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Resilience, Stress, Anxiety and Depression among Internally Displaced Persons Affected by Armed Conflict

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The present research was designed to explore resilience, stress, anxiety and depression among internally displaced persons. The sample (N = 125) was taken from Garden Villas, Rawalpindi and Barakoh camps, Islamabad which included both males (n = 63) and females (n = 62). The age range of the sample was from 20 to 75 years. Individuals from Swat, Mardan, Swabi, Chota Lahore, Shahmansoor, and Sheikh Yaseen were included in the sample. Urdu version of Ego Resiliency Scale (Aslam, 2007) and stress, anxiety and depression were assessed through Urdu versions of Depression Anxiety Stress Scale (Aslam, 2007). Results of the study showed that women experienced more stress, anxiety and depression and less resilience as compared to men. Results also revealed significant inverse correlation between resilience and stress, anxiety and depression. Moreover, family loss during internal displacement was found to be significantly positively related with stress, anxiety and depression and negatively associated with resilience. Implications of the study would be assistive in developing an indigenous understanding of social and economical context of Pakistan.

Keywords: resilience, stress, depression, internally displaced persons.

It is becoming increasingly evident that internal displacement is one of the most pressing humanitarian problem and political issue faced by the global community (Kunder, 1999). Internally displaced persons are those who have not crossed an internationally recognized state border but are obliged to flee or to leave their homes or places of habitual residence, particularly in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights, natural or human made disasters (Cohen, 1998). According to United Nations High Commission for Refugees (UNHCR; 2004), internally displaced persons are those who are forced to flee but they either cannot or do not wish to cross an international border. Internal displacement can affect persons in particular or an entire group. There is a possibility of being expelled by force or intimidated to leave by threat, necessity. The most important aspect of internal displacement is that it is involuntary (Boscarino, 1995). It includes movements of people running away from an immediate danger and can also take the form of more organized and prepared departures in anticipation of dangers (Mooney, 2005). There were worldwide 51 million internally displaced persons by the end of 2007, as a result of conflict (26 million) and natural disaster (25 million). In contrast, Internal Displacement Monitoring Centre estimates that by the end of 2007, the global internally displaced population was 26 million (UNHCR, 2008).

Studies on impact of internal displacement are overwhelmed by the inquiry of Post Traumatic Stress Disorder (Turner, 1990). The most common psychological reactions found in internally displaced persons and refugees in addition to PTSD are depression, somatization, and existential dilemma (where belief patterns have been challenged). Studies of PTSD revealed that women were twice likely as compared to men **(**Carolyn, 2007) and unmarried respondents (Hugo & Bun, 1999) were more likely to exhibit depression, whereas the distance of displacement (camp > 5 miles from home village) was also associated with depression **(**Creamer, Burgess, & McFarlane, 2001). The individual trauma exposures having strongest associations with PTSD were ill health, absence of medical facilities, rape or sexual abuse, and lack of food or water, as well as unnatural death of family or friend (Roberts, Ocaka, Browne, Oyok, & Sondorp, 2009). Impact of forced displacement during World War II on the present-day mental health of the elderly i-e, 60 years and above led to the inference that displacement in World War II was significantly associated with higher levels of anxiety and lower levels of resilience and life satisfaction even sixty years later (Kuwert, Brahler, Glaesmer, Freyberger, & Decker, 2009). Meta-analysis of various studies published during 1962-2004 about effects of internal armed conflict on mental health demonstrated the prevalence of mental disorders in different population groups affected by armed conflict (Erol, Simsek, Oner, & Munir, 2005). It was found that the prevalence of depression symptomatology range was 38%-41%, anxiety symptoms from 27.7% to 54.4%, and PTSD had prevalence ranging between 32% and 52% (Herrera, Mari, & Ferrarz, 2005). Researchers have also explored the traumatic experiences, distress symptomatology, and factors independently associated with distress in internally displaced persons. It was concluded that variables such as female gender, age group 31-40 years, illiteracy, status loss after displacement (Connor, 2006), more than three traumatic events, sudden evacuation (Thapa & Hauff, 2005), and feeling miserable on arrival at a new place (Kang, Dalager, Mahan, & Ishii, 2005) were significantly associated with anxiety symptomatology. Impact of prolonged displacement on resilience indicated that internally displaced persons living in camps scored less on resilience scale as compared to non-displaced persons (Almedom, Tesfamichael, Mohammad, Taylor, Muller, & Alemu, 2005). Depression and perceived family functioning among displaced children (Grgic, Soldo-Butkovic, & Vidovic, 2005) revealed that the most frequently reported war trauma experiences like displacement from the homes, separation from the family, staying in shelter because of shelling, direct experience of shelling or witnessing a killing, and watching injured or dead people were significantly correlated with children's epression and problems in their perceptions of family relationships.

