

Post-Traumatic Stress Disorder among Military Personnel in Nigeria: A Social Approach

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Abstract

Review Article

The widespread myriad of emerging security threats in Nigeria makes it qualify for consideration as a social problem and for constituting a serious public health issue to Nigerians and the military combating the situation. Post-traumatic stress disorder is a departure from normal stress that is either related to addiction that is destructive to the individual or addiction as symptomatic of social disorganization as a means of giving oneself to a habit such as drug addiction, tolerance, reinforcement, psychological dependence and withdrawal symptoms or syndromes in an operation that may have resultant effect or high casualty rates such as injuries, gun power mixture or anxiety disorder which develops after exposure to physical harm including personal assaults and other tarrying event in combat trigger post-traumatic stress disorder owing to stress or evoked by significant distress of hyper vigilance and persistent re-experience of anger and co-morbidity or intra psychic malfunctioning, and ante relation with one another as well as social and psychological health disorganization. Little is known about the effective policies towards mitigating the cause and effect since many policies implemented at the military level potentially influence part and side effect on others leaving them with post-traumatic stress disorder. The paper analyzes thus, An Assessment of the military in Nigeria and policies, Post-traumatic stress disorder, Post-military, political analysis.

Keywords: Post-traumatic Stress, Disorder, and Military Personnel.

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INTRODUCTION

History of Nigerian Army is dated back to 1963 when Glover of the Royal Navy selected 18 indigenes from the northern part of the country and organized them into a local force, known as the "Glover Hausa". Since then, exposure to terrifying events or deals that give physical harm defines the primary purpose of the military in order to maintain and defend their territorial integrity and secure its borders from violation and to restore law and order when called upon. Post-traumatic stress disorder is a complex and chronic disorder which manifests when a person gets exposed to traumatic events. According to 5th Edition of Diagnostic and Statistical Manual of Mental Disorder (DSM-5), Post-traumatic Stress Disorder is found in people who have experienced traumatic events. In their day-to-day life, either directly or indirectly, endangered death, grave injury, witnessing life-threatening events such as combating kidnapping, terrorists, disease, torture, sudden unexpected death of love ones, increasing incidences of acute stress reaction, stress disorder which

form mental health that induces post-traumatic stress since Philosophically, health is wealth from its overt economics performance, while sociologically, a healthy individual is seen as a person who is able to have a harmonious functioning socially, psychologically, physically and his ability to balance the intra-psychic functioning to relate well with one another, Agbama (2016). To WHO, health is a state of complete physical, social, mental or psychological well-being and not merely the absence of disease or infirmity "State" and "resource" Health therefore is the actualization of inherent and acquired human potentials through goal-directed behaviour, competent, self-care, and satisfying relations with others while adjustments are made when needed to maintain structural integrity and harmony with the environment (Emaka 2017).

Emphatically, these factors elude the entire Nigerian military. Thus, there are no social policy programmes and interventions to enhance, cushion or promote the health grand with cognizance to their nature of job while serving their fatherland. The paper

x-rays the military, and also gives an assessment of the military in Nigeria and politics, post-military, post-traumatic stress disorder and policy analysis.

Military

People enter the military through recruitment model which divides the military into three categories; healthy, ill- undiagnosed and ill-diagnosed. The majority of the newly enlisted personnel is post-traumatic stress disorder-free and is in the healthy military category. Alexander (2016) believes, however: that there is a history of Post-traumatic Stress Disorder. (Emeka 2017). We particularly consider recruitment model because it is an effort to hit recruitment targets. The military may lower criteria and recruit individuals with pre-enlistment trauma history. One might argue that the actual members are small, but these individuals can show up as a portion of demand for service related to trauma, even though their post-trauma stress disorder was not deployment related Alexander (2016).

Healthy military personnel move to ill-undiagnosed if they develop post-traumatic stress disorder as a result of trauma in this stage, they do not manifest any symptoms of post-trauma stress disorder. Military personnel move from ill- undiagnosed to ill-diagnosed when they exhibit symptoms and are diagnosed. The population of ill-diagnosed may separate or get discharged, moving to the post-traumatic, or receive successful treatment and move back to the healthy sub-population (Ebashisha 2016). However, given the delay between trauma exposure and diagnose, the post-traumatic stress disorder problem may arise after the separation from the military.

