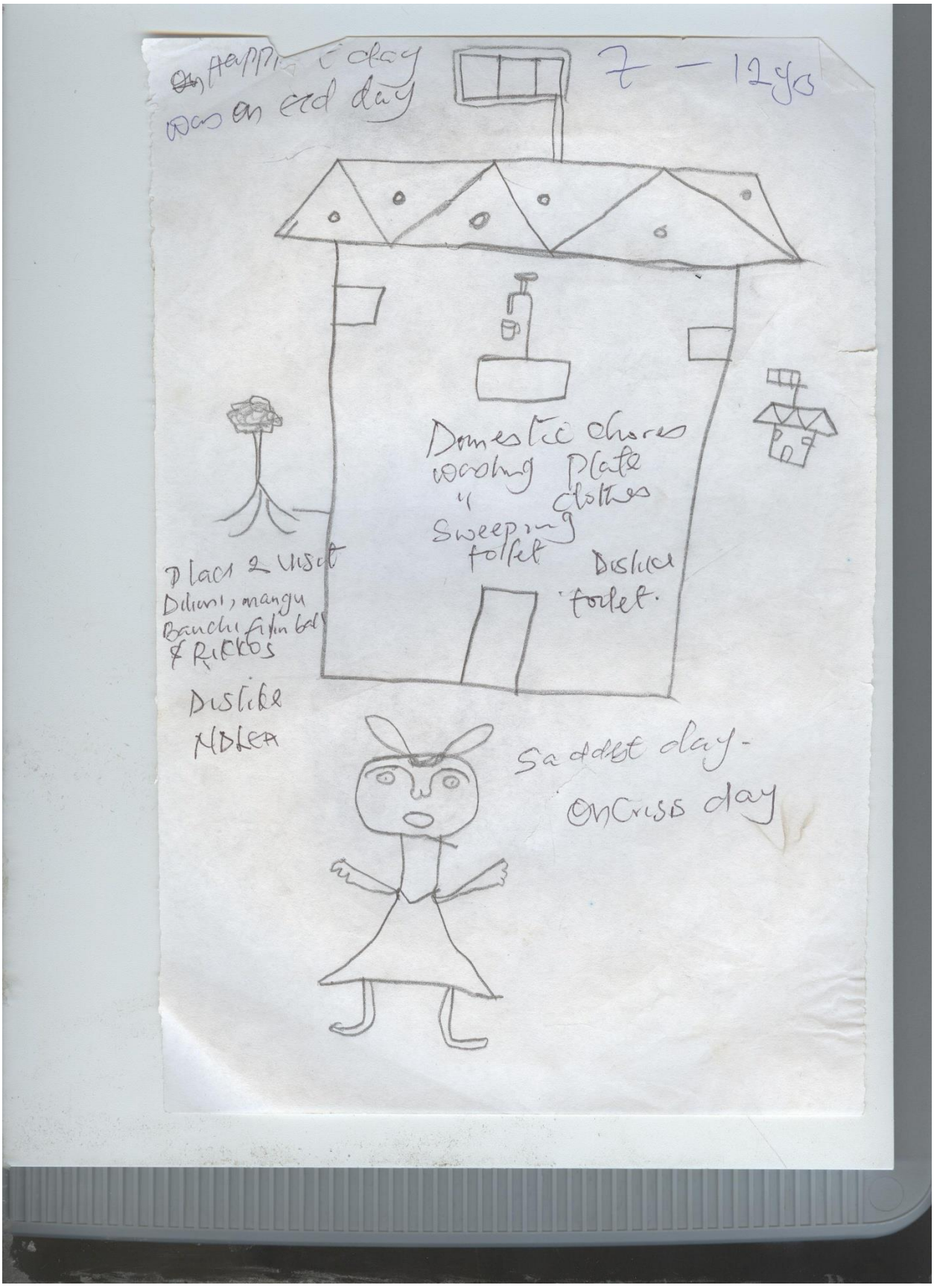
Takari Game Re

DISLIKE

Tam shanu & ungawan Rukuba


Saddest day
Dislike
Gida-biy
&
Rada-rwoy
Domestic Chores
washing the compound
washing of clothes
Sweeping
Dishes
washing toilet