Resilience is conceived as an ability to maintain relatively stable,

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healthy levels of psychological, and physical functioning (Cowen, Wyman, & Work, 1996) as well as the capacity for generative experiences and positive emotions (Coutu, 2002). Trauma theorists typically use the terms resilience and recovery interchangeably pooling the two outcomes into a single category (King, King, Foy, Keane, & Fairbank, 1999). Resilience and emotional stability were found to be significantly correlated among displaced Palestinian youth living in Gaza strip (Lebon, Arafat, & Saku, 2004). Better psychological wellbeing and optimism were also found to be extensively related with more resilient individuals. Another study exploring psychological problems of displaced children affected by internal armed conflict in Sri Lanka (Rohner, 2004) also revealed that children who were immediately placed in schools and are engaged in different recreational activities reported acceptance of situation and better hopes for future.

It has been observed that resilient leaders are helpful and act as a buffer against the negative effects of stress, and enable variables that have been found to decrease the adverse effects of stress such as, role clarity, self-efficacy, and job engagement (Britt, Davidso & Bliese, 2004). It has been established that resilience training improved levels of perceived self-efficacy and sense of personal control among homeless and substance-abusing veterans. There is also evidence that resilience to stress depends to some extent upon the use of coping strategies that emphasize problem-solving, communications, and control (Sadow & Hopkins, 1993). Resilient individuals have the courage and willingness to face stressors rather than denying or awfulizing them (Maddi, 2005). Similarly, most psychologically healthy soldiers are those who exhibited high resilience and also tend to cope with stress by employing approach-based coping strategies, which is, thinking about problems, devising plans and sticking to them, and talking to others about problems and plans. By contrast, soldiers who displayed fewer resiliencies opt to use avoidance-based coping strategies and are more likely to suffer from negative effects of stressful events (Sharkansky, 2000). Berk (1998) found that Bosnian children were more resilient to trauma when they employed coping strategies that involved acceptance of social support and thought-stopping techniques to distance themselves from circumstances beyond their control. Until recently, little is known about the prevalence and the characteristics of resilience among adults or about the factors that might foster or suppress resilience (Lukey & Tepe, 2008).

During May, 2009 Pakistan has witnessed the largest internal displacement in the country's history due to an armed conflict. Last major internal displacement took place owing to earthquake on Octber 8, 2005. The important aspect about displacement in 2009 is its cause, i-e., internal armed conflict between Pakistani Armed Forces and Taliban forces in North West Frontier Province. As a result of armed conflict, about three million people were displaced during the month of May and June, 2009. Internally displaced persons from Swat, Malakund Division, Dir, and Bunir were placed in different camps in North West Frontier Province (Emergency Resource Unit, 2009). Till 13th August, 2009, as most of the displacees returned to their native cities therefore, camps of Palosa 2, Jalozai 2, Sheikh Shahzad, Sheikh Yaseen, Mazdoorabad, Chota Lahore, Shah Manzoor 1, Shah Mansoor 2, Larama, and Saleem Sugar Mills were closed. Most researches about internally displaced persons is based on humanitarian needs and conditions of camps. No significant reports about psychological aspects of internal displ-acement have been published so far in Pakistan.

An initial report (conducted through household survey) about internally displaced persons in host communities of Mardan and Swabi (Saadi & Virk, 2009) revealed that the average household size was 10.4 persons, significantly higher than the estimated 6 or 7 persons that form the basis of aid for many relief agencies. This was likely due to the fact that the vast majority of displaced persons had reported arriving within an extended or joint family structure, rather than solely with their nuclear family. The average internally displaced family had 1.3 rooms available for living accommodation, 8.4% of households were reported to be female-headed, and 37% of all internally displaced persons were school-aged children. It was also observed that following displacement, only 29.3% of boys and 26.6% of girls (aged 5-18 years) were actively engaged in educational activities of some sort (though not formal education), while the majority of children, 70.7 % of boys and 73.4% of girls were not engaged in educational activities of any sort.

