Self-Reported Mental Health Status Of A Sample Of Nigeria-Biafran War Veterans

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Abstract

The study examined the mental health status of a sample of veterans who fought on the Biafran side during the Nigeria-Biafra Civil War. Participants were 105 persons comprising 46 veterans and a comparison sample of 59 non veterans. All the participants completed the 12-item General Health Questionnaire (GHQ 12), which was used to assess the level of psychiatric symptoms in the participants. One-way Analysis of Variance (ANOVA) was used to analyse the data. Results showed that the veterans reported significantly more adverse mental health than the non veterans. Among the veterans sample, the disabled veterans also reported more adverse mental health than non-disabled veterans. In discussing the results based on the negative life events model and stress buffering hypothesis of social support, it was suggested that the provision of social welfare services would enhance the psychosocial functioning of the veterans and improve their mental health.

Key Words: **Mental health status. Psychosocial adjustment. War veterans**

INTRODUCTION

Nigeria has been characterized by social inequalities in the distribution of power and resources since 1960. These inequalities which are rooted in the foundation of the Nigerian state led to a civil war in the year 1967 in which the people of Eastern Nigeria especially the Igbos (one of the 3 major ethic groups in Nigeria) sought to secede from Nigeria as the Republic of Biafra. The government of eastern region led by Late Chukwuemeka Odumegwu Ojukwu declared Biafran independence on May 30, 1967 while military action against Biafra by the Nigerian government started on July 5, 1967 (Duruji, 2009). Biafran Armed Forces was formed to defend the Biafran enclave and when the war ended, the men who fought the 30-month civil war became war veterans. Returnee soldiers in a war are known as veterans. However, there is a dearth of empirical studies on the war focusing on the Biafran War veterans. Previous studies on Biafran war have focused on the war historiography from diverse perspectives without giving much attention to those who fought the war. Relatively little has been known about the peculiar pre-war, war and post-war experiences of the veterans. A description of the war experiences of Biafran veterans and current psychosocial condition of the veterans has been discussed in another study (Ifeagwazi & Chukwuorji, In press) which focused specifically on self-report of post-traumatic stress disorder symptoms among the war veterans. However, little has been known about their general mental health status. There was also no comparative study of mental health status of

the veterans with other Nigerian adults who did not fight the war. The purpose of the present study is to fill this gap in knowledge concerning the war veterans. A glimpse of the psychology of war in relation to the Nigerian Civil War (also known as Nigeria-Biafran War or Biafra war) as will be discussed in this study will also be very informative concerning the veterans' situation.

War is the sanctioned use of lethal weapons by members of one society against another. It is carried out by trained (and sometimes untrained) persons working in teams that are directed by a separate policy-making group and supported in various ways by the non-combatant population (Wallace in Pine & Pattern, 2008). It is a very serious conflict interests because taxonomy of conflicts has war at the apex of it. Hence, when violent conflicts escalate into a war, it depicts an uncontrollable situation. The severity of such a distressing experience consequently truncates the psychosocial life of all persons involved. War is also a manifestation of the brutality of humanity as implicated in the highest level of violence which is often witnessed. In war times, there is massive destruction of lives and property as well as its associated momentary and long-term psychological disequilibrium. Material and moral values beginning with those affecting human life are of less importance at such times. Human beings are, therefore, sent to their early grave in the battle or slow death afterwards as a result of the debilitating experiences of war. Just as Durrel in Pine and Patten (2008) opines, war never really ends. On this note, Effiong (2009) believes that almost after forty years, the bloody and crippling three-year civil war that engulfed Nigeria between 1967 and 1970 was not an exception to the endless nature of war.

