

# An Assessment of Post Traumatic Stress Disorder among Retired Military Personnel in Makurdi Metropolis, Nigeria

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## Abstract

*This study investigated post traumatic stress disorder among retired military personnel in Makurdi Metropolis. The study employed an ex-post facto cross-sectional survey method where two hundred and ninety two (292) retired military personnel with ages ranging from 38-88 years (Mean= 59.21, SD = 9.82) participated in the study. A questionnaire consisting of three sections was used to collect data. Results of Multiple Regression showed that, education, emotional detachment and social stigma independently and jointly contributed to post traumatic stress among retired military personnel ( $R=.304$ ,  $F(5,274)=3.498$ ,  $p<.001$ ). Pearson's Product Moment Correlation equally showed a significant positive relationship between coping abilities and post-traumatic stress disorder among retired military personnel  $r(290) = .96$   $p <.001$ . Based on the findings of the study, it was therefore recommended that conscious efforts should be made to improve the condition of the serving and retired military personnel suffering from post-traumatic stress disorder. The study also recommended that more researches should be conducted in the study area for further identification of the long term solution of problems of post-traumatic stress disorder among military personnel using larger sample sizes.*

**Keywords:** Coping-abilities, Emotional-detachment, Posttraumatic-stress disorder, Retired military personnel, Social-stigma.

## I. INTRODUCTION

Post-traumatic Stress Disorder (PTSD) among retired military personnel has attracted a lot of interest among researchers in the western world in recent times because of its effects on the behavioral pattern of these war veterans. According to Fisher (2008), this disorder has become common as seen in vast number of soldiers diagnosed with the disorder and many other research studies generate by clinicians relating to retired combat soldiers retiring

from peace keeping, traumatic events and incidence of wars.

Military personnel throughout history have had to deal with the mental, physical and emotional stress associated with combat. As observed by Carpenter (2009), PTSD is an issue which captures the minds and imaginations of the public. Initially, it was once known as a psychological disorder associated with veterans of war not until World War I (WWI) when the terms “shell shock” and War neurosis” became synonymous with describing psychiatric conditions that plagued retiring soldiers was the concept of combat related stress associated with a clinical diagnosis. In the same vein, WWII era, psychiatric casualties were diagnosed with terms such as “exhaustion” and “combat fatigue” (Williams, 1987).

Coleman (2005) indicated that exposure to combat-related stressful events can result in long-term psychological adjustment problems such as post-traumatic stress disorder. The disorder is characterized by persistent intrusive memories about the traumatic event, by persistent avoidance of stimuli associated with the trauma, and by persistent symptoms of increased arousal.

According to American psychiatric Association (1994) PTSD is classified as an anxiety disorder, characterized by aversive anxiety related experiences, behaviours and physiological responses that develop after exposure to a psychologically traumatic events (sometimes months after). Its features persist for longer than 30 days, which distinguishes it from the brief acute, stress disorder. These persisting post-traumatic stress symptoms cause significant disruptions of one or more important areas of life function. Post traumatic stress disorder is caused by experiencing any of a wide range of event which produces intense negative feelings of “fear, helplessness or horror” in the observer or participant.

Barlow and Durand (2002) defined post-traumatic stress disorder as an anxiety problem that occurs after a person experiences a life-threatening event that makes him or her feel extremely frightened and vulnerable. Such events include war, crime, rape, abuse, accidents, natural disasters like flood and earthquakes, and other potentially deadly and dangerous circumstances. However, the traumatic event doesn't have to happen to the person directly for PTSD to develop. A person might develop the disorder after witnessing someone else in a life-threatening situation, or even after hearing about someone else's tragedy. According to them, post-traumatic Stress Disorder was called different names as early as the American civil war, when combat veterans were referred to as suffering from "soldier's heart". In World War I symptoms that were generally consistent with this syndrome were referred to as "combat fatigue". Soldiers who developed such symptoms in World War II were said to be suffering from "gross stress reaction," and disorder many troops in Vietnam who had called PTSD were assessed as having "Post-Vietnam syndrome". Post traumatic stress disorder has also been called "battle fatigue" and "shell shock".

A large body of literature of the possible psychosocial factors including education, income, and duration of stay in service, emotional detachment, social stigma and coping strategies has been implicated in the post-traumatic stress disorder among retired military personnel. One very common, but often overlooked effect of PTSD is the impact that the disorder has on marital relationships. Symptoms such as irritability and anger volatility can place a strain on marital relationships or the patient's relatives. Solomon, Mikulincer and Flum (2008) reported that PTSD sometimes causes sufferers to become emotionally distant or detached from others. Even where this is not the case, "emotional numbing" can create difficulties in intimate relationships.