An Assessment of the Military in the Nigerian Politics

The impact of military regimes on the political system of any state is a function of the kind of military regime established and the character of the military leaders. Generally, some military regimes in Nigeria had contributed to introducing socio-economic changes as well as development programmes. (Emeka 2017). The greatest achievement of the military in Nigeria is the preservation of the unity of the country under General Yakubu Gowon. The military is also credited with the creation of more states and local government areas for the purpose of development and the need to bring government nearer to the people (Ebegbulem 2015). Military regimes in Nigeria have also contributed in the provision of infrastructural facilities such as roads, bridges, electricity, water schemes etc. They also established more universities, hospitals, local governments and civil service reforms as well as successful handing over to democratically elected governments (Ebegbulem 2015).

The Buhari first regime pursued a deflationary economic strategy, accompanied by fiscal control and cutbacks in most areas of the economy. The regimes took positive steps to better the Nigerian society. It tackled the issue of indiscipline through the war against indiscipline (WAI) programme. The failure of the military rulers to wipe out corruption, indiscipline and mis-governance as they had frequently promised is a serious indictment on military rule. The military's numerous broken promises to Nigerians constituted a betrayal of military honour and duty. Military intervention in politics itself manifests a high degree of lawlessness that has corroded the soul of Nigeria for the past decades.

Military rule in Nigeria created a criminalized economy. Virtually all segments of the national economy were rendered comatose by corruption, shady deals and gross fraudulent practices. Fraud and corruption escalated as a direct result of state policy and lack of accountability (Emeka 2016). Military rule legitimized the notion that the essence of political power lies in its use as an instrument for the private plunder of public resources. Ebegbulem (2015). The pernicious legacies of military rule in Nigeria are the culture of violence it created. Military rule placed premium on force and violence. Obaro in (Ebegbulem 2015) observes that the ceaseless use of state power for private capital accumulated by military officers and their civilian supporters has generated deep political apathy and a cynical attitude to public affair by the vast majority of Nigerians (Ebegbulem 2015).

Military rule was also detrimental to the corporate existence of the military because it created two sets of military personnel. The officers who held political appointments and used their political positions as a route to enrich themselves, and others who continued to perform purely military duties. This bred deep resentment with dire consequences for military discipline. Thus, military rule created wide polarization and deep factionalization in the Nigerian Armed Forces. Senior officer's constantly dreaded junior officers for fear that the latter may one day carry out their long expected bloody coup. Also junior officers live in constant fear of their senior officers. They were apprehensive that they could become victims of witch-hunt designed to wipe them out by potential coup plotters. This fear and apprehension trigger trauma stress (Emeka 2017). The lower rank and file of the army are from the peasantry, a large number are illiterates. They have been taught to obey orders without question and have become tools of bourgeois Capitalist interests. According to Eminue in Ebegbulem (2015) Bourgeois armies often emerge (sometimes coincidentally or perchance) when a vast majority of the officers corp is drawn from which the civil leader were largely drawn.

Post-traumatic Stress Disorder; is a multi-organizational challenge that affects patients' family members, employers, colleagues, communities and neighborhoods who are often involved in cases of post-traumatic stress disorder at the macro level. Large entities such as the military, the health care system, government organizations are concerned and involved with the problems of post-traumatic stress disorder. These stakeholders who have different preferences and incentives focusing on one organization or specific stage of patients' lives can result in shifting the burden to another organization rather than addressing the main roots of the problem. Post-traumatic stress disorder is the result of experiencing a traumatic event during the war, e.g Boko Haram insurgency, kidnapping, armed robbery, or a non-war traumatic event such as a terrorist attack, family violence, sexual assault, or serious injury or accident (Alexander 2016). Although the majority of post-traumatic stress disorder is higher in combat exposed cases is highly co-morbid with other psychological effects or mental illness that can occur following trauma, including depression schizophrenia, mania, anger and violence, guilt and shame, substance abuse and suicide. Individuals with post-traumatic continue to experience the psychological effects of trauma, including re-experiencing symptoms, avoidance of similar stimuli negative cognition and mood, and increased physical arousal, long after being removed to a safe environment. According to Emeka (2017), they may also suffer a wide range of consequences of revealing their problems, such as a higher likelihood of losing jobs or being discriminated against in the workplace, social exclusion, lower income, difficulties in renting residence, exclusion from social communities and legal difficulties (Alexander 2016). In addition to the patients themselves, family members, friends, community members, colleagues and employers are also indirectly affected by post-traumatic stress disorder.