Many of the Biafran war veterans are assumed to have regained relatively normal psychosocial functioning. This set of people is referred to as non-disabled veterans. Some other veterans were very unfortunate to have sustained serious physical injuries in the battle which has rendered them incapable of complete psychosocial adjustment. They are the disabled veterans of Biafra. The disabled veterans were settled in a camp in Oji River Local Government Area, Enugu State of Nigeria since 1976 and there is no doubt that about 40 years after the war, many surviving Biafran veterans can be suffering and dying in silence. They may know that all is not well with them and speak up sometimes but are not taken seriously. As Clausewit in Stevens (2008) pointed out, there is only one means in a war which is the battle or combat. The combat may have shifted base from the physical scenes to the mental arena since the formal end of hostilities. The internal battle within their minds may be raging. This is because military operations are stressful experiences and researchers (Dohrenwend & Dohrenwend, 1974; Holmes & Rahe, 1967; Ifeagwazi, 1992, 2002, 2008) have reported that stressful life events are associated with mental ill-health particularly in certain vulnerable individuals.

Mental health, according to Argyle in Ifeagwazi (2008), is the absence of anxiety, depression, or other symptoms commonly found in mental patients. It focuses on conditions sometimes considered to be illness states such as clinical depression as well as conditions that limit wellness or quality of life such as anxiety and low self-esteem (Landers, 2008). Bartlett (2008), states that various alternative constructs have been proposed and equated with the emotional and cognitive constitution of a mentally healthy person. Such a mentally healthy person is believed to exemplify the traditionally accepted signs of psychological health such as the abilities to care for oneself and for others, to be comparatively happy or contented, to maintain stable and productive human relationships, and to find satisfaction in work or creative activity. Individual adaptiveness and integrity or personal meaning are also

expressive of mental health (Buck, 1992; Wood, Gossling & Porser, 2007; Bolton, 2008). Mental health is also the feeling that all is well with one's world, that one is able to cope with whatever life brings one's way, that one has direction, purpose and meaning in life and that one feels fulfilled generally. It is sometimes referred to as psychological health (Tylee, 2009).

Psychology of war in relation to the Biafran case

Krugman (2004) maintains that lurking beneath the surface of every society is the passionate yearning for a nationalist cause that exalts a people. When this war psychology takes hold of a people, there is a temporary belief in a mythic reality in which a nation sees itself as purely good and the enemies as evil, and anyone who is not an ally is an enemy. In Biafra land, with their slogan as "land of the rising sun", there was no better future than the one before them by then and that future looked very real. In this case, the images of death and destruction appeared very secondary. Thus risk-taking and vengeance was accentuated with the associated imaginative activities that fuel it.

War was already in the air as a result of the pogrom against Igbos living in other parts of the country by mid 1960s. And when the war broke out, the collective will and massive popular encouragement of the civilian population was the sustaining factor of the Biafra's fighting spirit as revealed by the veterans when they were encountered by the present researchers in a Focused Group Discussion. Stevens (2008) was of the view that a similar occurrence existed in World War I (1914-1918). The popular support for the Biafran cause made the young men and middle aged men form Eastern Nigeria to join the Biafran armed forces in large numbers. These former civilians were already coming from a background of a bastardized and traumatized psyche as a result of the despicable pre-war situation of Igbos (Ifeagwazi & Chukwuorji, In press). The desire for vengeance was high by then in their minds. In the course of the war, some persons were also forcefully conscripted into the Biafran Armed Forces. The Biafrans saw the war as a defense of fatherland with the intertwined sense of pride and revenge for what was done to their fellow Igbos.

There is also a cycle that follows all wars and the Biafran case was not an exception. At the outbreak of it, a surprisingly large number of persons seem to be in favour of it. Disillusionment sets in as the war progresses and this disillusionment reaches its climax when hostilities are over and there is time to reflect on what it has cost (Stevens, 2008). That is to say that an aftermath of the Nigerian civil war was a heightened and long lasting disillusionment. It could be very debilitating for the participants in the war to look back at the war and see the 'nothingness' of it. This reality has never been totally assuaged or obliterated from the memory of the veterans. In a Focused Group Discussion with the researchers in this study, these active participants in the battle (the veterans) detested anything that could cause a repeat of the bitter experience of the Nigerian-Biafran War.

