

Chronic Sorrow among Internally Displaced Persons in Plateau, North-Central Nigeria: A Phenomenological Study

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Research Article

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Abstract

Background: Chronic sorrow is a persistent sadness and or other emotional reactions commonly associated with grief that is recurrent, permanent, periodic and potentially progressive. It is viewed as a normal reaction to loss that may be to a single event (circumscribed) or ongoing (progressive) and usually people who experience chronic sorrow use internal and external coping strategies at a point or throughout the experience. However, if coping strategies are ineffective, the disparity created by the loss will continue to intensify and may progress to a pathological grief state or depression.

The study aimed at exploring chronic sorrow among internally displaced persons (IDPs) in IDPs camps, Plateau State.

Methodology: A transcendental Phenomenological design was adopted. Goe Science camp was purposively selected and twelve participants were recruited to the study having met inclusion criteria. A structured guide was used to collect socio-demographic data and to facilitate in a face-to-face discussion. The interview lasts between 35-60 minutes. Data were recorded, transcribed verbatim and translated into English. Data were analyzed using frequency table and percentage, SPSS version 23 and deductive thematic analysis.

Findings: Findings indicates that ethno-religious conflict is the antecedent of the chronic sorrow among IDPs, major losses experience include loss of lives and properties, loss of freedom. Participants experienced chronic sorrow in form of hopelessness, worthlessness, loneliness, bitterness, emptiness which is recurrent in nature. Trigger factors were intrinsic such as hunger, desires for sex, praise and love or extrinsic such as loneliness, lacks, ceremonies, songs, sighting of a house among others. Management or coping strategies employed by the IDPs were internal coping strategies comprising of prayers, reading and reflecting on the teaching of the holy book, development of positive attitudes, crying and isolation while external coping strategies are mainly support from health care professional, friends and family, government, non-governmental organizations and religious organizations.

Conclusions: There is the existence of chronic sorrow among IDPs living in camps in Jos. Therefore, it is recommended that Government, traditional and religious leaders, and individual should employ and mount strategies to prevent crises which have been discovered as the primary precursor of displacement, there should be provision external coping strategies to prevent the IDPs from getting to a pathological stage of grieving and health care providers should educate those displaced on coping mechanism.

Introduction

Chronic sorrow is commonly experienced by individuals across the lifespan who have encountered significant loss or experience ongoing loss. It is a persistent sadness and/or other emotional reactions commonly associated with grief that is recurrent, permanent, periodic and potentially progressive. It is viewed as a normal reaction to loss that may be to a single event (circumscribed) or ongoing (progressive). The certainty and permanence of hopelessness, worries etc. must evolve before chronic sorrow is said to be present. The duration and intensity of sorrow reactions may occur over a variable period

at different rates, frequencies and interval (Elizabeth and Janet, 1996). Usually, people who experience chronic sorrow use internal and external coping strategies at a point or throughout the experience. However, if coping strategies are ineffective, the disparity created by the loss will continue to intensify and may progress to a pathological grief state or depression. Most individuals recover adequately between two to three months after the loss; however, some individuals experience an extension of the grieving process known as chronic sorrow, and it results from failure to transit or change from acute grief

to a state of equilibrium instead; Mayo Foundation for Medical Education and Research [MFMER], 2018) [1]. The theory provides a framework for nurses to develop ways to support clients (individuals, caregivers and families) experiencing chronic sorrow by applying evidence-based strategies to facilitate effective coping [2]. Internally Displaced persons (IDP's) are mostly victims of the inhumanity of man against man, they are victims of various kind of injustices or violent confrontations, perpetrated by either government or by others, such as communal clashes, terrorism, riots, ethno-religious conflicts, natural disasters and so on. Globally A total of 40 million people are estimated as internally displaced persons at the end of 2017/2018. Seventy-six per cent of the world's IDPs resulting from conflicts are concentrated in just ten countries, many of which have struggled with high levels of displacement for decades. An unknown number of people remain displaced as a result of disasters that occurred or forecasted (Internal Displaced Minority Centre and Norwegian Refugee Council [IDMCNRC], 2018). In Nigeria, violence perpetrated by terrorist groups has leads to the displacement of about 1,707,000, displacement due to natural disaster such as flood force about 122,000 out of their homes given a rough estimate of 1,829,000 internally displaced persons (IDMCNRC, 2018). According to Plateau State Emergency Management Agency (PSEMA), a total of 38, 051 Internally Displaced Persons (IDPs) are taking refuge in 31 camps in the state following ethno-religious conflict [3]. Many of the IDPs loss their means of livelihood, materials and love ones therefore, recurrent, strong feelings of yearning, wanting to be reunited with the person who died; possibly even a wish to die to be with deceased loved one exists. Frequent, intense feeling of loneliness or life is empty or meaningless without the person who died; feelings of deep sadnesss, episodes of crying or sobbing, typically interspersed with periods of respite and even positive emotions. The steady stream of thoughts or images of the deceased may be vivid, bitterness or anger about the death, somatic distress e.g., uncontrollable sighing, loss of appetite, feelings of hollowness, sleep disturbance, fatigue, exhaustion or weakness, restlessness. Feeling disconnected from the world or other people, indifferent, not interested or irritable with others, feelings of becoming subject of petty etc. are the experiences of the IDPs which also triggers the sorrowful feelings of these categories of people [4]. The displaced individuals in some camps usually lived in open space, with extreme temperatures, starvation and humiliation. They were at the mercy of individuals, government(s), non-governmental and religious organizations that bring them relieve materials. The above experiences are themselves stressor that threatens or alters that state of equilibrium for most people who could not restore or resume normal life over some time despite new coping strategies employed (MFMER, 2018). Chronic sorrow has been described among caregivers of patients with schizophrenia, cerebral palsy, sickle cell and cancer [5-8] but no study has explore chronic sorrow among IDPs in Plateau.