Post-traumatic Stress Disorder is said to be more severe among the retired military officers with low academic and training proficiency. Maxmen and Ward (2005) indicated that officers with low academic background tend to be less knowledgeable on combat related issues, and most of these officers are found in war fronts, and as such, they are the most hit in the exercise, while the most trained are behind in the guise of medical providers and operational directors with maps and other required approaches to be taken. On return, the low ranking officers with relatively poor remuneration tend to be more affected with the post-traumatic stress disorder, considering what they passed through and the poor reward they receive on return, while the top ranking officers who have acquired higher academic and theoretical training who see less what they have seen

and passed through are in turn treated respectively with a high reward.

Similarly, Coleman (2005) maintained that retired military officers on a higher socio-economic background are counseled more to the anticipated dangers occasioned at war situations and treated more fairly when they retire from the military compared to the low ranking officers who have little or no knowledge of the devastating dangers of war situations which they are eventually exposed to, and they in turn suffer a great deal with a bad feeling that they will at the end be treated unjustly, and this leads to post-traumatic stress disorder.

Donnellan and Maffit (2010) examined on low self concept in relation to aggression and antisocial behaviour among retired military personnel in Kenya. Findings indicated that aggressive, depressive and other antisocial behaviours were largely due to a low self concept perception among the military officers who had wished to have had a higher aspiration than what they were. They also revealed that self concept is modeled on imitative behaviour where most of the participants stated that they wanted to be like the elites and famous military officers who are literally adored, revered and worshipped in the force.

Dirkzwager and Bramsen (2007) investigated the relationship between social support, coping strategies, additional stressful life events, and symptoms of Post-traumatic Stress Disorder among Dutch former peace keeping soldiers as well as the bivariate relationships between social support, coping strategies, life events, and PTSD using Pearson's Correlations, the longitudinal analyses involved hierarchical multiple regression analyses on the contribution of social support, coping strategies, and stressful life events to the variance of PTSD symptom severity and results showed that more negative social contacts and fewer positive social contacts were associated with more PTSD symptom severity. More use of the coping strategies 'wished thinking' and 'accepting responsibility' was related to more PTSD symptoms, more planned problem solving and seeking social support was related to less PTSD symptom severity, more negative social contacts and fewer positive social contacts were associated with more PTSD symptom severity, more use of the coping strategies 'wishful thinking' and 'accepting responsibility' was related to more PTSD symptoms, more seeking social support was related to less PTSD symptom severity and, a bilateral relationship was found between additional stressful life events and PTSD symptom severity with results which indicated that social support and coping strategies may be valuable aspects of prevention and intervention programmes for retired military personnel suffering from stress disorder.

In Nigeria for instance, in a bid to ensuring peace, unity and security of lives and property, the military personnel are exposed to series of traumatic events resulting from ethno-religious conflicts, ethnic clashes, political violence, kidnapping, robbery activities, amongst others. Against this background, the study aims at assessing post-traumatic stress disorder among retired military personnel in Makurdi metropolis, Nigeria. It was therefore hypothesized that:

- i. Education, income, duration of stay in service, emotional detachment and social stigma will independently and jointly influence Post-traumatic Stress Disorder among retired military personnel.
- ii. There will be a significant relationship between coping abilities and post-traumatic stress disorder among retired military personnel.

## II. METHOD

### A. Design

The study employed an ex-post facto cross-sectional survey design to assess the level of post-traumatic stress disorder among retired military personnel in Makurdi metropolis. The independent variables include educational background, socio economic status, duration of stay, emotional detachment, social stigma and coping abilities. The dependent variable is Post traumatic stress disorder.

### B. Participants

Participants for the study were two hundred and ninety two (292) retired military personnel. Their ages ranged from 38 to 88 years with the mean of 59.21 (SD = 9.82). Their educational distribution showed that, 233 (79.79%) acquired primary/post primary education, while 59 (20.21%) had tertiary education. In terms of their marital status, 202 (69.18%) were married, 21 (7.19%) were widowed, 7(2.40%) were separated, while 62(21.23%) were divorced. Duration of stay in military service showed that, 170 (58.22%) spent less than 20 years in service, while 122 (41.78%) spent 20 years and above in service.

### C. Measure/Instruments

The following socio-demographic variables were assessed: age, educational background, income, marital status and duration of stay in service were measured using regression analysis.

### D. Post-traumatic Stress Disorder Keane scale

This instrument was developed by Keane, Malloy and Fairbank (1984) to measure post-traumatic stress disorder, panic anxiety disorder, social anxiety and environmental anxiety. The 46-item inventory is one of the six additional MMP1-2supplementary scales. In terms of administration, the instrument is individually administered or in groups after establishing rapport with the client.

