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‘ECHOES FROM THE WARFRONT: LIVED EXPERIENCES AND PERCEPTIONS OF POST-TRAUMATIC STRESS DISORDER AMONG FRONTLINE NIGERIAN ARMY PERSONNEL

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ABSTRACT
This study employed a qualitative phenomenological research design to explore the lived experiences of post-traumatic stress disorder (PTSD) among frontline Nigerian Army personnel in North-West Nigeria. Phenomenology was adopted to provide an in-depth understanding of how individuals interpret and make meaning of traumatic experiences. Data were collected using In-Depth Interviews (IDIs) guided by open-ended questions and flexible probing techniques to elicit rich narratives. A total of six non-commissioned officers diagnosed with PTSD participants were enumerated. Thematic analysis of the IDIs revealed four major themes: lived experiences of PTSD symptoms, meanings attached to traumatic experiences, coping strategies and help-seeking behaviours, and socio-cultural and military contextual influences. Findings showed that participants experienced intrusive memories, emotional dysregulation, cognitive impairment, and social withdrawal following combat exposure. Traumatic experiences were often normalized as part of military duty, yet deeply personalized through memories of loss, fear of death, and, in some cases, post-traumatic growth. Coping strategies ranged from withdrawal and avoidance to reliance on social support, while help-seeking was largely medicalized with limited psychosocial engagement. Military structure, prolonged deployment, and socio-cultural expectations of masculinity further shaped the manifestation and management of PTSD.

Keywords: *Post-traumatic stress disorder (PTSD), frontline soldiers, Nigerian Army, combat exposure, mental health stigma, coping strategies*

BACKGROUND TO THE STUDY

Post-traumatic stress disorder (PTSD) is a severe mental health condition that develops following exposure to traumatic events such as armed conflict, violence, or life-threatening situations. It is typically characterized by symptoms such as intrusive thoughts, nightmares, emotional numbing, hypervigilance, and avoidance of trauma-related stimuli (American Psychiatric Association [APA], 2022). Globally, studies have indicated that soldiers deployed in active combat zones are at a heightened risk of developing PTSD due to repeated exposure to traumatic experiences, including witnessing death, sustaining injuries, and engaging in life-threatening operations (Friedman, 2016). The intensity, frequency, and duration of such exposures significantly influence the severity of psychological distress experienced by military personnel. Often, these experiences leave lasting psychological scars that persist long after active service.

In Nigeria, the security landscape has necessitated prolonged military engagement in counterinsurgency operations, particularly in the Northeast region, where the Nigerian Army has been actively combating insurgent groups such as Boko Haram. These operations place frontline soldiers in highly volatile and dangerous environments, exposing them to extreme stressors that

increase their vulnerability to PTSD and other mental health conditions (Akinyemi et al., 2021). Nigerian military personnel often underreport and inadequately address mental health issues, despite these risks.

Cultural beliefs, stigma, and institutional barriers have an important impact on determining how PTSD is perceived and managed among soldiers. In many African contexts, including Nigeria, mental health challenges are sometimes interpreted through cultural or spiritual lenses, which may discourage individuals from seeking professional psychological help (Gureje et al., 2015). Additionally, the military culture of toughness and resilience may further discourage personnel from expressing psychological distress, as doing so may be perceived as a sign of weakness (Mittal et al., 2013). While quantitative studies have provided useful information about the prevalence and correlates of PTSD among military personnel, they often fail to capture the depth of individual experiences and meanings attached to trauma. A qualitative approach, therefore, becomes essential in exploring how frontline Nigerian Army personnel experience, interpret, and make sense of PTSD within their unique socio-cultural and operational contexts. Understanding these lived experiences is critical for developing culturally appropriate interventions and policies aimed at improving the psychological well-being of soldiers. This study seeks to explore the lived experiences and perceptions of PTSD among frontline Nigerian Army personnel, with a view to better understanding the psychological impact of combat exposure and informing mental health support systems within the Nigerian military.