Happiest day
on Sallah day
7 — 12yrs


7 – 12yo
Domestic chores washing Plate & clothes Sweeping toilet
Dislike toilet.
Place I visit Dilumi, mangu Bauchi Film bar & Rickos
Dislike NDLEA
Saddest day- On Cross day

Happy birthday 7~~2~~ 12 yrs

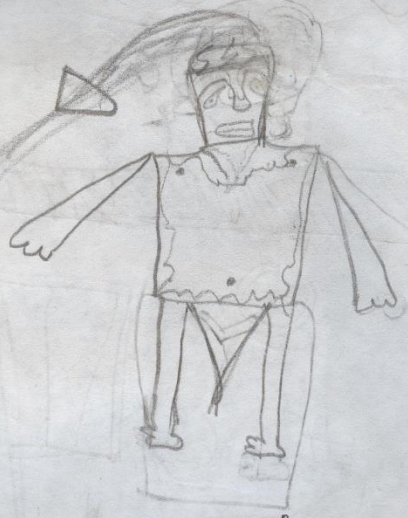
Domestic chores
Washing Plate
Sweeping floor
Cooking
Dusting
Washing Clothes
& compound

on Sunday.

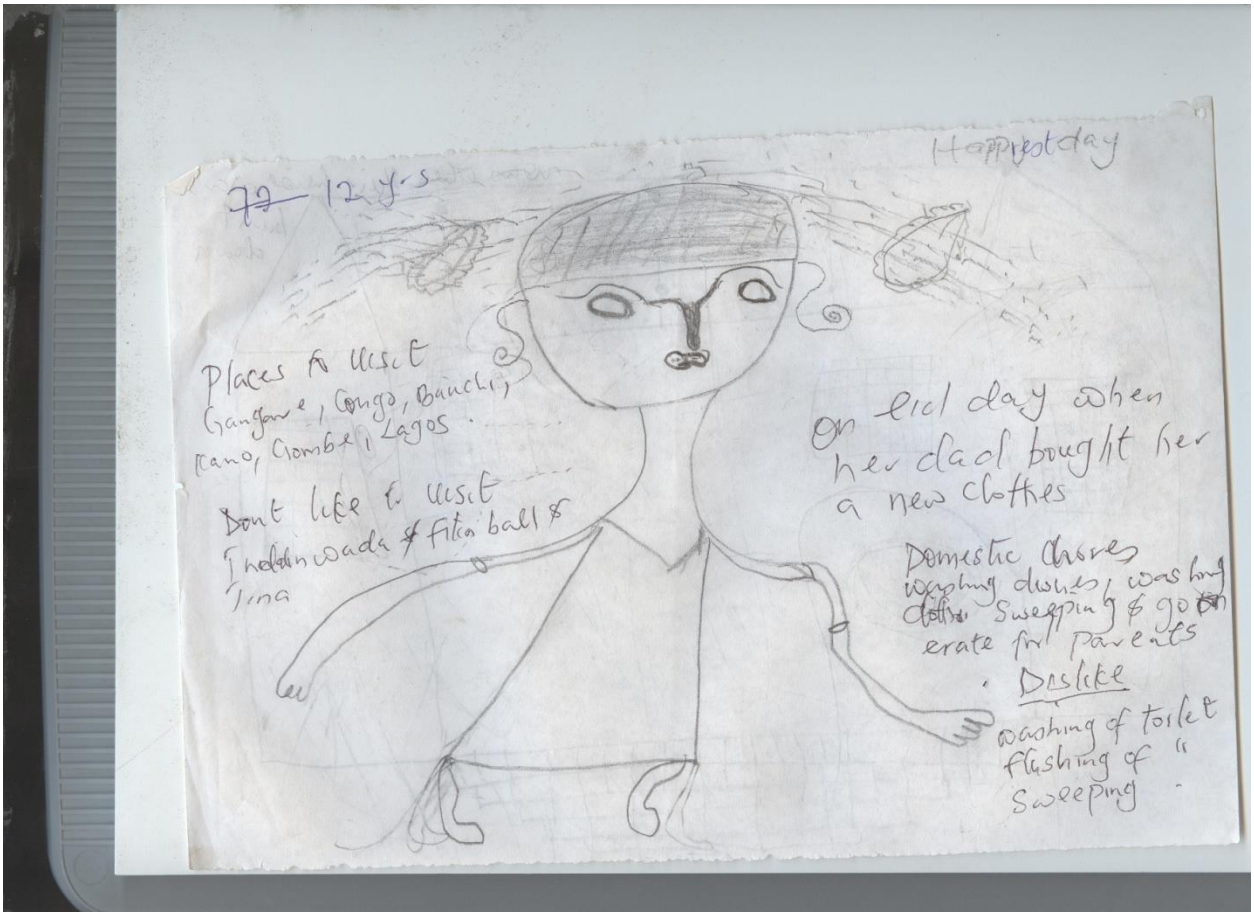
Place to visit
film hall, Kansanga
Butabe Ntu & Ungwana
madaki.

