# READINGS IN PEACE & CONFLICT

*Essays in honour of*

**Professor Isaac Olawale Albert**

**Editors:**
**Elias Suleiman Bogoro**
**Matt Meyer**
**Nathaniel D. Danjibo**

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# Traumatizing the Trauma: The Influence of Dispositional Optimism on Psychological Well-Being of Internally Displaced Persons among A Nigerian Population

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## INTRODUCTION

Violent conflict has placed Nigeria in the eye of the storm as the country's internal displacement continues on a steady increase. Aside the North-East region that has remained a theatre of terror war since 2009, farmer-herder crisis in the North Central has further dampened peaceful co-existence among Nigerians. Incessant killings in the geo-political zone, particularly Benue state in recent times have forced near hundreds of thousands people to abandon their homes into IPD camps. Owing to poor preparedness as well as low sophistication in human and material requirements in handling internal displacement, these IDPs live in terrifying and traumatizing conditions. Trauma has been conceptualized as any undesirable experience that predisposes individuals to conditions that are beyond their coping abilities (Ball and Stein, 2012; *American Psychological Association*, 2013; Acquaye, 2017). Even among general population, trauma is common as evidence shows that 60-80% of adults in normal population experience at least one traumatic event (Simiola, Neilson, Thompson, and Cook, 2015).Citing experiences that could be considered traumatic, Friedman, Resick and Keane, (2014) listed terminal illness from the point of the ill and their loved ones, terrorist attack, rape and other forms of sexual abuse, war, natural disasters like flooding and earthquakes.

The aftermath of traumatic experiences has been found to predispose people to poor mental health status as the *American Psychological Association* (2013) listed identified various symptoms of post traumatic experiences. These symptoms include avoidance, intrusive thoughts, negative alterations in cognition and mood, and the tendency to live recklessly. Individuals who experience the direct effects of these traumatic events are not the only ones affected. In the same vein, people around those with post traumatic experiences are also affected as previous studies have documented (Baum, 2014; Zerach, 2015; Lahav, Kanat-Maymon, & Solomon, 2016). People who have been internally displaced therefore face a traumatic experience which would not only end at their resettlement but might still continue as post traumatic disorder. It is thus important to examine buffers against trauma for IDPs as an effective strategy to mitigating the immediate and long-term effect of trauma on their health and well-being.

Optimism is a concept that could fit in effectively buffering against trauma as it insulates an individual in a traumatic experience from despair. People are said to be optimistic when they believe that good events, rather than bad ones, will happen in their lives (Scheier, Carver & Bridges, 1994). This way, they hold positive expectation towards the future and are hardly daunted by their present circumstances. Previous research evidence has shown that even among population in difficult circumstance, optimism is strongly and positively associated with health

and well-being (Carver & Scheier, 2014). Evidence shows that optimism plays protective role against physical (Khallad *et al.*, 2014) and psychological (He, Cao, Feng, Guan, & Peng; 2013; Broekhof, et al., 2015; Panchal, Mukerjeel and Kumar; 2016; Paveen, Maqbool & Khan, 2016) traumatizing experiences. Copious evidences still suggest that optimisticism plays buffer role against traumatic events like war, terrorism and other forms of combative and confrontational events that affect people's physical and mental health and well-being (Thomas, Britt, Odle-Dusseau, & Bliese, 2011; Besser, Zeigler-Hill, Weinberg, Pincus & Neria, 2015). When specifically related to IDPs, research evidence has also shown that optimism plays critical role in protecting IDPs from mental health challenges due to their circumstances as IDPs (Iacovielle & Charney, 2014; Aquaye, Mitchel, Saliba, Oh, & Heard, 2018).

Despite the convincing evidence of the buffer effect of optimism against trauma for people in difficult situations, little or no research effort has been focused on understanding the influence of optimism on health and well-being of IDPs in Nigeria notwithstanding the fact that the country constitutes significant proportion of Africa and global displacement population. Nigerian IDPs are faced with poor mental health issues requiring research based interventions to address. In a recent study focusing on IDPs in Benue State, Adio-Moses (2018) reported poor health related quality of life at both the physical and psychological dimensions. This thus makes further research to understanding how responsive strategies can be developed to counter the effect of trauma among this population important. It was against this backdrop that the present study was designed to investigate the influence of optimism on health and well-being of IDPs based on the positive psychology philosophy.