Number of internally displaced persons in current scenario is large enough to call attention for research about psychological issues of internally displaced persons. Moreover, internally displaced persons belong to areas where they have strong social values which are different from the values of the areas in which they are settling down. So their different values, language, and climate conditions are cause of stress, anxiety and depression in them. Lack of resources makes it is quite difficult to manage camps, food and other facilities. It is even more difficult to manage their psychological problems because of unavailability of experts for counseling. There prevails a consistent stress and anxiety about the damages to their houses, lands, and crops. They are also under stress because there is dearth of particular rehabilitation facilities offered by the government. Language differences and illiteracy is a big hurdle to avail opportunities at new places which is also acting as a pressing factor. Overall political instability, future concerns, and being citizen of a developing country are psychologically debilitating factors for internally displaced persons. Therefore, current research is aimed at exploring the stress, anxiety and depression experienced by internally displaced persons, their resilience and relationship of both variables among displaced population in Pakistan.

Method

Objectives

Major objectives of the study were exploring the relationship between resilience, stress, anxiety and depression among internally displaced persons. It was also intended to determine the role of demographics like gender, family loss and physical conditions of placement camps in relation to stress, anxiety and depression and resilience.

Hypotheses

In accordance to the aforementioned objectives, the following predictions are phrased:

1. Resilience will be inversely correlated with stress, anxiety and depression.
2. Resilience will be a significant predictor of stress, anxiety and depression.
3. Internally displaced girls and women will experience more stress, anxiety and depression and less resilience as compared to internally displaced boys and men.

4. Internally displaced persons with family loss will be more psychologically distressed and less resilient as compared to those without family loss.
5. Internally displaced persons who are placed in poor physical conditions of placement camps (Barakoh camp, Islamabad) will experience more stress, anxiety and depression as compared to those who are placed in better physical conditions of placement camps (Garden Villas, Rawlapindi).

Sample

A convenient sample (N = 125) of internally displaced persons was taken from Barakoh, Islamabad (n = 50) and Garden Villas, Rawalpindi (n = 75). Sample included both men (n = 63) and women (n = 62). Age range of the sample was 20-75 years with mean age of 47.5 years. Sample included respondents with varying education levels, i-e., illiterate (n = 31), primary (n = 24), matric (n = 11), intermediate (n = 18), graduation (n = 21), and masters (n = 7). There were few respondents who had passed two or three grades (n = 12). Most of the female respondents were house-wives (n = 46), while others were teachers (n = 6), students (n = 4), health workers (n = 3), tailoress (n = 2), and medical doctors (n = 1). Majority of the respondents belonged to Swat (n = 76) whereas, people from Mardan (n = 17), Batagram (n = 4), Swabi (n =10), Chota Lahore (n = 7), Malakand (n = 7), Hango (n = 1), Shah Mansoor (n = 2), and Sheikh Yaseen (n = 1) were also included in the sample. Some of the respondents in the sample experienced family loss (n = 15). Seventy five respondents were approached in Garden Villas, Rawalpindi while, remaining 50 were approached in Barakoh camp, Islamabad. Physical conditions of placement differed largely in both groups. Internally displaced persons in Barakoh camp were living in miserable physical conditions and lacking basic necessities of life like, clean drinking water, medical facilities, and schools etc. They were only supported by the local community members who were providing them food, water, blankets, clothes etc. The population of the Garden Villas was a self-settled group. Due to their well-established contacts with NGOs, they were well entertained with basic necessities including water supply, school for children and health facilities.

Instruments

1. Ego Resiliency Scale: The Ego Resiliency Scale (Block & Kremen, 1996) is a short inventory scale to assess (trait-based) psychological resilience. Urdu version of Ego Resiliency Scale (Aslam, 2007) consistes of 14 items was used. Each question requires a response on 4-point scale in which "does not apply at all" is scored as 1, "does not apply" as 2, "applies to me" as 3, and "applies very strongly" is scored as 4. There is no reverse scoring. Reported Coefficient alpha of the scale is .81 while test-retest reliability is .67 (Aslam, 2007) indicating the scale as dependable measure of resilience. Alpha cofficients obtained in the present study are reported in table 1. Those who score high on this measure are more resilient as compared to those who score low, who are more likely to be less resilient. Minimum score that an individual can obtain is 14 whereas, possible maximum score is 56.