Previous studies (Frueh, Elhai, Gold, Mornier, Magruder, Keane & Arana, 2003; Eisler, 1960; Pietrzak, Johnson, Goldstein, Malley & Southwith, 2009; Doebbeling, Clarke, Watson, Toner, Wools & Voelker, 2000) consistently demonstrate that combat veterans exhibit extreme and diffuse levels of psychopathology across instruments that measure different domains of mental illness. However, Woolhead, Rona, Iverson, Macmanus, Hotopf, Dean, Macmanus, Meltzer, Brugha, Jenkeins, Wesley & Fear (2010) did not find any evidence that being a veteran was associated with adversity in terms of mental health, social disadvantage and reluctance to seek treatment compared with the general population in the community. But Momah in Ochiagha (2008) indicated that the Biafran veterans may "worry

about the psychological and mental agony" (p. 22) they passed through in the course of the war and are still going through.

Cognitive theory of mental health emphasizes the perception of not being in control as a central characteristic of all views about mental health problems (Mandler, 1966). Thus a cognitive behavioural model of mental ill-health focuses on perceived lack of control and helplessness. Furthermore, self-deception and other psychological defenses which are cleverly deployed by people as protective or insulating mechanisms from confrontations with something painful and devastating to their world is fundamentally dysfunctional; and over the long-term potentially lethal. Veterans may continuously adopt deception as a coping strategy both during and after the war without knowing the psychological health consequences of such defense mechanisms. The stress buffering hypothesis of social support could also be relevant in understanding the situation of the veterans in our society today. According to this theory, lack of adequate social support is associated with adverse psychosocial functioning (Cohen & Markey, 1984). This study therefore attempted to examine the mental status of a sample of Biafran war veterans. Two hypotheses were formulated and tested in the present study:

1. Veterans will differ significantly from non-veterans in their self-reported mental health status.
2. Disabled veterans will differ from non-disabled veterans in their self-reported mental health status.

METHOD

Participants

The participants in this study comprised 46 Biafran veterans (Disabled = 14; Non-disabled = 32) and 59 non-veterans who indicated that they had not engaged themselves in fighting any war. All the participants were males. The veterans were Igbos who fought on the Biafran side during the Nigeria/Biafra war between 1967 and 1970. The disabled veterans were Christians 78.57% (11) and 21.43% (3) adherents of African Traditional Religion. All of them were married with children although two had lost their wives through death and had not remarried. They were unemployed. With respect to literacy level, 21.4% (3) have an average literacy level while 79.6 % (11) were illiterate. Various age ranges were represented in the disabled veteran's subsample: 21.4% (3) of them were between 50-59 years; 50% (7) were between the ages of 60-69 years, and 28.6% (4) of them were seventy years and above. Six (42.8%) of the disabled veterans reported being on antihypertensive medications as at the time of this research. Similarly, the non-disabled veterans were married with children although 5 of them had lost their wives through death and two were separated and had not remarried. With respect to religious affiliation, 75% (24) were Christians while 25% (8) were adherents of African Traditional Religion. Among this sub sample, 6.3% (2) were between 50-59 years of age; 56.3% (18) were between 60-69 years, while 37.5% (12) were 70 years and above. With respect to literacy level, 28.13% (9) of them were literate while 78.87% (23) were not literate. The non-veterans were predominantly the non-academic staff of the University of Nigeria, Nsukka. They were all males, Igbos, Christians, literate, married and had a mean age of 43.71 years.