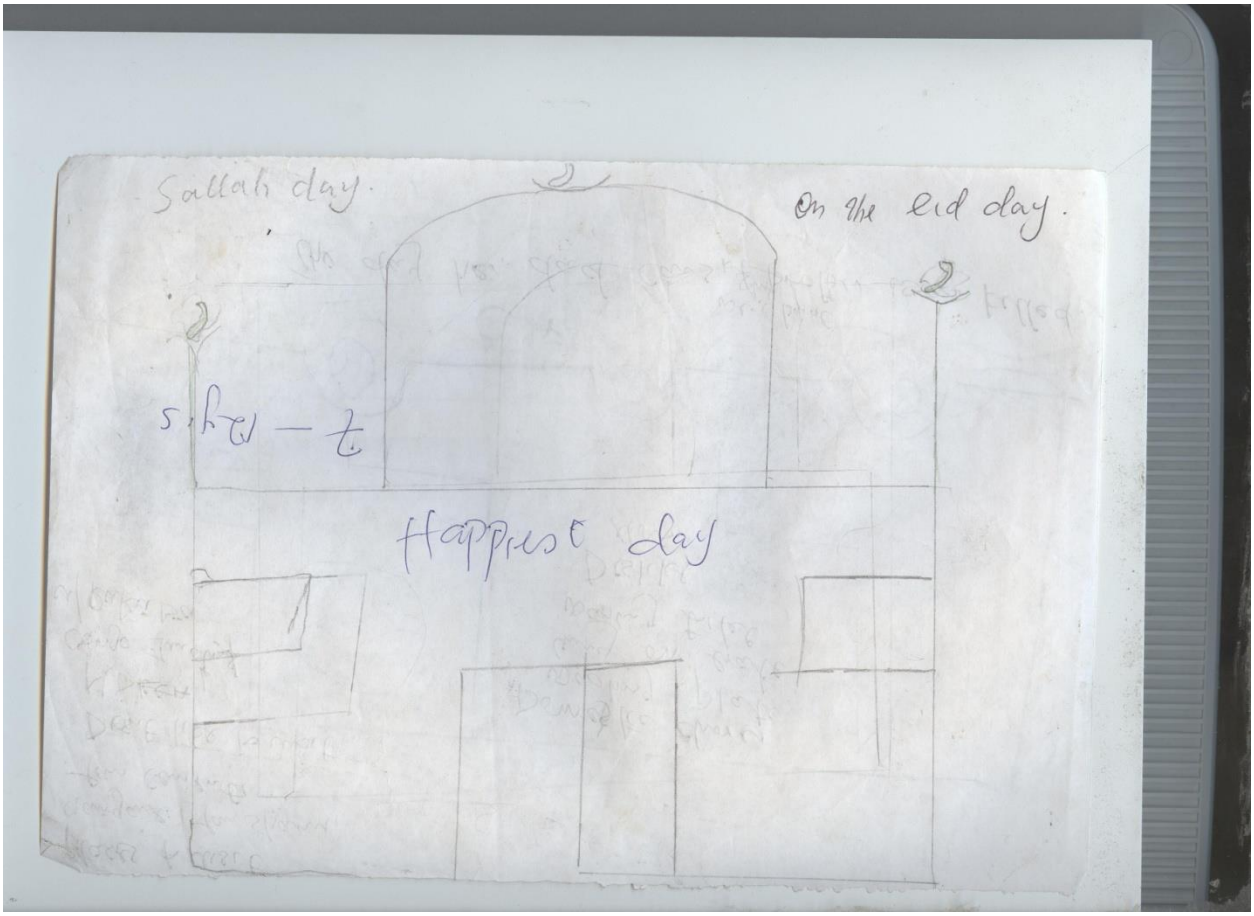
Don't like to visit
Ungwana Bukuba
Nagagata.