*2. Depression Anxiety Stress Scale:*Depression Anxiety Stress Scale (DASS) is a self-report inventory originally developed by Lovibond and Lovibond (1995) and translated by Aslam (2007). It is a set of three self-reporting subscales namely Depression, Anxiety, and Stress and number of total items is 42 with 14 items in each subscale. It is a 4-point scale in which "not at all" is scored as 0 and "all the time" as 3. Alpha reliability of translated version of subscales of DASS i-e., Depression, Anxiety, and Stress varies from .84, .82, and .87 respectively (Aslam, 2007). Few of the sample items are "I couldn't seem to get any enjoyment out of the things I did", "I perspired noticeably (e.g., hands sweaty) in the absence of high temperatures or physical exertion" and "I found myself in situations that made me so anxious I was most relieved when they ended". The possible score range can fluctuate between zero to 126. Higher score indicates higher levels of depression, anxiety, and stress.

Procedure

For the present research, the sample was approached in two places that is, Barakoh camp, Islamabad and Garden Villas, Rawalpindi. Individuals were approached through the active members of their community; it also helped in rapport building. Consent was taken from all the respondents. In this way, only those individuals were requested to provide information who were willing to participate in the research. Respondents were provided with both scales. As some of the respondents were either illiterate or unable to understand Urdu, they were communicated through a moderator who communicated with them in their native language in order to take their responses. Both the scales were administered individually. The time spent with each respondent ranged from 30 minutes to two and a half hour. Data was collected in June-July, 2009 and was completed in six weeks time.

Researchers also actively participated in providing accommodation to internally displaced persons as members of host community. There were frequent interactions with internally displaced children and involvement in their academic activities. The important part of the interaction was revealed through the verbal reports of the respondents that they feel more relaxed after interacting with researchers. Although they were provided with physical aid, yet their emotional feelings were bottled up as no one came to share their experiences of displacement and the stress they were feeling after displacement.

Results

Alpha reliability coefficient was computed for Resilience scale and Depression Anxiety Stress Scale. MANOVA was conducted to examine the combined impact of gender, physical conditions of placement and family loss on DASS scores. Regression analysis was applied to determine the role of resilience in the prediction of DASS scores.

Resilience has shown significant negative correlation with DASS scores, i.e., depression (r = -.45, p < .01), anxiety (r = -.39, p < .01), stress (r = -.45, p < .01) and overall psychological distress (r = -.44, p < .01).

Table 1 indicates the alpha reliability coefficients for the Resilience Scale, total and the subscales of DASS, which came to be .95 for the subscale of Depression, .96 for the subscale of Anxiety, .93 for the subscale of Stress, and .98 for total scale which is quite high. Alpha reliability coefficient for Resilience scale came out to be .87 which is also high. These high alpha coefficients

Table 1
Alpha reliability coefficient of subscales of DASS and Resilience Scale (N = 125)

Scales	No. of Items	Alpha Reliability Coefficients
Depression	14	.95
Anxiety	14	.96
Stress	14	.93
DASS	42	.98
Resilience Scale	14	.87

Table 2
Regression analysis showing the effect of Resilience on the Prediction of Stress, anxiety and depression (N = 125)

Model	*B*	*SE*	*B*	*t*	*p*
	143.471	15.382		9.327	.000
Resilience	-2.334	.425	-.444	-5.497	.000
R^2	.197				
ΔR^2	.191				

indicate that the two measures are reliable and internally consistent instruments.

Table 2 indicates the linear regression analysis which is computed with resilience as a predictor variable and DASS as an outcome variable. The ΔR^2 value indicates that 19.7% variance in the dependent variable can be accounted for, by the predictor with F (1, 123) = 30.215, $p < .001$. The results indicated a significant negative relationship between resilience and DASS (β - .444, $p < .001$).

Discussion

The current research was designed to determine the relationship of resilience with stress, anxiety and depression among internally displaced persons. Research aimed to investigate how resilience affects an individual's exposure to traumatic events in life and making them susceptible to experience stress, anxiety and depression. Research also aimed at exploring the effects of other demographic variables such as gender, family loss during displacement, current physical conditions of placement on depression, anxiety, and stress of an individual.