Post-traumatic stress disorder (PTSD) is a psychiatric condition that occurs following exposure to traumatic events such as war, violence, or life-threatening experiences. According to the American Psychiatric Association (APA, 2022), PTSD is characterized by four major symptom clusters: intrusion (e.g., flashbacks), avoidance, negative alterations in cognition and mood, and hyperarousal. These symptoms can persist for months or years and significantly impair an individual's functioning.

PTSD has been widely studied among military populations due to the inherently traumatic nature of combat. Soldiers exposed to warfare often experience intense psychological distress resulting from direct combat, witnessing death, and moral conflicts (Friedman, 2016). The condition not only affects mental health but also has implications for social relationships, occupational functioning, and overall quality of life. Combat exposure denotes direct participation in military operations that endanger life or physical integrity. Such exposure is a major predictor of PTSD among soldiers. High-intensity combat situations, repeated deployments, and prolonged exposure to violence increase the likelihood of developing trauma-related disorders (Hoge et al., 2004).

In the Nigerian context, frontline soldiers engaged in counterinsurgency operations face complex and unpredictable threats, including ambushes, improvised explosive devices, and guerrilla warfare tactics. These experiences can lead to cumulative trauma, where repeated exposure intensifies psychological distress over time (Akinyemi et al., 2021). The concept of lived experience is central to qualitative research, particularly phenomenological studies. It focuses on how individuals perceive, interpret, and make meaning of their experiences. In the context of PTSD, lived experiences encompass personal narratives of trauma, emotional responses, coping mechanisms, and the subjective meaning attached to them (Creswell & Poth, 2018). Exploring lived experiences allows researchers to move beyond statistical generalizations and gain deeper insights into the psychological realities of individuals. Military culture, camaraderie, and exposure to violence often shape these experiences for military personnel. Perception refers to how individuals understand and interpret a phenomenon. Soldiers' perceptions of PTSD can significantly influence the recognition and addressing of symptoms. Some military personnel may perceive PTSD as a sign of weakness, leading to denial or suppression of symptoms (Mittal et al., 2013).

In many African societies, mental health conditions are sometimes misunderstood or stigmatized, which may further affect how PTSD is perceived. Cultural beliefs and societal expectations can shape attitudes toward mental illness and influence help-seeking behavior (Gureje et al., 2015). Several studies have examined PTSD among military personnel across different contexts. Hoge et al. (2004) found high rates of PTSD among U.S. soldiers returning from Iraq and Afghanistan, with many reporting barriers to seeking mental health care due to stigma. Similarly, Iversen et al. (2008) identified combat exposure, lack of social support, and pre-existing vulnerabilities as significant predictors of PTSD among UK military personnel. In Africa, research on PTSD among military populations remains limited. However, Akinyemi et al. (2021) reported that Nigerian soldiers exposed to combat operations are at significant risk of developing PTSD, although the condition is often underreported. The study emphasized the need for improved mental health services within the Nigerian military.

Gureje et al. (2015) highlighted the broader issue of mental health stigma in Nigeria, noting that many individuals with mental health conditions do not seek professional help due to cultural beliefs and lack of awareness. Mittal et al. (2013) examined stigma associated with PTSD among combat veterans and found that negative perceptions of mental illness significantly reduced help-seeking behavior. This finding is particularly relevant to military contexts where toughness is highly valued. Despite these contributions, most existing studies rely on quantitative methods, leaving a gap in understanding the subjective experiences of soldiers. There is limited qualitative research exploring how Nigerian military personnel perceive and experience PTSD.

The reviewed literature reveals several important gaps that justify the need for this study. Most past research focused on measurable data, like how often something occurred and statistical links, rather than on soldiers' personal experiences. Second, there is a lack of emphasis on the lived experiences of military personnel. Many studies focus on quantifiable factors like exposure levels and how bad symptoms are, ignoring how soldiers themselves understand and make sense of what they go through during traumatic events. This constrains a more profound comprehension of PTSD as a multifaceted and contextually influenced phenomenon. Furthermore, there is insufficient exploration of the cultural and military contexts that shape the perception of PTSD among Nigerian soldiers. Factors such as societal beliefs about mental health, stigma, and the institutional culture of the military—a quality frequently highlighted for its connection to strength and emotional fortitude—are not adequately examined in extant literature. These factors are critical in influencing how PTSD is experienced, expressed, and managed.