Instrument

The General Health Questionnaire (GHQ), developed by Goldberg (1972), was used to assess the mental health status of the participants. The GHQ-12 is a 12-item standardized self- administered screening test for detecting minor psychiatric disorders among respondents

in community settings (Goldberg, 1972; Banks, Clegg, Jackson, Kemp, Stafford & Wall, 1980 in Ifeagwazi, 2008). The items in the instrument are scored on a 4-point response format ranging from 1 (strongly disagree) to 4 (strongly agree). It contains such items as have you recently: "been able to concentrate in whatever you are doing?" "Felt constantly under stain?" "Been able to face up to your problems?" "Been feeling unhappy or depressed?" "Lost much sleep over worry?" Items 1, 3, 4, 7, 8 and 12 in the GHQ are scored in reverse direction and higher scores (of the respondent(s) on the 12 items) indicate poorer psychological health or poorer mental health. Researchers (Goldberg, 1972, Hepworth, 1980; Stafford, Jackson & Banks, 1980; Banks, et al., 1980) have reported the reliability and validity of the GHQ. Hepworth (1980) reported an internal consistency (reliability co-efficient) of .85 using the Kuder-Richardson formula 20 (KR-20) while Stafford, et al. (1980) obtained an internal consistency co-efficient alpha of .82. In studies with Nigerian samples, Udo (2005) reported test-retest reliability co-efficient of .64 (after two weeks interval of administration) and a concurrent validity co-efficient value of .59; while Ifeagwazi (2008) obtained an internal consistency co-efficient alpha of .69 for the GHQ 12.

Procedure

The disabled veterans were identified and recruited for the study through personal visit to the War Disabled Camp at Oji River in Enugu state of Nigeria by the third author with the purpose of soliciting for their participation in the study. It is worthy of note that the War Disabled Camp, Oji River had a total of 16 inmates as at the time of this study. Two of these inmates were seriously ill and bedridden. So they could not participate in the study. The non-disabled veterans were identified and recruited for this study by means of snowball (network) sampling method. Specifically, 22 out of the 32 non-disabled veterans were identified and recruited for the study through an announcement made in a Catholic church in Awgu Diocese in Enugu state. In the announcement, all the Biafran veterans who attended the Sunday mass were asked to stay back in the Church after the church service for an important discussion. Twenty two Biafran veterans waited in the Church at the end of the Church service in response to this announcement. They were approached by the third author and briefed on the objectives of the study. Their participation in the study was solicited and they all willingly agreed to participate. It was also through their assistance that 10 more non-disabled veterans were identified and also recruited for this study. This brought the sub sample of non-disabled veterans to thirty two (32).

Questionnaire forms containing the instrument and a separate section for them to provide some other socio-demographic data were individually administered to all the participants by the second author and two research assistants at the War Disabled Camp, Oji River for the disabled veterans and in the church premises for the non-disabled veterans. All the study participants were very co-operative and were sufficiently guided in completing the form. As recommended by Douglas and Graig (1983), the instruments were translated into Igbo which is the native language of the veterans and a backward translation to English by two experts drawn from the Department of Linguistics, Igbo and other Nigerian Languages in University of Nigeria Nsukka. Content similarity of the two versions of the instrument was ascertained by these experts and there was no ambiguity in the Igbo version as a result of the translation. It was the Igbo version of the questionnaire forms that were completed by the

veterans. Focused Group Discussions were also conducted for the veteran sub samples in order to obtain some relevant information concerning their psychosocial conditions of life.

The non-veterans were approached in their offices by the researchers and two research assistants and their participation in the study was solicited for. They willingly agreed to participate in the study and were given the English version of the questionnaire forms which were filled and returned to the researchers. All the participants were co-operative and completed the forms with ease. There were no monetary rewards for participation in the study.

Design and statistical analysis

This study is a cross-sectional research adopting a one factor design. A one-way Analysis of Variance (ANOVA) and t-test was used for the statistical analysis.

RESULTS

The veterans had higher GHQ-12 mean scores (N = 46; M = 28.57; SD = 4.36) than the non-veterans (N = 59; M = 21.73; SD = 4.14). Similarly, disabled veterans had higher GHQ-12 mean scores (N = 14; M = 33.14; SD = 3.6) than the non-disabled veterans (N = 32; M = 26.56; SD = 2.91).