It was hypothesized that lower levels of resilience would be correlated to higher levels of depression, anxiety, and stress among internally displaced persons. Results showed that resilience is inversely correlated to depression, anxiety, and stress ($p < .01$). These results remain consistent with other researches which have explored the relationship between resilience and psychological problems, for example, an inverse correlation between resilience and post psychological problems was found among the survivors of terrorist attack (Banano, 2006). Resilience among individuals in earthquake affected areas was found to be inversely related with depression, anxiety, and stress (Aslam, 2007). Relationship of resilience and depression among adolescents with congenital heart disease also revealed significant negative relationship between resilience and depression while regression analysis showed that depression of adolescents was explained by 54% of the resilience (Moon & Kang, 2006).

Multivariate analysis has shown that gender, family loss, and current placement also affect resilience and stress, anxiety and depression differentially. These results are in line with previous researches (Roberts, Ocaks, Browne, Oyok, & Sondoep, 2006; Thapa & Hauff, 2005). Meta-analysis of 160 studies of disaster victims over the twenty years (Norris et al., 2002) revealed significant gender differences in post disaster stress, distress, or disorder, whereas 94% articles revealed that girl children, adolescent girls and women were more adversely affected, irrespective of whether the event was a natural disaster, technological disaster, or incident of mass violence. Women and girls were especially vulnerable to developing PTSD, and numerous disaster studies found them at least twice as vulnerable as compared to men and boys (De la Fuente, 1990; North, 1999). Internally displaced persons in Pakistan belong to areas where there is a strong tradition of patriarchy in which mostly women are bound to their homes and males are responsible for managing all disputes of life. In such an uncertain situation of internal displacement, it is expected that women will be highly anxious about their future situations, and about how they will start and manage their lives after going back. Another reason is that mostly internally displaced men belong to such profession which consume most of their time during the day so they are habitual of remaining outside of homes for their earnings. During displacement, however these men have become jobless and feelings of worthlessness are increasing among them which are inducing higher levels of anxiety.

Results also pointed out that individuals who have experienced family loss during internal displacement exhibited higher levels of stress, anxiety and depression and displayed less resilience. Earlier empirical evidence has also shown that experiences of family loss are found to be significantly higher among internally displaced persons as compared to non-displaced persons (Ergun, Cakici, & Cakici, 2004). Bosnian refugee children who had experienced family loss when assessed for depression, anxiety, and PTSD (Smith & Yule, 2000) revealed significant positive relationship between experiences of traumatic events and psychological probl-

Table 3
MANOVA Analysis for all Variables of the Study (N = 125)

	Men (n = 61)								Women (n = 62)							
	Barakoh (n = 26)				Garden Villas (n = 35)				Barakoh (n = 22)				Garden Villas (n = 40)			
	With Loss (n = 6)		Without Loss (n = 20)		With Loss (n = 4)		Without Loss (n = 31)		With Loss (n = 3)		Without Loss (n = 19)		With Loss (n = 2)		Without Loss (n = 38)	
Scales	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD
Resilience	33.40	6.18	37.50	5.47	35.69	5.28	38.74	7.00	34.20	2.28	33.47	3.20	33.95	6.32	29.17	5.76
Depression	28.00	9.53	24.43	7.31	18.43	6.49	12.57	6.71	36.80	2.86	33.58	3.79	28.43	7.22	17.15	7.59
Anxiety	27.00	8.09	24.18	6.33	12.57	6.19	8.48	6.20	32.40	2.40	30.52	5.90	21.73	5.42	15.17	8.16
Stress	31.80	6.97	30.81	5.71	14.23	5.38	10.40	5.46	34.00	2.91	34.58	3.98	26.57	6.16	16.30	7.91
DASS	86.80	23.40	79.43	17.56	56.22	16.49	31.4	17.41	100.2	5.97	94.67	11.64	78.19	9.33	48.62	22.64

ems. Additionally, it was also found that family loss was a significant predictor of psychological problems including depression, anxiety, and stress. Unnatural death of family or friend during internal displacement was strongly associated with depression (Roberts, Ocaka, Browne, Oyok, & Sondorp, 2009). Family loss is predicted as extremely traumatic experience for the survivors. Traumatic experiences are likely to induce associative feelings of depression, stress, and generalized anxiety (Turner, 1990). It has also been observed that losing a close family member like parents, siblings or spouse is a source of great distress (Banano, 2006). Kivimaki (2002) observed that death and severe physical illness of a family member along with financial difficulties, violence, and interpersonal conflicts were stable predictors of future health problems, anxiety, and drug abuse.