## MATERIALS AND METHODS

### The Study Area

Benue state is one of 36 states in Nigeria which is in North-Central geo-political zone of the country. The state lies at the middle when Nigeria is viewed from the North and South divide, hence it is part of the middle belt states in Nigeria. With an estimated population of about 4,253,641 based on the 2006 census figures, Benue could be considered as one of the most populous states in Nigeria. The state is heterogeneous and multi-lingual. However, it is inhabited predominantly by the Tiv, Idoma and Igede people. The major languages are therefore Tiv, Idoma and Igede. However, there are other ethnic groups, including the Etulo, Abakwa, Jukun, Hausa, Igbo, Igala, Akweya and Nyifon. Makurdi is the state capital and the state is a rich agricultural state, hence its slogan – "Food Basket of the Nation." Benue State is named after the Benue River and was created from the former Benue-Plateau State in 1976. The state has been in the eye of the storm since the near carnage occasioned by what has been technically termed 'Herdsmen and farmers' clash notwithstanding that casualty figures is nothing near a clash but ethnic cleansing attempt. The year 2018 alone has witnessed alarming loss of lives and property including sacking of villages by armed militia thus necessitating resettling the locals in IDP camps.

### Study Design

The cross-sectional research survey design was used in the study. This design is a type of descriptive research design that involves collection of data within a short period of time with a view to gaining understanding of the variables of interests and their relationships. This approach has the advantage of enabling a researcher to collect data from a large sample within a short period and to understudy the population from which the sample was collected with a view to establishing new knowledge or verifying assumptions.

### Sample and Sampling Technique

A sample of 1200 IDPs was sampled from the eight IDP camps in the state using simple random and networking sampling technique. However, analysis was based on the 1173 research

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instruments that were successfully retrieved and found useful for the purpose of analysis. The camps are shown in the table below.

**Table 1: IDP Camps in Benue State**

| Camp | LGA |
|---|---|
| LGEA Primary School Camp | Guma |
| UNHCR Shelter Camp | Guma |
| Tse-Ginde camp | Guma |
| Gbajimba camp | Guma |
| Abagena or Agan camp | Makurdi |
| Anyiin Camp | Logo |
| Abeda Camp | Logo |
| LGEA Primary School Camp Ugba | Logo |

**Instruments, Procedure for Data Collection and Analysis**

The research instrument used for data collection were Optimism/Pessimism Instrument originally developed by Dember, Martin, Hummer, Howe, and Melton (1989). Mental well-being was measured using Warwick Edinburgh Mental Well-being Scale (WEMWBS) by Tennant *et al.*, (2007). Data were collected using a face-face interview method for respondents who cannot fill out the instruments themselves by trained research assistants and supervised by the principal investigator. Respondents who cannot read or write had the questionnaire translated to them by research assistants and their responses filled in accordingly. The generated data were analysed using descriptive statistics and inferential statistics of t-test, regression models and one-way ANOVA at 0.05 alpha level.

## FINDINGS AND DISCUSSIONS

**Demographic Characteristics of Respondents**

**Table 2: Demographic Characteristics of Respondents**

| Variable | Frequency | Percentage |
|---|---|---|
| **Age** | | |
| Below 20 years | 162 | 13.8 |
| 20-29 years | 188 | 16.1 |
| 30-39 years | 247 | 21.1 |
| 40-49 years | 268 | 22.7 |
| 50 years and above | 308 | 26.3 |
| **Sex** | | |
| Male | 438 | 37.3 |
| Female | 735 | 62.7 |

The study result showed that female respondents accounted for the largest proportion of the respondents at 62.7% with male respondents making up the remaining 37.3%. In age distribution, findings showed that respondents that are aged 50 years and above constituted the largest proportion of the respondents at 26.3% while respondents that are below 20 years accounted for the least percentage.

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**Gender Difference in Psychological Well-Being among Respondents**

**Table 3: t-test Table of Gender Difference in Psychological Well-Being**

| | SEX | N | Mean | Std. Deviation | $t_{cal.}$ | Df | $t_{crit.}$ | P |
|---|---|---|---|---|---|---|---|---|
| PSYCHOLOGICAL WELL-BEING | MALE | 437 | 23.6133 | 2.84848 | 15.655 | 1171 | 1.645 | 0.000 |
| | FEMALE | 736 | 27.9008 | 5.28736 | | | | |

The result of the study showed that there is significant gender difference in health related quality of life. The calculated t-test at 15.655 is greater than the table value at 1.645. Moreover, the p value at 0.000 is also less than the level of significance at 0.05 which confirms that there is significant gender difference in psychological well-being of respondents. Further analysis of the result showed that male respondents reported lower psychological health problems at a mean of 23.6133 compared to female respondents who reported higher mean at 27.9008.Women are more disadvantaged in almost every circumstance including internal displacement. This disadvantage is not only due to socio-cultural factor of male dominance but also disadvantage of human biology. Women reproductive roles and health put them in more difficult circumstance than males. Women IDPs who are pregnant or nursing for instance have additional stressors and this equally applies to menstruating women who might not have access to sanitary materials. All these could explain the lower psychological well-being reported by women compared to men. This finding of the study is in line with the findings of a recent study among IDPs in Benue by Adio-Moses (2018) which reported lower health related quality of life among women IDPs than men. The study is also in line with the findings of Parveen *et al.* (2013) who reported lower well-being among female compared to male respondents in an Indian based study.