There is no time limit for completing post traumatic stress disorder Keane scale. In terms of scoring, a score of one point is given to each expected response. For instance 1point each "F" marked or shaded in items 1,2,3,14,19,24,26,29. Also, 1point for each "T" marked or shaded in the remaining 38 items: 4-13, 15-18, 20-23, 25, 28 30-46. In the final score you add together the number of "F" items correctly marked or shaded to obtain the total test score for post traumatic stress disorder Keane scale. Keane *et al.*, (1984) provided the original Psychometric properties for American population while those for Nigerian samples were provided by Ayonuwe (2003). The reliability coefficients reported by Keane Malloy and Fairbank , (1984) for men was .50 Cronbach's alpha, with a test-retest of .86 Cronbach's alpha while that of women was .87 Cronbach's alpha with a test-retest reliability of .89 Cronbach's alpha. For the purpose of this study, the reliability obtained was .93 Cronbach's alpha which was considered adequate for use. In terms of validity, Keane, Malloy and Fairbank (1984) obtained a concurrent validity coefficient of .80 by correlating Post traumatic stress disorder Keane scale version in MMPI-1 with that in MMPI-2. By correlating PKS with SCL -90 Somatization scale (Derogates *et al.*, 1977) and PSC (Omoluabi, 1987). Ayonuwe (2003) obtained concurrent validity coefficients of .97 and .91 respectively. The Nigerian norms or mean scores are the bases for interpreting the scores of the client. Scores equal or higher than the norms indicate that the client manifest post traumatic stress disorder while scores lower than the norms indicate the absence of post traumatic stress disorder

### E. Carver's Coping Scale

Carver's coping scale is a 28- item questionnaire with six sub-scales developed by carver's (1989) to assess the strategies adopted by retired military personnel to cope with the post-traumatic stress disorder. The subscales are: active coping/planning (6-items), humor (4-items), acceptance (4-items), turning to religion (4-items), and denial/disengagement (5-items). The responses range from Strongly Agree =4, Agree =3, Disagree =2 and Strongly Disagree =1 for positive scoring. As for the negative scoring, a response of Strongly Agree =1, Agree =2, Disagree =3 and Strongly Disagree =4. The sub-scales have internal consistency alpha coefficient of  $r=.64$  (denial), .79 (active coping), .86 (seeking emotional support), .80 (acceptance), .86 (religion) and .88 (humor). For the purpose of this study, an overall reliability coefficient alpha of .81 was obtained for all the sub-scales taken together.

### F. Procedure

The researchers personally visited the retired military personnel in their various meeting points such as Banks, Credit and Loan Societies, Churches

amongst others to administer the questionnaire. Only participants who agreed and willing to participate in the study were given the questionnaire to fill in. To ensure that proper norms were obtained, test was administered under uniform testing conditions according to the administration and scoring procedures and recommendations of the International Test Manual (WHO 1986). The researcher was as flexible as possible during administration of questionnaire in order to achieve higher response from participants. The researcher used suitable conversational tones, and reinforces examinees' efforts and level of ability. Confidentiality of the retired military personnels' responses and strict adherence to individual privacy were fully assured.

**G. Method of Data Analysis**

The data collected for this study were analyzed using Multiple regression to test the independent and joint predictions of dependent variable by the independent variables. Pearson's Product Moment Correlation was also used to establish the relationship between the chosen variables in the study.

**III. RESULTS**

Hypothesis one stated that education, income, duration of stay in service, emotional detachment and social stigma will independently and jointly influence Post-traumatic Stress Disorder among retired military personnel.

**Table 1: Multiple Regression Showing the Independent and joint Influence of education, Income, Duration of Stay, Emotional detachment and social Stigma on post-Traumatic Stress Disorder Among Retired Military Personnel.**

Variables	R	R <sup>2</sup>	F	β	t	P
<b>Constant</b>	.30	.09	3.49		5.14	.00
	4	3	8			0
<b>Education</b>				.43	2.35	.01
				7		9
<b>Income</b>				-	-	.63
				.03	.479	2
				0		
<b>Duration of stay</b>				-	-	.40
				.05	.827	9
				1		
<b>Emotional detachme nt</b>				-	-	.00
				.18	3.09	2
				9	4	
<b>Social stigma</b>				.15	2.59	010
				5	2	

F(5,274df) = 3.498, <.001

Results from table 1 above shows R=.304 and R<sup>2</sup> = .093, which means that education, emotional detachment, and social stigma contributed significantly in the prediction of post traumatic stress among retired military personnel, while income and duration of stay in service did not have much

influence in the post traumatic stress among retired military personnel. This result implied that education, emotional detachment and social stigma have much influence on post-traumatic stress experienced by retired military personnel. Income and duration of stay in service are not enough to account for the post traumatic stress disorder experienced by retired military personnel in Makurdi metropolis.