Lastly, MANOVA has shown that there were significant differences for people living in Barakoh camp in Islamabad and Garden Villas in Rawalpindi in relation to DASS scores and resilience. Differences on stress, anxiety and depression may be due to the differences between the living environment and facilities provided at both places. In Garden Villas, the displaced persons were placed in villas where they were provided with all the basic necessities of life like water, food, and education, etc. This subgroup included those families who were to some extent, able to manage their households. These displaced persons were accommodated by some resourceful persons of their community who were launching contacts with NGOs. They had established school for their children in collaboration with National University of Modern Languages, Islamabad. Other accessories for school were provided through an appeal to Harley College, Rawalpindi. In this way, although worried about their native houses, these displaced persons faced fewer difficulties during their stay in Garden Villas. On the other hand, displaced persons who were placed in camps in Barakoh were living in miserable conditions. They were accommodated by locality members who established temporary camps for them and were providing them with food and limited necessities of life. These displaced persons belonged to low socio-economic status in their native community, have not brought anything with them and were not financially resourceful. They were totally dependent on the members who were voluntarily helping them. These miserable and hand-to-mouth conditions were contributory factors in increasing their depression, anxiety, and stress.

Tangible support can have a buffering effect on resilience. Tangible support may have psychological implications because the provision of the tangible aid is seen as evidence of love and esteem of the giver (Maddi, 2005). Thus material aid often suggests information about one's relationship with a support system as well as the provision of assistance. In many cases, it may not be the actual help that is operative but merely the perception that others are behind you (Luthans, Vogelgesana, & Lester, 2006). Importance of social support was explored by Vandervoort (1999) regarding its impact on the physical and mental health. Two aspects of social support were identified, that is functional support referred to quality of support and structured support referred to social network size. Results indicated that poor functional support was related to physical health problems while structured support was not. Moreover, although both poor functional and structural support were related to depression and anxiety, functional support was more strongly related with depression. This was also the case with internally displaced persons in Barakoh camp that they were lacking social support and thus, their scores on stress, anxiety and depression were higher than the scores of internally displaced persons of Garden Villas. Likewise two factors have been found to protect the mental well being of war affected population i-e., organized displacement or assisted relocation and coordinated humanitarian aid operations that are responsive to local need (Astier, 2004). These two factors played mitigating role that is, organized displacement and coordinated humanitarian aid; displaced persons are less likely to experience anxiety and mental distress. Internally displaced persons in Barakoh camp were lacking these factors thus had higher scores on stress, anxiety and depression.

Conclusion

The present research investigated the relationship between resilience, stress, anxiety and depression with living conditions and other demographics of internally displaced individuals. It is concluded that internally displaced females were experiencing more stress, anxiety and depression as compared to internally displaced men. Moreover, individuals who suffered family loss were more susceptible to develop stress, anxiety and depression as compared to those families who have not experienced family loss. Resilience was inversely correlated to stress, anxiety and depression i-e., individuals who were less resilient were experiencing more stress, anxiety and depression.

Implications

The present research findings may help in outlining several types of psychological counseling for internally displaced persons. Moreover, it would also help in the pursuits of planning rehabilitation of internally displaced persons. Mostly researches have targeted mere negative impacts of internal displacement but in the present study, resilience which is a positive trait has also been addressed. Therefore, the inferences of the current venture may serve as baseline information for devising techniques and ways for inducing elevated levels of resilience and hence, better mental health.

Limitations and Suggestions

The present study had few potential weaknesses. For instance, the current sample was based on adults only. Future studies may require to focus on the children who are also severely psychologically and physically affected in the process of displacement. Present sample size is not large enough to offer reasonable generalizability. Hence, it is recommended for potential pursuits to incorporate people from other regions and areas so as to enhance better generalization of the findings. Moreover, open ended interviews and other qualitative methods of data collection may assist in developing better understanding of the issues at hand and in depth investigation of the psychosocial problems of displacees.

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