In addition, there is a lack of context-specific interventions tailored to the unique needs of Nigerian armed personnel. The applicability of many studies, which originate from Western societies, is constrained by their lack of congruence with Nigerian socio-cultural contexts. To address these shortcomings, this study uses a qualitative method to deeply explore how Nigerian Army frontline soldiers experience and perceive PTSD. By adopting this strategy, we aim to produce contextually pertinent knowledge that can guide the development of culturally sensitive interventions and mental health policies within the Nigerian military.

Despite increasing global recognition of PTSD as a major mental health concern among armed personnel, there undoubtedly remains limited empirical research focusing on their lived experiences. Present studies have chiefly concentrated on prevalence rates and quantitative assessments, leaving a gap in comprehending how soldiers perceive and interpret their traumatic experiences. Frontline Nigerian Army personnel operate in high-risk environments characterized by insurgency, terrorism, and armed conflict. These conditions expose them to recurrent traumatic events that may significantly affect their psychological well-being. However, many soldiers do not seek psychological help due to stigma, fear of discrimination, and a lack of awareness about mental health services. This often leads to untreated PTSD, which can impair cognitive functioning, relationships, and general quality of life.

Furthermore, the sociocultural context of Nigeria, combined with military institutional norms, may influence how PTSD is experienced and expressed. Without a proper understanding of these subjective experiences, mental health interventions may remain ineffective or culturally misaligned. Therefore, the potential problem this study addresses is the lack of in-depth qualitative evidence on the lived experiences and perceptions of PTSD among frontline Nigerian Army personnel.

THEORETICAL FRAMEWORK

Building on Anxious Apprehension Theory (Jones & Barlow, 1990), this study accepts their argument that the factors causing and sustaining panic disorder also play a role in PTSD. They also noted a strong resemblance between panic attacks and traumatic flashbacks. Beyond acknowledging biological vulnerability, the trauma, and immediate intense emotions, their central argument emphasizes incorporating post-trauma cognitive factors that initiate a self-perpetuating cycle of anxious apprehension. That is, patients with PTSD focus their attention upon and are hypervigilant for information about 'emotional alarms' and associated stimuli. When real danger occurs, the alarm is real. However, Barlow's (1988) model of panic disorder explains that false alarms can happen later, even when there's no danger. Individuals with PTSD experience anxious apprehension centered on cognitive and physiological signals originating from the traumatic event, driven by a desire to prevent the distress caused by these alarms.

The learned alarms generate hyperarousal symptoms, which, through their association with cues present at the time of the original trauma (the real alarm), result in a negative feedback loop ensuring successive reexperiencing symptoms. In PTSD, anxious apprehension is directed toward cognitive and physiological cues reminiscent of the trauma. The resulting hyperarousal symptoms (e.g., heightened startle response, irritability, concentration difficulties) are reinforced through a negative feedback loop, which maintains re-experiencing symptoms such as flashbacks and intrusive memories. To manage the distress from these alarms, affected individuals may engage in avoidance behaviours—both internal (emotional numbing) and external (avoiding trauma-related stimuli). Jones and Barlow further argue that coping styles and social support can moderate the severity and expression of PTSD, similar to their effects in other anxiety disorders. The Anxious Apprehension Model has been applied in several studies. For instance, it has been used to examine anxiety and PTSD among individuals exposed to violence (Nikoonamnezami et. al., 2024). Relatedly, Oluwole et. al. (2025) have proposed that the content of intrusive memories corresponds to moments that act as warning signals for the traumatic event. While Jones and Barlow's theory draws attention to a potentially important but neglected aspect of PTSD, it does not discuss in detail the role and variety of cognitions and emotions arising from the consequences of the event.