**Age Difference in Psychological Well-Being**

**Table 4: Mean and ANOVA Table of Age Difference in Psychological Well-Being**

| AGE IN YEARS | Mean | N | Std. Deviation | F | P |
|---|---|---|---|---|---|
| BELOW 20 | 23.5864 | 162 | 2.87341 | | |
| 20-29 | 23.6223 | 188 | 2.81724 | 61.450 | 0.000 |
| 30-39 | 25.4372 | 247 | 4.60504 | | |
| 40-49 | 28.3806 | 268 | 5.31099 | | |
| 50 AND ABOVE | 28.2565 | 308 | 5.26210 | | |
| **Total** | **26.3035** | **1173** | **4.98513** | | |

The study findings showed that older respondents reported higher psychological distress as respondents that are aged 40-49 years recorded the largest mean at 28.3806 with those that are 50 years and above taking the second slot at 28.2565. Younger respondents reported lower mean as respondents that are below 20 years reported a mean score of 23.5864. Meanwhile, the result from the ANOVA suggests that age significantly influenced psychological wellbeing at an $F_{(4,1168)}$ value of 61.450 and a value of $p<0.05$.

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**Influence of Optimism on Psychological Well-Being**

**Table 5: Regression Table Showing Influence of Optimism on Psychological Well-being**

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate | | |
|---|---|---|---|---|---|---|
| 1 | .248 | .061 | .061 | 4.83163 | | |
| Model | | Sum of Squares | df | Mean Square | F | Sig. |
| 1 | Regression | 1789.424 | 1 | 1789.424 | 76.653 | .000 |
| | Residual | 27336.532 | 1171 | 23.345 | | |
| | Total | 29125.956 | 1172 | | | |

a. Dependent Variable: PSYCHWELLBEING
b. Predictors: (Constant), OPTIMISM

The result finding showed that optimism significantly influence psychological well-being at an R value of 0.248. This value suggests that psychological well-being is increased with increase in optimism, implying that optimism plays buffer role against psychological distress. The protective role of optimism on psychological distress and trauma shows that dispositional optimism training could be explored to protecting IDPs against trauma in their distressed state. Dispositional optimism has been reported by previous researchers to play protective role against trauma among people in challenging situations. Optimism enables an individual in a distressing situation to see the brighter side of life. This way, the positive outlook somewhat enables the individual to live well even in distress.

Dispositional optimism is a positive personality trait that enhances psychological stability. IDPs with high dispositional optimism thus see their ordeal as one of the events of life. They are affected by their traumatic experience but they are not weighed down by the experiences they are facing. They are protected against psychological distress because of their positive mental outlook to life. They do not live in the present circumstance but they look forward to a brighter future where their present challenging circumstances are not part of. On the other hand, pessimistic IDPs see their circumstances as their death ground. They slip into despair and hopelessness and this adversely affect their physical and psychological health and well-being. It is also important to mention that the frustration level of people with high optimism is lower compared with highly pessimistic people. This lowered level of frustration, anxiety and psychological distress protects the individual with high optimism against the trauma that despair and anxiety predispose people in challenging circumstances to. This finding of the study corroborates copious research evidences that have reported the protective role of dispositional optimism against psychological health problems of people in distressing situations. It supports the findings of He, *et al.*, (2013) who investigated the protective role of dispositional optimism on health and well-being of burn victims. The study finding also supports the findings of Parchal, *et al.*, (2016) who also reported the optimism plays protective role against academic stress among undergraduates.

## CONCLUSION

In conclusion, the study showed a significant gender and age difference in psychological well-being of IDPs in Benue state with male and younger IDPs reporting better well-being than women and older IDPs. It is also deduced that dispositional optimism reduced the risk of mental health issues and played a risk prevention role against psychological distress and trauma as IDPs with higher levels of optimism reported higher well-being. This implies that training on improving

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optimism is an effective strategy to reducing and preventing psychological health problems among IDPs.

## RECOMMENDATIONS

Based on the findings of the study, the following recommendations were made:

(1) Development of mechanism to prevent terror and confrontational incidents that led to internal displacement in Benue must be addressed
(2) Training on dispositional optimism through psychological health risk reduction and counseling must be adopted as tools in helping IDPs adjust and maintain a minimum quality of life that will not adversely impact on their well-being during their stay in the camp as well as after they have been resettled.
(3) As part of psychological health risk reduction, IDPs must be properly cared for in camps of and plans for their resettlement must begin the very first day any camp is opened.
(4) Specialized psychological health risk reduction and counseling services must be made available to vulnerable IDP population like women and the aged.

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