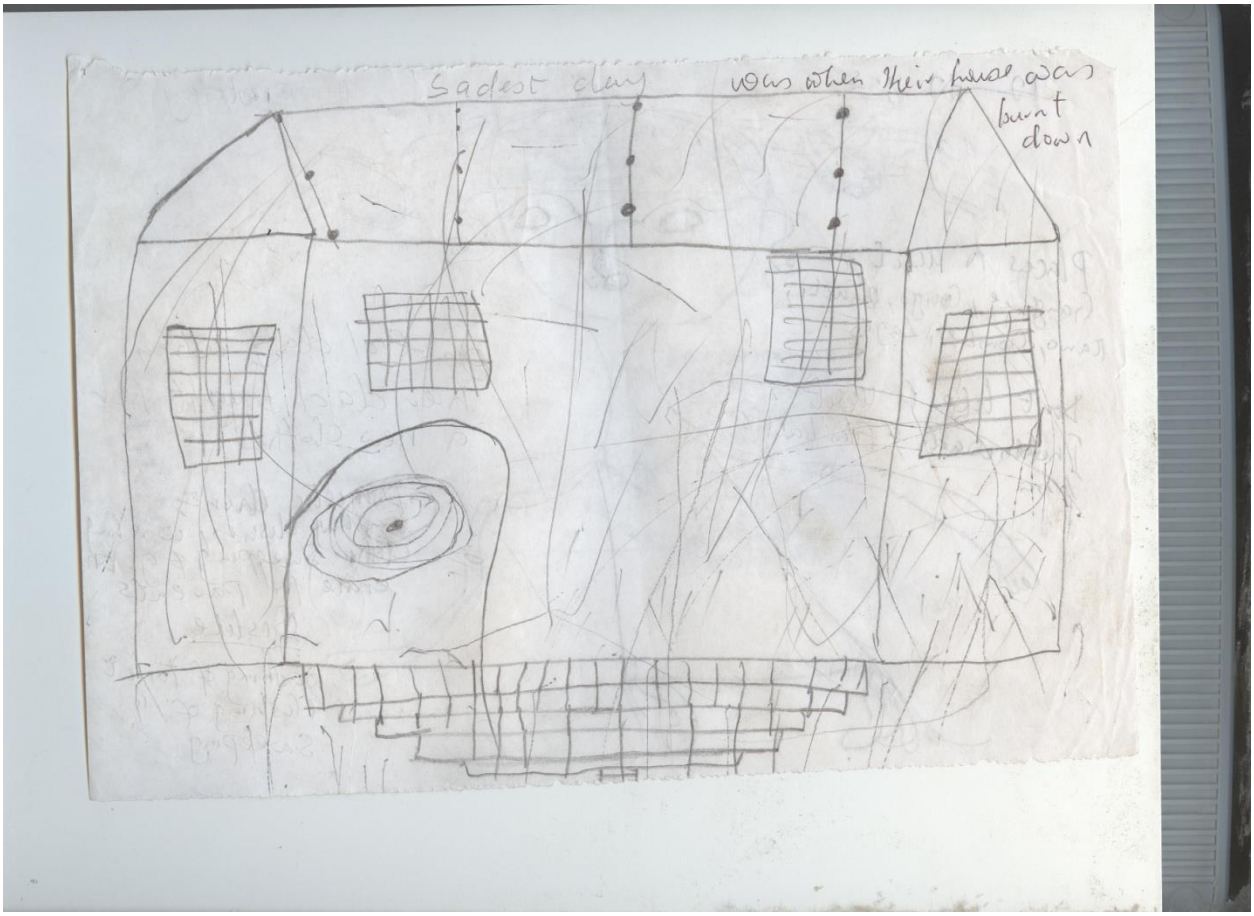
Sadnest day.