METHODS

Research Design

This study is qualitative in nature using phenomenological methods. Phenomenology focused on exploring and understanding the "lived experience" that allow individuals make sense of major life experiences. Researchers used it widely in health sciences, psychology, and education to understand complex human experiences like significant life transitions (Tavakol & Sandars, 2025), such as traumatic experiences. The authors used In-depth Interviews (IDI). The purpose of the In-Depth Interviews (IDI) is to gain a detailed, first-hand understanding of how frontline Nigerian Army personnel experience post-traumatic stress disorder (PTSD). Specifically, the IDI seeks to explore the nature of their symptoms, the personal meanings they attach to their traumatic experiences, the factors that influence their coping strategies and help-seeking behaviours, and the ways in which socio-cultural and military environments shape their experiences.]

Sample and Sampling

The participants consisted of Nigerian Army personnel who had been diagnosed with PTSD in North-West Nigeria. A complete enumeration approach was used, targeting all personnel who met the inclusion criteria at the Division 1 of the Nigerian Army in Kaduna. The participants include six non-commissioned officers who are combatants at different military operations in the North-West Nigeria.

Procedure for data collection

Data collection was conducted directly within military environment to ensure access to frontline personnel. Participation was voluntary, and only personnel who provided informed consent were given questionnaires to complete. Efforts were made to create a supportive and flexible environment during data collection to maximize response rates. Researchers employed conversational engagement, encouragement, and reinforcement of participants' efforts to ensure accurate self-reporting. A total of thirteen participants were involved in this study. This comprised six sessions of Indepth Interviews were conducted with the combatants. The inclusion of participants across different military ranks provided a diverse range of perspectives, allowing for a more comprehensive understanding of the lived experiences and perceptions of post-traumatic stress disorder (PTSD) within the Nigerian Army.

Method of Data Analysis

Data generated from the In-Depth Interviews (IDIs) was analyzed using **thematic analysis**, following a phenomenological approach aimed at capturing the essence of participants' lived experiences of post-traumatic stress disorder (PTSD).

The analysis was conducted systematically in several stages:

1. Data Transcription and Familiarization

All interviews were audio-recorded (with participants' consent) and transcribed verbatim. The researchers engaged in repeated reading of the transcripts to achieve deep familiarization with the data. During this stage, initial notes and reflections were documented to capture emerging ideas and patterns.

2. Coding of Data

An inductive coding approach was adopted, allowing themes to emerge directly from the data rather than being imposed a priori. Transcripts were carefully examined line-by-line, and meaningful units of text were assigned codes that reflected participants' expressions, experiences, and interpretations. Similar codes were grouped together to form broader categories.

3. Development of Themes

Codes were organized into potential themes by identifying patterns, similarities, and relationships across participants' narratives. These themes were reviewed and refined to ensure internal coherence and distinctiveness. For the IDIs, themes such as lived experiences of PTSD symptoms, meaning-making, coping strategies, and socio-cultural influences emerged.

4. Phenomenological Interpretation

In line with the phenomenological design, the analysis emphasized understanding how participants make sense of their lived experiences. The researchers engaged in interpretative analysis by exploring both explicit meanings (what participants said) and implicit meanings (underlying assumptions and contextual influences). This allowed for a deeper understanding of the subjective realities of military personnel.

5. Use of Verbatim Quotations
To enhance credibility and authenticity, direct verbatim excerpts from participants were used to illustrate and support each identified theme. These quotations provided rich, contextualized insights into the participants' experiences.
6. Trustworthiness of the Analysis
To ensure rigor, the study adhered to established qualitative criteria:

- **Credibility:** Prolonged engagement with the data and use of verbatim quotes.
- **Dependability:** Systematic documentation of the analytical process.
- **Confirmability:** Efforts were made to minimize researcher bias through reflexivity and peer debriefing.
- **Transferability:** Thick descriptions of the research context and participants were provided to allow for contextual interpretation.

Ethical Considerations
Ethical approval for the study was obtained from the University of Ibadan Ethical Review Committee for Social Sciences and Humanities (UI/SSHREC/2023/00123). Permission was also sought from the Nigerian Army authorities to facilitate informed consent from the participants. The purpose of the study was clearly explained to all the participants, and they were assured that their responses would be treated with the utmost confidentiality. Strict adherence to privacy and protection of participants' personal information was maintained throughout the study. Participation was entirely voluntary, and only those who provided informed consent participated in the interviews. Following data collection, participants identified for the study underwent the psychological interventions.