Table 1: One-way ANOVA Results of GHQ-12 Scores of Veterans and Non-veterans

Sources of variation	SS	DF	MS	F	P(Sig)	Eta^2
Between Groups	1208.03	1	1208.03	67.22	.000	0.40
Within Groups	1850.96	103	17.97			
Total	3058.10	104				

It is evident from Table 1 that there was a significant difference in the mental health status of veterans and non veterans. The difference in the mental health status of veterans and non veterans were unlikely to have arisen by sampling error assuming the null hypothesis to be true. An F-value of 67.22 (DF = 1,103; $p < .001$) represented an effect size (Eta^2) of 0.40, indicating that about 40% of the variation in their self-reported mental health can be accounted for by veteran status.

Table 2: One way ANOVA result of GHQ scores of Disabled and Non Disabled Veterans

Sources of variation	SS	DF	MS	F	P(Sig)	Eta^2
Between Groups	421.72	1	421.72	42.80	.000	0.49
Within Groups	433.59	44	9.85			
Total	855.31	45				

A significant difference in mental health status of disabled and non disabled veterans was shown in the results in Table 2. Assuming the null hypothesis to be true, this difference was unlikely to have arisen as a result of sampling error. An F- value of 42.80 (DF = 1, 44; $p < .001$) represented an effect size (Eta^2) of 0.49 showing that about 49% of the variance in the self-reported mental health status of the two groups can be accounted for by disability status.

Table 3: Summary of the Statistical Differences in the different Indictors of Mental health status between Veterans (N=46) and Non veterans (N=59) (DF = 103)

S/N	Item Statement	Veterans		Non Vets.					
	Have you recently	Mean	SD	Mean	SD	T	P(Sig)	MD	95%CI
1	Been able to concentrate on whatever you are doing?	2.59	1.00	1.63	.64	5.96	.000	0.96	0.64 to 1.28
2	Lost much sleep over worry?	2.72	1.03	2.19	.99	2.85	.005	0.53	0.16 to 0.90
3	Felt that you are playing useful part in life?	2.04	.97	1.47	.50	3.90	.000	0.57	0.28 to 0.86
4	Felt capable of making decisions about things?	2.33	.94	1.51	.54	5.60	.000	0.82	0.53 to 1.11
5	Felt constantly under strain?	2.33	1.10	2.24	.72	0.49	.63	0.09	-0.27 to 0-45
6	Felt you couldn't overcome your difficulties?	2.11	1.02	1.93	.72	1.04	.29	0.18	-0.16 to 0.51
7	Been able to enjoy your normal day-to-day activities.	2.63	.99	1.86	.71	4.61	.000	0.77	0.44 to 1.10
8	Been able to face up to your problems?	2.37	1.02	1.88	.62	3.04	.003	0.49	0.17 to 0.81
9	Been feeling unhappy and depressed	2.50	1.13	2.00	.74	2.73	.008	0.50	0.14 to 0.86
10	Been losing confidence	2.30	.99	1.69	.75	3.60	.000	0.61	0.27 to 0.95
11	Been thinking of yourself as a worthless person?	2.11	.97	1.49	.80	3.58	.001	0.62	0.28 to 0.96
12	Been feeling reasonable happy all things considered?	2.54	1.05	1.83	.67	4.23	.000	0.71	0.38 to 1.05

It could be seen from Table 3 that the veterans had significantly higher mean scores than non veterans on almost all the indicators of mental health except items 5 and 6. For instance, on item 9 (Have you recently been feeling unhappy or depressed?), the veterans reported feeling more unhappy and depressed (M = 2.50, SD = 1.13) than the non veterans (M = 2.00, SD = 0.74). The mean difference between the two samples was 0.50 which is a moderate effect size (d = 0.53). Note that the d value is the extent to which the two means differ in terms of standard deviations. In other words, it represents the magnitude of the differences between the two means expressed in terms of standard deviations (SDs). The 95% Confidence Interval (CI) for the estimated population mean was between 0.14 and 0.86. An independent groups t-test revealed that assuming the null hypothesis to be true, obtaining the above difference in mental health status would be highly unlikely to have arisen (t = 2.73, DF = 1, 103; $p < .01$).