Methodology

A transcendental phenomenological design was used for the study.

Area of Study: The study was carried out in Geo-Science Camps A and B, IDP camps in Plateau State Nigeria. Plateau State is roughly located in the centre of the country. Adjacent states: Bauchi State (to the northeast), Kaduna State (to the North West), Nasarawa State (to the southwest) and Taraba State (to the southeast). It has seventeen Local Government Areas (LGAs). The people are predominantly farmers and have similar cultural and traditional ways of life. There are over forty ethnolinguistic groups in the state and people from other Nigeria ethnic groups (Plateau State Government Home page (PSGHP, 2017). There are 31 IDP camps in the state and the Goe Science camp has approximately 1800 IDPs in the camps comprising people of varying ages, ethnicity, socioeconomic status and educational attainment at the time of this study.

Sample Size Determination: Participants were purposively recruited and saturation was reached after 12 interviews.

Criteria for Inclusion: IDPs residing in Goe science IDPs camp, ≥ 18 years, who stayed for at least three (3) months in the camp; must be mentally sound, without sight or hearing defect, being able to communicate with either English or Hausa language and must be willing to participate.

Criteria for Exclusion: IDPs accommodated else were other than Goe science IDP camps, < 18 years, severely ill, mentally unstable, sight or hearing defects, those that cannot communicate with English or Hausa and not willing to participate. Participants gave consent to participation.

Instrument

Electronic recording device and semi-structured interview guide adapted from the Burke/NCRCS Chronic Sorrow Questionnaire comprising 6 sections A socio-demographic data which was filled by the participants before the commencement of the discussion, B questions about loses experienced (circumscribed or ongoing), C chronic sorrow, D questions on disparities between fantasy and reality of life, E questions about the trigger events that bring the disparity into focus while section F centered on strategies or methods (both internal and external) of managing chronic sorrow.

Validity/Reliability of Instrument The instrument was assessed by experts for face and content validity.

To ensure credibility, the Researcher spent "reasonable" time during participant's observation for data collection, and compared analyzed data from interviews with observations made, to ensure that data collected were a true reflection of the participants' views. Observations (clips of interviews) was reviewed by the research team. Member checking was done by going back to participants with the findings to check and verify the interpretation of the data. For Confirmability: bracketing was ensured. The raw and coded data were shared with the team members for peer debriefing and review. Record/outline of what was done (audit trail) was kept including interactions between researcher and the participants. Findings were duly stored in a zipped folder with a password in the researcher's computer. To guarantees transferability, the following was to ensure the provision of a detailed description of the sample, inclusion/exclusion criteria and setting of the study. To ensure

dependability the following was done: constructing structured interview which was submitted to the experts and corrections were made before going to the field for data collection [9].

Data Analysis

The socio-demographic data collected was analyzed using frequency table and percentage, statistical package for social sciences (SPSS) version 23.0 was used. This study was conceptualized from theory of chronic sorrow therefore, six steps of thematic analysis by [10,11] was used to analyse the qualitative data.

Step 1: Become familiar with the data

Step 2: Generate initial codes

Step 3: Search for themes

Step 4: Review themes

Step 5: Define themes

Step 6: Write up.