RESULTS
Thematic Analysis of IDIs (Non-Commissioned Officers)

The analysis of in-depth interviews with frontline Nigerian Army personnel diagnosed with PTSD in North-West Nigeria revealed four major themes aligned with the study objectives: (1) lived experiences of PTSD symptoms, (2) meanings attached to traumatic experiences, (3) coping strategies and help-seeking behaviours, and (4) socio-cultural and military contextual influences. Selected verbatim expressions are used to support each theme.

Lived Experiences of PTSD Symptoms among Frontline Soldiers
Participants described a wide range of psychological, emotional, and behavioural symptoms following combat exposure, indicating clear manifestations of post-traumatic stress.
A dominant experience was persistent sensory re-experiencing, particularly auditory intrusions. A combatant, 27 years, explained that even after returning from operations, the sounds of warfare remained vivid: *"we come back from the operation, but we still hear the volume of fire… like something is firing beside you."* This suggests intrusive memories and heightened perceptual sensitivity typical of PTSD.
Cognitive disruptions were also evident. A combatant, 25 years noted a decline in mental clarity: *"before you go to the operation… you will be thinking normally. But after the operation, the thinking faculty will not be balanced as before."* This reflects impaired concentration and cognitive disorganization.
Emotional dysregulation emerged strongly, particularly irritability and anger. One respondent, Male, 29 years, stated: *"if they talk more, I can change for them… something where it's not supposed to be shouted, we just shout."* This indicates hyperarousal and reduced emotional control.

Social withdrawal and detachment were repeatedly emphasized. A participant described isolation tendencies: *"I couldn't associate myself with people… I would stay with my wife… almost 14 days I would be inside."* Another added: *"I feel like maybe they don't understand me, I don't understand them."* These accounts point to emotional numbing and interpersonal disconnection.
Physiological symptoms such as sweating and restlessness were also reported: *"my body was very, very… I was very sweaty… I would just go back like that."* Collectively, these narratives demonstrate the multidimensional nature of PTSD symptoms among combatants.

Meanings Attributed to Traumatic Combat Experiences
Participants constructed complex meanings around their exposure to violence, loss, and survival, reflecting both psychological distress and adaptive reinterpretations.
A recurring meaning was the normalization of trauma as an inevitable part of military duty. One participant stated: *"for a human being to go to operation and see dead body… it cannot expect those people to think normally."* This reflects an awareness of trauma as inherent in combat experience.
At the same time, traumatic events were deeply personalized and memorialized. The loss of colleagues created enduring psychological imprints. A platoon leader, said *"September 30th… I lost 13 soldiers at a spot… till now, any 30th of September, I must remember the day."* This illustrates how specific experience become symbolic anchors of trauma.
Fear of death and existential reflection also shaped meaning-making. One combatant, 32 years expressed: *"you feel like… if I go now, I can't go back."* Such statements reveal heightened mortality awareness and anticipatory anxiety.
Despite distress, some participants framed their experiences as sources of personal growth and courage. One noted: *"when I was a civilian, I couldn't do some things with fear… but now… I can do many things."* This indicates elements of post-traumatic growth, where adversity enhances perceived resilience.

Coping Strategies and Help-Seeking Behaviours
Coping responses varied widely, ranging from adaptive strategies to avoidance and withdrawal.
A prominent coping mechanism was social withdrawal and isolation. Participants often coped by retreating from social interaction: *"anytime I remember that… I go indoor, only me."* While this may provide temporary emotional control, it may also reinforce symptoms.
Limited active coping strategies were reported. One combatant admitted: *"I don't do anything."* This highlights a lack of structured psychological coping skills among some personnel.
However, social support emerged as an important protective factor for others. A participant described seeking comfort through family communication: *"I just call my parents… after that, I feel okay."* Similarly, peer support was recommended: *"you should be close to that person… talk to him."*
Institutional help-seeking was largely medicalized. Participants noted that affected personnel are referred for treatment: *"the authorities guide them to go to the medical… and give them drugs."* While this indicates availability of services, it also suggests a biomedical emphasis rather than holistic psychosocial care.
Participants also proposed reintegration strategies, emphasizing environmental change: *"after the operations… they can put you in another environment that you forget the path of the war."* This reflects an awareness of the need for decompression and transition support.