Despite the importance of problems related to Post-traumatic stress disorder among Nigerian Army or military personnel, improvement in diagnosis and treatment of illness, little is known about effective policies for prevention. Purtle, note that post-traumatic stress disorder policy research is undeveloped, although knowledge about post-traumatic stress disorder has grown over the last four decades.

Therefore, the importance and complexity of post-traumatic stress disorder raise critical questions: what are the trends in the population of post-traumatic stress disorder patients among military personnel in the post-war era? What policies can help mitigate post-traumatic stress disorder? What are the health care cost implications of potential policies? Research has shown that the complexity of a dynamic problem such as post-traumatic stress disorder, which includes potential

delays between causes and effects is beyond the understanding of the human brain (Annala 2018).

The military have different purposes and functions, while the bigger system (the system of systems) is expected to have one general health related objective which presumably, is to improve the health of its members. However, because the military are embedded in the larger system, some of the policies implemented in one of these two sub-systems may have positive "Local" impact but create further problems in the larger system (Annala 2016).

The systems approach in this study helps home understanding of the parts of the system of systems and considers interconnections between them, and allows us to ask "what if" questions about possible future behaviours and consequence of current policies this analysis helps us to project multi-year consequences of post-traumatic stress disorder workloads and costs under a wide variety of what-if scenarios, ranging from those largely outside the control of the post-traumatic stress disorder system such as increasing resiliency to post-traumatic stress disorder and the use of improved screening or new evidence based treatments.

Most past policy studies of post-traumatic stress disorder have focused on one sector, usually a single organization and have not studies of the consequences of the policies on other sectors Morecroft in Emaka (2017). While there has been increased attention in the literature, there are still uncertainties about the prevalence of post-traumatic stress disorder.

Moreover, the performance of screening procedures and the accuracy of diagnosis are questionable Morecroft, for instance, screening procedures are usually self-reported surveys, and subjective answers can suffer from errors or be intentionally under-reported to avoid social stigma of the illness or exaggerated from secondary gain motives. The effect of social stigma in the screening procedures is particularly important. Research shows that patients suffer a wide range of consequences of revealing their problems, such as a higher likelihood of losing jobs or being discriminated against in work places, lower income, and difficulties in renting apartments or residence an exclusion from social community (Davidson 2014). Consequently the perception of possible discrimination and other consequences of being labelled as mentally ill can affect the behaviour of individuals going through the screening processes.

Several epidemiological studies have provided information on the prevalence of post-traumatic experiences and the development of post-traumatic stress disorder, demographic correlates, and co-morbidity of post-traumatic stress disorder and other disorders perhaps the largest and most influential of

these studies the National Co-morbidity Survey (NCS) conducted by Kessler and colleagues which found a post-traumatic stress disorder lifetime prevalence of 7.8% for the total sample Kessler in (Davison 2014). Co-morbidity in Post-traumatic Stress Disorder is said to be the norm rather than the exception. For example, it has been reported that 99% of Nigeria Army personnel combating Boko Haram and other insurgencies with chronic post-traumatic stress disorder qualified at some stage for another DSM-III-R diagnosis, compared with 41% of these without post-traumatic stress disorder. The most prevalent co-morbid disorders in that study was substance abuse or dependence (75%) generalized anxiety disorder (44%) and major depression (20%). Also, in the NCS study, 88% of men and 79% of women with chronic Post-traumatic stress disorder met criteria for at least one other psychiatric diagnosis.

Guilt and self-blame are well-known features of post-traumatic stress disorder and depression and are itemized in DSM-IV as excessive or inappropriate guilt (which may be delusional), and not merely self-reproach or guilt about being sick. Guilt was thought to be very infrequent among Africans with depression but more recent studies have shown that it is being more frequently encountered in clinical practices. In the literature, survivor guilt is usually mentioned as a feature of post-traumatic stress disorder. It is described as guilt about surviving when so many others did not or about the things one has to do to survive. This was illustrated by Friedman who observed that guilt featured prominently among some soldiers and included not only survivor guilt with regard to close friends killed in combat but also guilt about Vietnamese people especially women and children, killed in the course of duty.

Policy Analysis Results

Our policy analysis results are divided into two sections. Thus, we discuss the effects of future engagements in fighting insurgency or wars; second, we present the effects of improvements in diagnosis, treatment and prevention in the military and study their consequence not only on the military but also on the total system. We distinguish these policies in the future engagements in wars and the improvement intervention.