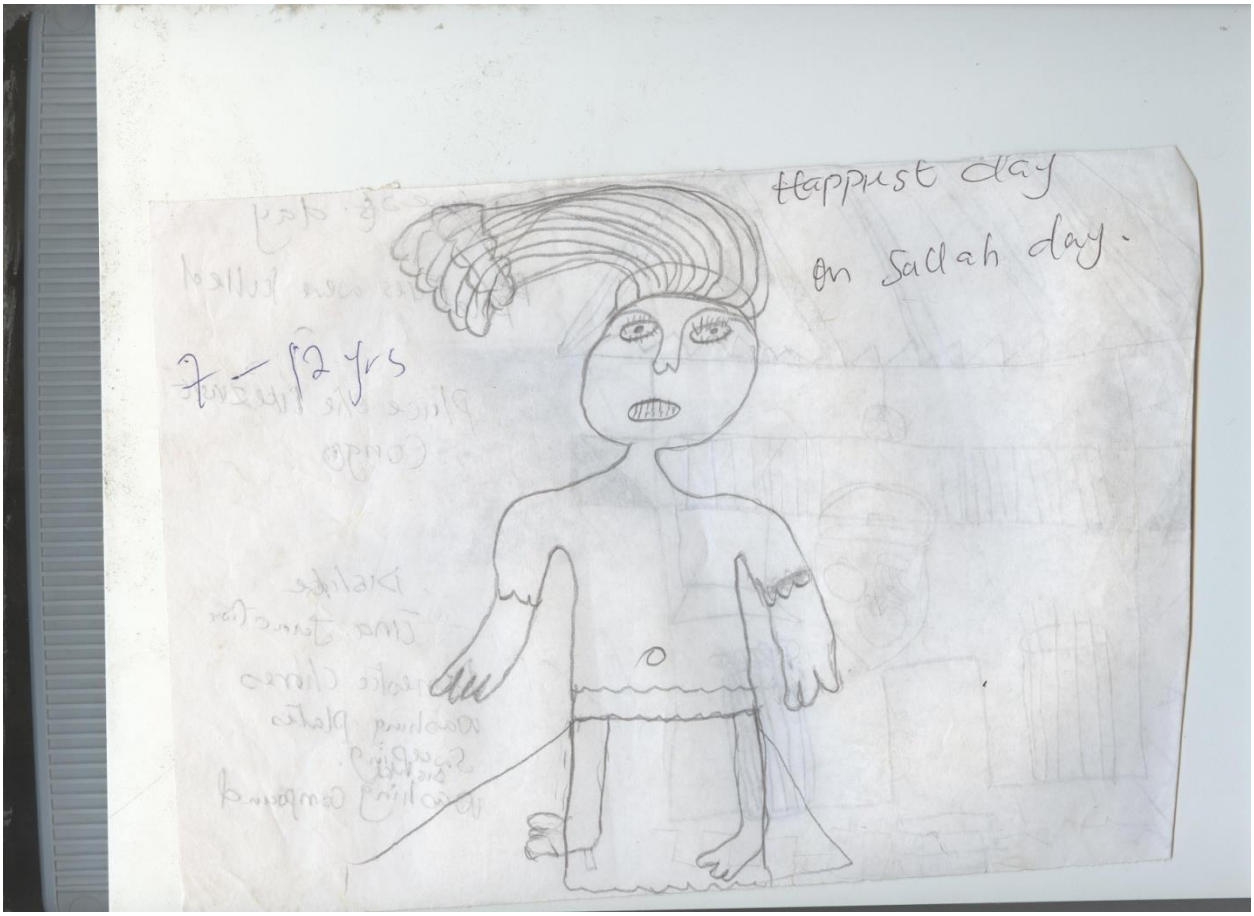


On Salto ~~Sunday~~ Cross day


Happiest day
12 yrs
Places I visit
Gangawe, Congo, Bauchi,
Kano, Gombe, Lagos.
Dont like to visit
Ijebu Ode & Ilkin ball &
Jina
On eid day when
her dad bought her
a new clothes
Domestic chores
washing dishes, washing
clothes, Sweeping & go on
erate for parents
Dislike
washing of toilet
flushing of "
Sweeping


Sallah day.
On the Eid day.
Happiest day


Sadest day