Hypothesis two stated that there will be a significant relationship between coping abilities and post-traumatic stress disorder among retired military personnel.

**Table 2: Summary of Correlation Scores Showing the Relationship between Coping Abilities and Post-Traumatic Stress Disorder Among Retired Military Personnel.**

Variables	N	r	df	P	Remarks
<b>Coping abilities</b>	29	.96	29	.00	Sig
<b>Post-traumatic Stress disorder</b>	2	1	0	0	

Table 2 above shows that there is a significant relationship between coping abilities and post traumatic stress disorder among retired military personnel (r(290 df)=.961,p < .001).This result implied that coping abilities have much role to play in the post traumatic stress experienced by retired military personnel in Makurdi metropolis.

**IV. DISCUSSION**

The first hypothesis stated that education, income, duration of stay in service, emotional detachment and social stigma will independently and jointly influence post traumatic stress disorder among retired military personnel. From the results in table 2, education, emotional detachment and social stigma were found affecting the physical and emotional health status of retried military personnel as a result of the post traumatic stress disorder they had experienced before. This finding goes along with Maxmen and Ward (2005) who established that officers with low academic background tend to be less knowledgeable on combat related issues, and most of these officers are found in war fronts, and as such, they are the most hit into the exercise, while the most trained are behind in the guise of medical care providers and operational directors with maps and other required approaches to be taken. In return, the low ranking officers with relatively poor remuneration tend to be more affected with the Post-traumatic Stress Disorder considering what they passed through and the poor reward they receive in return, while the top ranking officers, who have been possibly acquired academic and theoretical training

see less what they have seen and passed through and in turn are treated respectfully with a high reward.

The study further found a series of common emotional detachment reported by retired military personnel. This study tallied with that of Solomon, Mikulincer and Flum (2008) who indicated that post-traumatic stress disorder sometimes causes sufferers to become emotionally distant or detached from others. Even where this is not the cause, “emotional numbing” can create difficulties in intimate relationships. Furthermore, Post-traumatic Stress Disorder among the married in most cases result to family conflict, communication problems and lack of emotional intimacy especially where the difficulties are protracted.

Findings further indicated that public stigma negatively affected retired military personnel because of the post-traumatic stress they passed through while in service. This finding again supports Solomon, Mikulincer and Flum (2008) who established a significant negative relationship between post-traumatic stress and public stigma experienced by retired military officers. According to them, many retired military personnel have had different painful experiences after retirement in the bid to interact with members of the society. This trend and rejection of the military who are down with post-traumatic stress disorder is so disturbing and it rather compounds the difficulties and abnormality of the retired military officers.

Hypothesis two stated that there will be a significant relationship between coping abilities and Post-traumatic stress Disorder among retired military personnel. This study found a significant relationship between coping strategies and post-traumatic stress disorder among retired military personnel. This finding agreed with Dirkzwager and Bramsen (2007) who indicated that social support and coping strategies may be valuable aspects of prevention and intervention programs for retired military personnel suffering from stress disorders.

#### **Implications of the Study**

Although people may not want to be labeled or recognized as retired military personnel due to social stigma attached to them, openly acknowledging the role they played in ensuring that Nigeria remains one indivisible nation can help them gain access to support and services. In this regard, retired military personnel in any case should not be labeled against. Moreover, basic counseling practices common to many treatment responses for Post-traumatic stress include education about the condition and provision of safety and support.

The study also implied that, victims of post-traumatic stress disorder should be placed on

prevention treatment like psychological debriefing to avoid its degeneration to chronic disorder stages. This strategy should be the first form of preventive treatment because one of the main reasons for this is the relative ease with which this treatment can be given to individuals directly following an event.

In this regard, corroborative care should be given to individuals who are at high risk of post-traumatic stress disorder. They should as well be closely monitored for further symptoms and as such if symptoms appear, the level of care should be increased to treat those symptoms. Retired military personnel feel guilty and ashamed that they can no longer cope due to low level of education, emotional detachment and social stigma, but others are relieved that this burden will soon be over. Retired military personnel themselves may gradually become physically or mentally-ill and need clinical intervention.

#### **V. CONCLUSION**

It has become obvious from the study that, the welfare of retired military personnel is not sufficiently addressed and often not taken into consideration at all. The negative psychological feelings such as emotional detachment, social stigma, shame, embarrassment, anxiety, depression, sorrow, isolation amongst others, experienced by retired military personnel should be addressed by various stakeholders. In this regard, deliberate policies by government, non-governmental organizations and private spirited individuals with the caring mind for retired military personnel should be put in place to ease their burden.

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