Future engagements in wars should consider minimum deployment to intense zones standard significantly larger than the current policy baseline comparison average of 8.6% of Nigeria military personnel deployed annually to Sambisa forest to fight insurgency to other terrorist zones reached maximum of 10.8% from 2015 to presents date depicts the diagnosis rate in the military, which is annual new cases. As the figure shows, the number of new cases of post-traumatic stress disorder has been declining since, which is mainly as a result of other decreasing number of troops in Nigeria’s in recent years. The future trend

however, is very sensitive to Nigeria involvement in future wars.

Counselling Strategies on Traumatic Stress Disorder among Military Personnel in Nigeria

Similar to most other health interventions, our policies focus on improving diagnosis, treatment, effectiveness and prevention. We also had a base run scenario without any interventions considered as control group. The overall goal in this section is to x-ray how policies implemented in the military personnel also affect the combatants and the total system and how anxiety and stress are disturbing experiences, producing high levels of physiological arousal, which motivates the individual to try something to reduce the stress.

Thus, the following suggest emotion-focused coping and problem-focused coping:

- Emotion-focused coping involves an attempt to reduce the disturbing emotions which often accompany the experience of stress. In this respect, social support is very important thus, because social support is the network of friends and relatives willing to provide psychological assistance, give listening ear, which is a centre meaning of a person’s life thus diminish the perceived impact of adversity.
- Problem-focused coping should involve trying to understand the present situation better and taking action to deal with it. It includes stress management described as psychological techniques such as time management, relaxation, bio-feedback and cognitive restructuring, imply changing the way you think and react to issues
- Social and emotional needs of a patient cannot be taken for granted as they can impede recovery because the state of the mind and the state of the body reflect each other.
- Behaviour modification that reduces the chance of a particular behaviour from being repeated. Punishment has to do with the withdrawal of unpleasant stimuli in order to suppress or eliminate the undesirable behaviour.
- Since inconsistencies in human behaviour are cause by both cultural and environmental factors which are circumstances beyond the individual’s control can cause an individual to put up unacceptable behavior. Thus, government need to alleviate personnel plight through social intervention programmes and policies

RECOMMENDATIONS

- There is need for military personnel to be provided with trauma debriefing counselling before, during and after deployment of troops for combat duty.
- Continuous mental health assessment and evaluation for troops on deployment should be conducted regularly. Submissions should be

conducted periodically and findings forwarded to appropriate superior authorities.

- There should be thorough assessment interview, personality measures, assessment of brains functioning, behavioural assessment before and after deployment.
- There should be encompassed rehabilitation for those affected in the course of deployment through occupational, recreational and social rehabilitation for proper integration and enculturation
- There should be appropriate policies and strategies to improve military personnel in participation for national development
- Development plans should include a programme which provides appropriate technologies and services beneficial to all strata of military personnel irrespective of rank and file
- There should be a reformation in cultural, traditional and social setting to promote gender equality and equity in empowerment, promotion and discipline without bias

CONCLUSION

Post-Traumatic Stress Disorder (PTSD) is a high-profile clinical phenomenon with a complicated psychological and physical basis. The development of Post-Traumatic Stress Disorder (PTSD) is associated with various factors, such as traumatic events and their severity, gender, genetic and epigenetic factors. Pertinent studies have shown that post-traumatic stress disorder (PTSD) is a chronic impairing disorder harmful to individuals both psychologically and physically. It brings individual suffering, family functioning disorders and social hazards. The definition and diagnostic criteria for post-traumatic stress disorder (PTSD) remain complex and ambiguous to some extent, which may be attributed to the complicated nature of post-traumatic stress disorder (PTSD) and insufficient research on it. The underlying mechanisms of post-traumatic stress disorder (PTSD) involve changes in different levels of psychological and molecular modulations. Thus, research targeting the basic mechanisms of post-traumatic stress disorder (PTSD) using standard clinical guidelines and controlled interference factors is needed. In terms of treatment, psychological and pharmacological interventions could relieve post-traumatic stress disorder (PTSD) symptoms to different degrees. However, it is necessary to develop systemic treatment as well as symptom-specific therapeutic methods. Future research could focus on predictive factors and physiological indicators to determine effective prevention methods for post-traumatic stress disorder (PTSD), thereby reducing its prevalence and preventing more individuals and families from struggling with this disorder.

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