was when their house was
burnt
down


happiest day
on Sallah day.
7 – 12 yrs

Sadness day
Relatives were killed
Place she like visit
Congo
Dislike
Una Francisca
Domestic Chores
washing plates
Sweeping
Washing Compound

The day her dad bought them 9 sets of electronics

Places to visit

Dont like P visit U/Rogo, Tan Cement, damnaraga U/Nau dame-Sa.

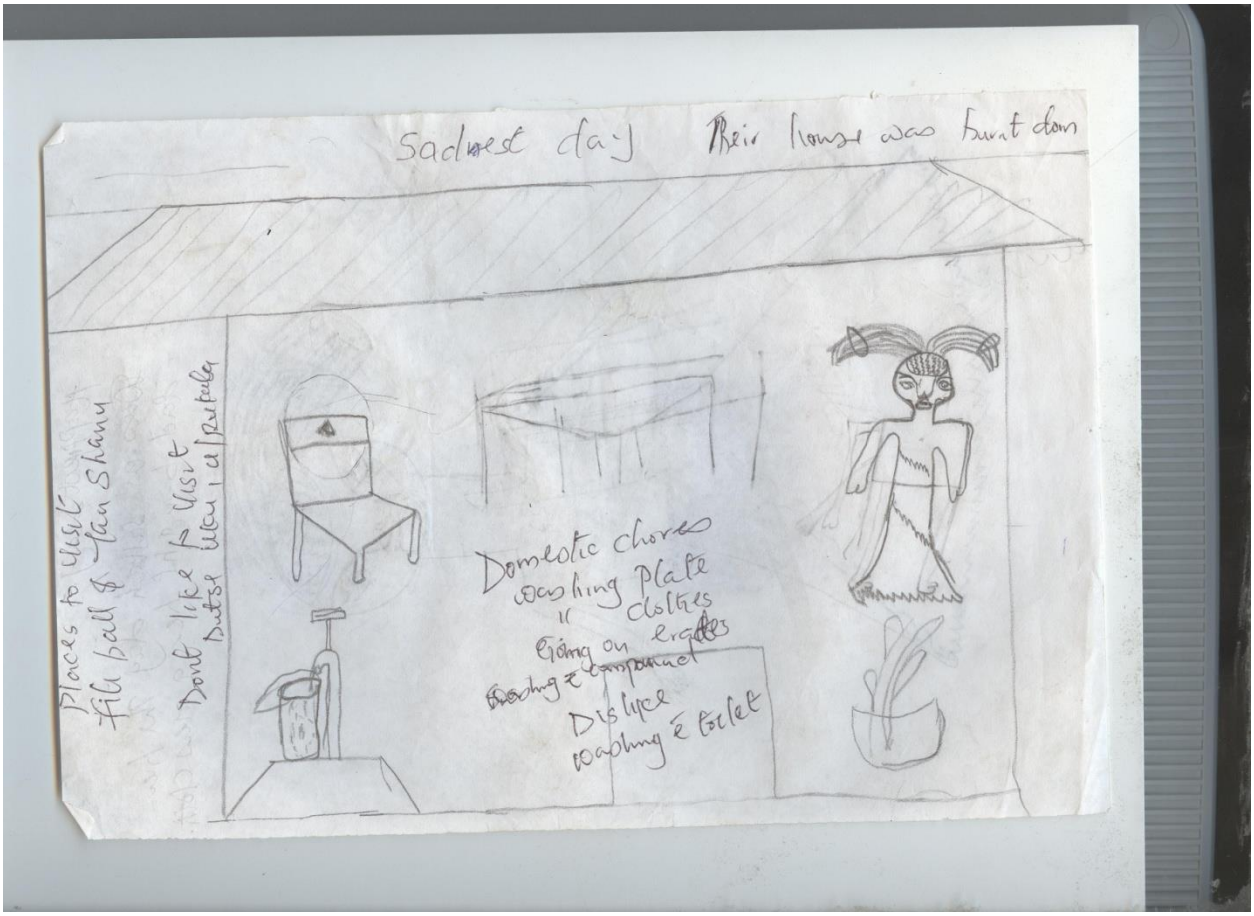
Domestic Chores
ironing clothes
moping
&sweeping
Dislike
washing Plates