Discussion

It was found in this study that the veterans manifested poorer mental health status than the non-veterans as indicated by the significantly higher GHQ-12 scores of the veterans compared to the non-veterans. Thus the hypothesis which stated that veterans will differ significantly from non-veterans in their self-reported mental health status was accepted. This

result is consistent with Hepworth's (1980) assertion that if groups from a population are compared on their GHQ scores and a difference is found, then, it is likely that the group with higher score would be found to have more psychiatric illnesses. The result obtained in this study is consistent with previous researches of similar samples (Eisler, 1980; Pietrzak, Johnson, Goldstein, Malley & Southwick, 2009) which found that veterans had more mental health problems than various comparison groups.

The present finding is contrary to a recent finding by Woolhead, et al. (2010), which reported that being a veteran, was not associated with adversity in terms of mental health, social disadvantage and reluctance to seek treatment in comparison with the general population. This contrary study was conducted using post-national service veterans in United Kingdom who must have been trained in the management of combat-related stress and received proper post-combat debriefing; with well-executed re-entry processes to ease them back into life unlike the Biafran veterans who were ill-equipped to fight the war and received little post-war support for proper adjustment to life. On the basis of the cognitive behavioural model of psychological functioning, the finding in this study can be associated with the perceived lack of control and helplessness of the veterans over their situation. A regular armed force is usually well-trained and given adequate coping resources during and after combat. But the ad hoc nature of the Biafran armed forces made such an arrangement impossible. The Biafran veterans seem to suffer the pains of inadequate mechanisms of coping with their peculiar circumstances.

The result of the present study also showed that the disabled veterans differed significantly from the non-disabled veterans in their mental health status. It was found that the disabled veterans reported poorer mental health than non-disabled veterans. Thus, the hypothesis which stated that disabled veterans will differ from non disabled veterans in their self-report of mental health status was accepted. The veterans also differed significantly from the non-veterans on almost all the indicators of mental health status. They had significantly higher scores than the non-veterans on the individual items of the GHQ-12 except items 5 and 6 (felt constantly under strain and felt you could overcome your difficulties). Some of the items that received significantly higher endorsement by the veterans (than the non-veterans) included items 1 (been able to concentrate on whatever you're doing), 3 (felt that you are playing useful part in life), 4 (felt capable of making decisions about things), 7 (been able to enjoy your normal day-to-day activities), 10 (been losing confidence in yourself) and 12 (been feeling reasonably happy all things considered).

A possible explanation for this result is the socio-cultural contexts of the veterans. Among the Igbos of Eastern Nigeria, it could be very debilitating for a grown up male person who even has a family to carter for to be dependent on the mercy of other people for survival because of functional impairment. Undoubtedly, the veterans especially the disabled ones are very much dissatisfied with their situation (Ifeagwazi & Chukwuorji, In press). Most of them are advanced in age and can be said to be at the twilight of their life course but their inability to give their children quality education that will make those children functional members of the society can be psychologically distressing. Furthermore, to the veterans for one to say that they have passed the official employment age was very disturbing to them. During the Focused Group Discussion with the veterans, it was learnt from them that they do not see themselves as people who have really worked since they have never experienced the joys of gainful employment. They are not pensionable for serving in the secessionist Biafran armed

forces. In other words, the psychological deprivation of the unintended consequences of their situation may have damaging effects on the mental health of the veterans.