Results

Variable	Options	Frequency	Percentage
Age in years	18-23	0	0.0
	24-34	1	8.3
	35-44	2	16.7
	45 and above	9	75.0
	Total	12	100.0
Gender	Male	2	16.7
	Female	10	83.3
	Total	12	100.0
Occupation	Farmer	10	83.3
	Business	1	8.3
	Civil servant	1	1
	Total	12	100.0
Marital status	Married	9	75.0
	Widow	3	25.0
	Single	0	0.0
	Divorced	0	00.0
	Total	12	100.0
Educational Status	None/None formal	6	50.0
	Primary	5	41.7
	Tertiary	1	8.3
	Total	12	100.0
	Total	12	100.0

Table 1: Socio-demographic data

Table 1 shows that majority of the participants (75%) ≥ 45 years, 35-44 years (16%), while 24-44 years constituted 8.3%. The majority 10(83.3%) of the participants were females with only 2(16.7%) males. Furthermore, 10(83.3%) were farmers, 1 businesswoman and a civil servant making 8.3% for each. Majority 9(75.0%) were married and 3(25.0%) widows. Only a person (8.3%) had tertiary education, 5(41.7%) were

primary leavers and the rest (50.0%) had no formal education. Qualitative data were transcribed, translated into English, coded, categorized and nine subthemes and five themes emerged from this finding as seen in table 2

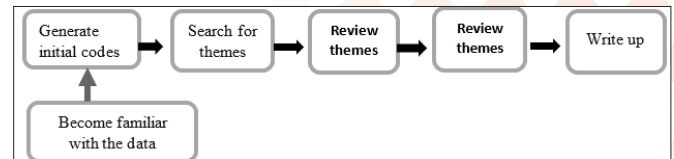


Figure 1: Flow chart showing steps in qualitative data analysis

Theme	Sub-themes	Categories	Codes
Antecedent (loss experienced)	Loss of lives	Loss of relatives	Loss of spouse
			Loss of a child/parent
			Loss of in-laws
	Loss of properties	Loss of friends	Loss of colleagues
			Loss of neighbours
		Loss of freedom	Loss of physical structures
Food related loss			
Asset/Treasures			
Chronic Sorrow	Feelings experienced	Nature of Chronic sorrow	Loss of grains, livestock
			Loss of documents, furniture, motorcycles
Chronic Sorrow	Nature of Chronic sorrow	Nature of Chronic sorrow	Lack of freedom to sit and relax outside
			Loneliness, emptiness, worthlessness, hopelessness, backwardness, worry, bitterness, distress, sleep disturbance.
Chronic Sorrow	Nature of Chronic sorrow	Nature of Chronic sorrow	Recurrent, cyclical

Disparity		Insecurity	Lack of shelter, Lack of future, Lack of means for livelihood, lack of support
		Loneliness	No spouses, no children and in-laws
		Lack	Lack of financial support to meet my needs, inadequate social supports
		Discomfort	Doing what one doesn't do before
Coping Strategies	Internal	Cognitive	Positive thinking, acceptance, Avoidance
		Behavioral	Praying, reading and reflection on teaching of holy books, crying
	External	Community support	Support by individual & groups, non-governmental organisations and religious organizations
		Friends and relative	Encouragement and food by relatives and friends
		Health support	Health care workers interventions
	Government support	Provided camps for shelter, food	
		Hunger	Lack of sufficient food supply

Trigger Events	Intrinsic factors	Desire	Desire for love, praise, sex
	Extrinsic factors	Events related	Ceremonies and anniversaries
		Lack	Lack of money, inadequate clothes, lack of food, cannot relax outside home to gist
		Social roles/responsibilities	can't cater for family, inability to support children in school
		Loneliness (vacuum created by loss of loved one)	Death of husband, loss of all family members
		Memories	Songs, words and movies, sight of a house

Table 2: Theme and subthemes

Primary source

Antecedent of chronic sorrow

The entire participants mentioned that they were attacked by a group of people, some of their statements are as follow:

*"I am in this camp because of the attack on us, in our village, that was what brought us to the camp"*04

Losses experienced by IDP were loss of lives, loss of properties and loss of freedom)

Loss of lives

The most traumatizing loss experienced by Internally Displaced Persons is loss of lives; this could be either one's parent/child, spouse or both spouses, friend, neighbor, relation or colleague. All participants suffered at least a loss of loved one as stated below by some participants:

*"I also lose my brother-in-law and his wife, our daughter who was given out in marriage and her husband was also killed and burnt to ashes"*002

"Yes, I had a great loss, I lost my husband and my farm/crops" 004

"I lost my father-in-law, I lost a sister to my mother-in-law, we lost our father, mother and a young man, we lost about eight persons, yes they were all killed, two of my nieces and two others were also killed" 005

"We lose neighbours; we lose almost 9 people in the neighbourhood, nine people; in the very village I live, I lose someone so dear to me" 009

Six out of 12 loss their properties and these include houses, clothes, furniture, vehicles, livestock, shops, grain, etc.) as quoted below:

"Farm products for the year/foodstuffs (acha, sorghum, maize,

Tamba,) were destroyed, we've farm all of these but we could not harvest any. My shop was broken and some of my things were looted, our houses were all destroyed/burnt to ashes, my livestock (chickens, goat, etc) were carried away nothing was left".