Happy birthday

7 - 12yrs

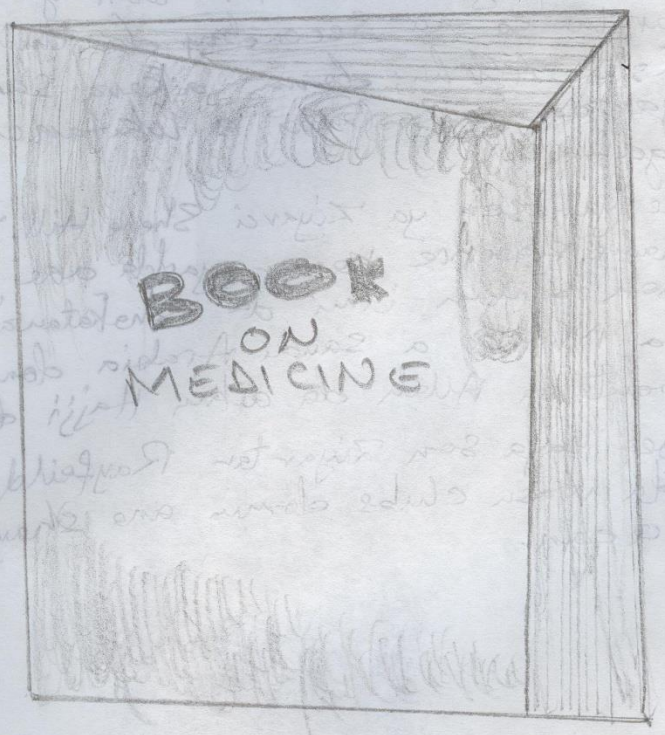
Sadness day
On crisis day

Happy Eid day.
Das on Sallah day the her
dad bought her a new cloth.


Saddest day Their house was burnt down
Places to visit
Fiji ball & Tau Shanu
Don't like to visit
Domestic chores
washing plate
clothes
Going on
Dislike
washing toilet

Knowledge is the success of life.