The stressful or negative life events model can also enhance an understanding of the findings of this study in relation to the condition of the veterans. Researchers (Quinn, 1985; Rosske & Birthwood, 1998; Ifeagwazi, 2008) had earlier pointed out that an individual under stress may require the provision of social support in form of material resources, emotional and informational support and guidance by members of his/her social networks including family support network. But it was observed that the veteran(s') condition especially those at the Disabled Camp in Oji River shows the characteristics of abandonment. They do not receive any significant physical or psychological support service especially from the federal or states government and other philanthropists. Even the immediate family members of the disabled veterans alienate them and they could be said to have few friends apart from their fellow veterans who also have disabilities. Studies on mental health and social support (Antonovsky, 1979; Nguyen, 1994; Cobb, 1996; Ifeagwazi, 1998) have also indicated that people who have limited, few or weak social bonds and support services are prone to frequent mental health problems. Since a valid communication promotes mental health, several forms of valid communication between the veterans and concerned social institutions will go a long way towards alleviating the psychosocial problems that usually truncate mental health. Such sound, reasonable and value-based interchange would make a Biafran veteran acceptable to himself – an outcome of the sense of acceptance accorded to him by other persons or institutions. Strategic small group contact and interpersonal exchange, whether formal or informal in nature, would enhance psychosocial outcomes among vulnerable persons such as veterans.

Conclusion

The mental health status of a sample of Biafra war veterans was investigated in this study using the various indicators of mental health on the GHQ-12. It was found that the veterans reported more mental health problems than the comparison group of non-veterans. The disabled veterans were also more psychologically distressed than the non-disabled veterans. This result implies that 42 years after the Nigerian Civil War, those who fought the war on the Biafran side are still faced with so many problems in adaptation with challenges of life, psychosocial adjustment and survival. The psychologically adaptive characteristics that enhance the fitness of individuals within a group include love, friendship, cooperativeness, nurturance, communication, a sense of fairness and even self-sacrifice – the things that hold society together (Waller, 2004) and are also expressive of socially supportive relationship networks. The veterans of Biafra deserve to receive more nourishing and self-sustaining social support.

In Canada, the House of Commons in 2007 examined the long term care and related services provided to Canada's World War II and Korea War Veterans. It was on the background of the evolution of these needs with their advancing age that the World War II veterans' healthcare services had to be updated to provide the most effective and timely services possible (Anders, 2007). The Houses of Assembly in the five Eastern states – Abia, Anambra, Ebonyi, Enugu and Imo states, should conduct such a joint review of social services for the welfare of Biafran war veterans. In addition, support for their families also implies assistance to their children. This fact should be taken into consideration in the planning of welfare programmes for the veterans. Community-based Organizations (CBOs), Nongovernmental Organizations (NGOs), International agencies, corporate bodies, religious

groups and philanthropists should make concerted efforts to alleviate the mental agony of the veterans which have been crippling their psyche for several years.

Whatever happened during the war has come to be. Attention should therefore be focused on helping the war veterans (or now victims in some ways) optimize their mental health capacities and capabilities even within the contexts of their peculiar circumstances. In spite of the tragedy, trauma and waste of the war; and out of the ashes, debris, broken lives and hopes, a positive opportunity to reconstruct a more functional, flexible and inclusive society with enhanced political, economic and social roles, values and structures can emerge through the unfortunate war experience. One of the ways of realizing this glorious possibility is to take the well-being of the war veterans into consideration. When the government and the people of Nigeria can do this, there will be a reflection of what Woods (2007), described as the interaction between history and memory vis-à-vis the interplay between the personal and the collective well-being. During the Focused Group Discussion with the researchers in this study, the veterans had hinted at daily experiences of stigmatization and victimization by individuals and relevant social institutions. Further empirical evidence of the extent of stigmatization or victimization experienced by these men of war should be considered in subsequent studies. It is also suggested that future researchers should do well to empirically investigate the psychosocial factors and moderators of mental health and wellbeing among the Biafran veterans using larger samples of community dwelling veterans.

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