"I don't know of other people's, but I know about mine; my retirement documents were burnt as well as my car's particulars, but God spared my car because someone carried the car but the documents were with me therefore everything I have was destroyed, my clothes, television set, in short, all I have in my room, I cannot list them one by one, we could not harvest our farms both mind and that of my sons, they were all burnt to ashes" 12

Chronic Sorrow was experienced by all participants in IDPs camps. For example:

Chronic sorrow is a persistent sadness and or other emotional reactions commonly associated with grief that is recurrent, periodic and potentially progressive in nature as stated below:

"Yes, and whenever I thought of it, I cannot be able to sleep. Sometimes if I sing a song and pray, I do forget about the loss but after a while, I will remember; in some cases, I may not be able to eat" 01

"If you can remember, I sat their alone, I was doing nothing than thinking of those things I losses, so when I remember I often think and think over and over again" 02

Feeling of chronic sorrow experienced by participants were: 4 participants experienced loneliness by 4 participants, emptiness by 2, worthlessness by 2, hopelessness by 11, and backwardness by all.

Most participants when faced with challenges start thinking of their losses.

Disparities referred to inequality, differences or lack of similarities that exist following a loss which in most cases results in making worst compared with the past or shattered and truncates dreams/future ambitions; as in the care of IDP, the vacuum is created by the loss they suffered, that is, of either lives or properties. Eight participants admitted disparity following their experiences as shown in the extracts below:

"What I use to earn I don't earn theme now, I don't have a house to stay, I don't have enough to meet my day-to-day needs. I would have gone far, I would have harvested my garden, sale and make money to help and sponsor my children in school, but now everything has stopped, neither school for children nor my farm product (repeatedly) where can I get money to send the children to school?" 01

"my dream is not as it were, before we live in our houses, relaxing under a tree, cook and eat whatever we want but now I am always fearfully and anxious like "here are they (attackers) coming". If not of this loss, my life would have been better; I would have proper than I am today" 11

The theme "trigger factors" have two emerging subthemes (intrinsic and extrinsic trigger factors), in whichever case, these are the event that brings disparity into focus thereby precipitating sorrow.

These intrinsic factors refer to inborn or inherent factors that bring disparity into focus or brings or that forbring to mind person's losses, they include desire, sex and love, hunger, and found by [12]. Some of these intrinsic trigger factors were cited from the participant's submission as follow:

"Whenever I sat alone, I will just remember, more especially when I am alone in bed and I often cry bitterly. "We use to be together in bed but here I am alone today" has always been the thought" 04

The extrinsic triggers are factors or event around the person's environment that precipitate chronic sorrow, some of which are lack, event, song, video in line with [12], below are quotes from some of the participants:

"Seeing my burnt house reminds me of all that happen. here, for me to cook I must buy firewood, you cannot drink from every well in town because some well waters contain maggots but back home, we have potable drinking water; sometimes I can hardly cook because I have a stove but no money to buy kerosene, are some of those things that remind me of my loss" 02

"I often remember my losses because I have nowhere to stay and I don't have the strength to do something reasonable now, as we are here in this camp, I only depend on offers, and we can't have enough as we do in our houses" 06

"When I saw couples holding hands, walking together or sharing a good time, I feel an excruciating pain deep in my heart; I will say "oh am in trouble" sometimes, it could be weeding, songs or any event that can remind me of my loss (husband) and I will immediately cry not minding my location or people around me, in some cases, people provoke me with their utterances" 04

"Sometimes when an offer is been brought, and they refused to share it, I feel worried and it will force me to think "oh if not of this occurrence, will someone come here and behave as if am begging for an arm?" then it will trigger my worries and bad feeling overall I lost" 12

The management strategies refer to both personal coping strategies (internal support) and support from Government, communities and health care professional (external support) to manage chronic sorrow to bring about regaining emotional equilibrium. Coping factors by IDPs include: praying, developing positive attitudes, self-encouragement, reading literature and holy books as demonstrated in the quotes below:

"Yes, and whenever I thought of it, I cannot be able to sleep. Sometimes if I sing a song and pray, I do forget about the loss but after a while, I will remember; in some cases, I may not be able to eat" 01

"Yes, just hold my heart; I do pray "God, I left everything in your hands". Even before the attack, we've been praying" 02

"I pray to God so that he will help me, whenever I pray, I usually find it easy; In some situation, I pray and share with pastors whenever those naughty and painful thought comes over me and they usually pray for me; when they prayed, I will be relieved" 03

"I do pray, my prayer is that God should give us good health so that we can care for these children he has given us" 04

"Because we discuss and search the scripture together; we often reflect on those preaching we've heard "...kingdom will

rise against kingdom..." our prayer has always been "Oh God, if the end has come, here we are, and if it is our sins, forgive us"05

"I prayed, I knowing that what God has allowed, no man can avert it"06

And persistent cry (2 out of 12), isolation and avoidance (3 out of 12), wishing to die (2 out of 12) as shown in the quotes from participants below:

"I often cry; neighbours tried to comfort me yet I cried for long times, I refused to be comforted" 01

"I pray to God "O God if you know that I'm yours, take my life today" so that both I and my brother-in-law be buried together. 02

"If you can, I sat there alone, I was other doing nothing than thinking of those things I losses, so when I remember I often think and think over and over again"

The external coping mechanism refers to an intervention provided by healthcare professionals, social groups, and support from family and friends [13], religious, government and non-governmental organizations as most of the participants benefited from as revealed in the citations below:

"But after some while, I thank God since people are bringing some help. Many among camp residence do advise me whenever they notice am thinking about the past. Churches, individual even people from foreign countries use to come to us with help"

"Many people, some are my relatives, some I don't know, they may bring food, money clothes, some will say mummy came down and stop thinking about all these things since you are still alive keep trusting God, some couldn't make it that day but you did" 02

Discussion

Majority (75%) of the participants were ≥ 45 years, 35-44 years (16%), while 24-44 years constituted 8.3%. The majority 10(83.3%) of the participants were females with only 2(16.7%) males. Furthermore, 10(83.3%) were farmers, 1 businesswoman and a civil servant making 8.3%. Majority 9(75.0%) were married and 3(25.0%) widows. Only one person (8.3%) had tertiary education, 5(41.7%) were primary leavers while (50.0%) had no formal education

Conflict is the antecedent of developing chronic sorrow among Internally Displaced Persons (IDPs) similar to the concept of IDPs (IDMCNRC, 2018). Losses experienced were loss of lives, loss of properties and loss of freedom as stated in a study that IDPs experiences various degrees of losses to include loss of lives, properties, freedom or autonomy (MFMER, 2018). The most traumatizing loss experienced by Internally Displaced Persons is loss of lives; this could be either one's parent/child, spouse or both spouses, friend, neighbour, relation or colleague. All participants suffered at least a loss of loved one. Properties they lose include houses, clothes, furniture, assets, livestock, shops, grain, and crops among others.

Chronic Sorrow was experienced by all participants in IDPs camps. The nature is recurrent, cyclical as found among caregivers with in an ongoing loss by [7] and the feeling of

chronic sorrow experienced by participants were: hopelessness, worries as in Olwit, Mugaba, Osingada & Nabirye [7] loneliness, emptiness, worthlessness backwardness. Most participants when faced with challenges start thinking of their losses.

Disparities referred to inequality, differences or lack of similarities that exist following a loss which in most cases results in making worst compared with the past or shattered and truncates dreams/future ambitions; as in the case of IDP, a vacuum is created in line with by the loss they suffered, that is, of either lives or properties. Disparity such as lack, insecurity, loneliness and stress were found in this study [7].

The trigger factors could be intrinsic and extrinsic which are the events that bring disparity into focus thereby precipitating sorrow in line with [14].

The intrinsic factors in this study include; desire for sex, praise and love, hunger, and extrinsic factors include: lack, event, song, video sighting of a house as this is in line with [13].

The management strategies refer to both internal and external strategies. The IDPs internal management include: praying, developing positive attitudes, self-encouragement, reading literature and holy books were some of internal coping mechanism that the victim of chronic sorrow embarked on to regain emotional equilibrium while the external coping strategies were interventions provided by healthcare professionals, support from family and friends, religious bodies, government and non-governmental organization in managing chronic sorrow as found by [13,15-42].

Limitations of the Study

Most internally displaced persons (particularly men) do go out as early as possible and comes back in the late hours of the evening while official operation in the camp terminates by 6:00 Pm of each day, this resulted in few numbers of men participant in the study.

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