MALE CHILDREN
13-18yrs

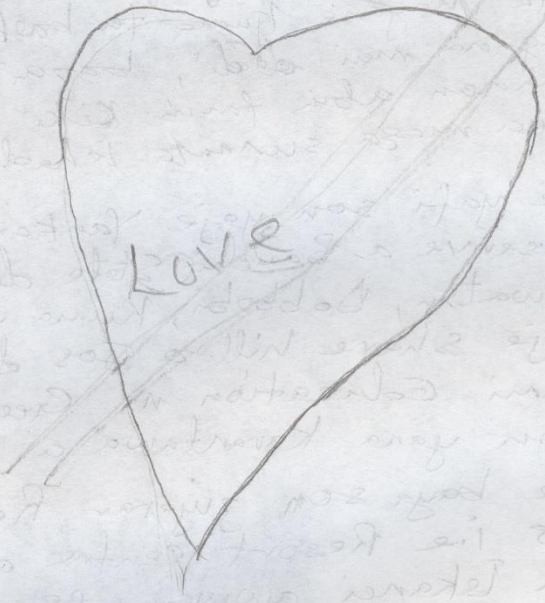



A BOOK

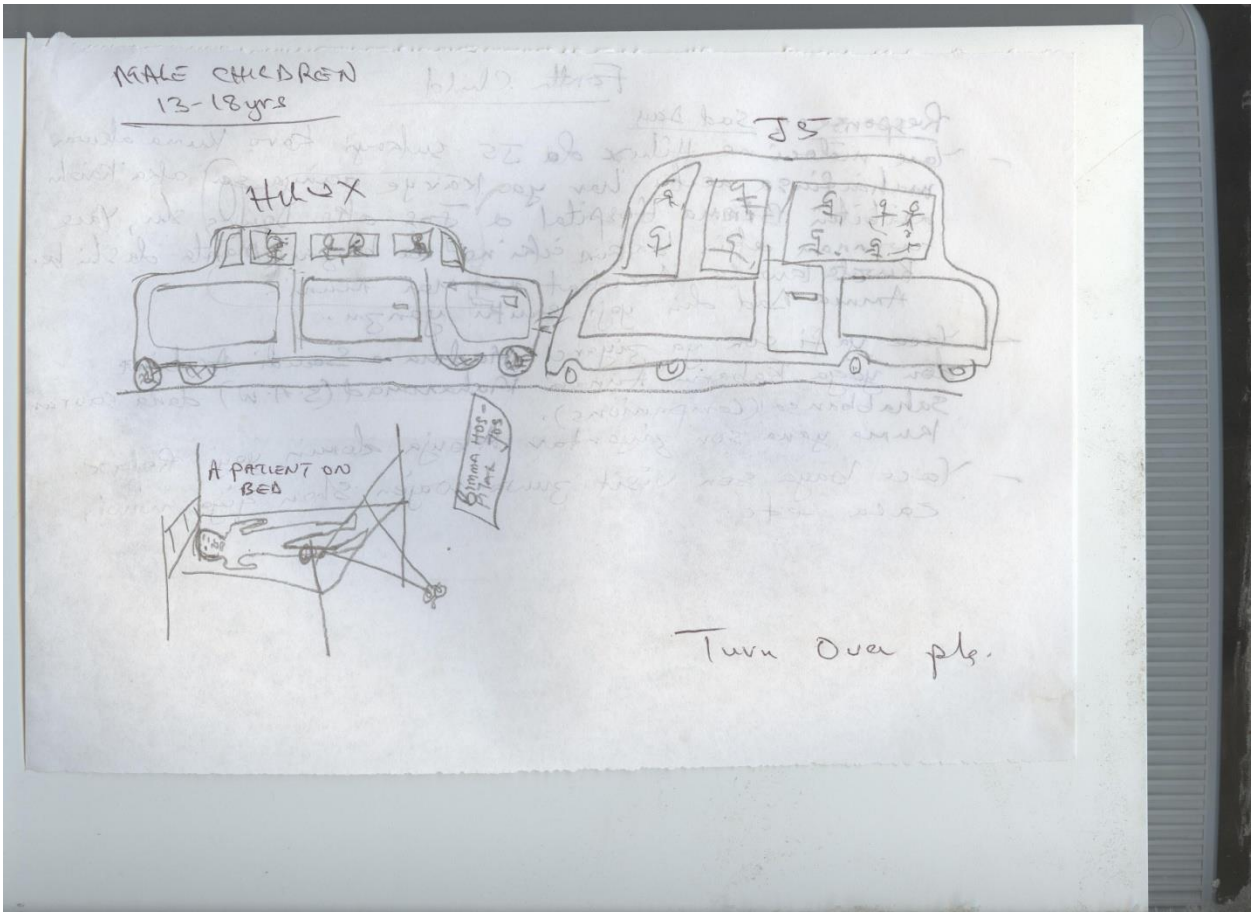
Turn Over pls.

MALE CHILDREN
13-18yrs

HEART (ZUCIVA)




Turn over please


MALE CHILDREN
13-18yrs
HUT
JS
A PATIENT ON BED
Turn Over plz.