Socio-Cultural and Military Contexts Shaping PTSD Experiences
The experiences of PTSD were deeply embedded within both military structures and broader socio-cultural contexts.

Within the military, prolonged exposure and isolation from civilian life were identified as key stressors. One combatant explained: *"you see soldiers every day for six months… you don't see civilians… you cannot adjust to civilians."* This highlights the impact of social environment on psychological functioning.

Combat intensity and repeated deployments also exacerbated distress. Participants described continuous engagement: *"two months, one week, three weeks… we just go to the combat zone."* Such cumulative exposure increases vulnerability to trauma.

Military culture appeared to emphasize endurance and emotional suppression. Although formal stigma was denied (*"no stigma"*), participants' narratives of withdrawal and limited help-seeking suggest implicit stigma and normalization of distress**.**

Socio-cultural expectations around masculinity and strength further shaped responses. Aggressive reactions were sometimes internalized as consequences of operational exposure rather than psychological distress: *"it's not my nature… it's the work… what I have been seeing."* Finally, relationship disruptions highlighted the broader social impact of PTSD. One combatant shared: *"my last relationship, I lost the person… because you are not available."* This underscores how military demands and psychological strain affect interpersonal stability.

DISCUSSION ON IDI RESULTS

The results of this study give voice to the everyday experiences of PTSD among Nigerian Army personnel and can be understood in relation to Jones and Barlow's Anxious Apprehension theory, where anxiety is defined as a cognitio-affective state of sustained worry, apprehensive anticipation, and increased vigilance (Jones & Barlow, 1990). The in-depth interviews with frontline Nigerian Army personnel suffering from PTSD suggested multifaceted and interrelated psychological, emotional and social consequences of exposure to war. These findings are consistent with more recent studies reporting that PTSD among military personnel is complex, multi-factorial and shaped by people and setting (Steenkamp et al., 2021; Williamson et al., 2020).

Lived Experiences of PTSD Symptoms

Participants reported sensory re-experiencing, including sounds of combat, intrusion, hyper-arousal, emotional numbing and social withdrawal. These findings show consistency with the DSM-5 symptom clusters of intrusion, hyper-arousal, negative affect and avoidance (American Psychiatric Association, 2022). These recollections of the intrusiveness of combat experience are consistent with the observed long-term effects of intrusive memories on the brain in trauma-exposed people (Bryant et al., 2022). Emotion dys-regulation, as reflected by irritability and anger, shows hyperarousal that is likely to be socially dysfunctional as well as lead to aggression (Sippel et al., 2022). Participants' reports of social isolation and emotional numbing are concordant with research results showing interpersonal disconnection to be one of the most common sequelae of military PTSD for integration back home (Galatzer-Levy et al., 2021). Implications for therapy:. As detailed above, IIP-therapy mostly consists of the integration of the patient and the therapist in an intersubjective field, followed by an exchange of positions between them. At the same time, this integration and exchange may potentially address

Meanings Attributed to Traumatic Experiences

The participants ascribed diverse interpretations to their traumatic experiences, spanning from the normalization of trauma in combat situations to positive personal development. The normalization of trauma within the framework of military service suggests an emphasis on operational resilience, which, however, could also inhibit recognition of emotional problems (Hoge et al., 2020). Memorializing the losses of loved ones by recalling the names of dead comrades highlights how traumatic experiences can become the foundation for PTSD through symbolism (Forbes et al., 2020). In parallel, the occurrence of post-traumatic growth through courage and

resilience, among other qualities, is consistent with existing literature that highlights the adaptive meaning making process among certain traumatized people (Tedeschi & Calhoun, 2021).

Coping Strategies and Help-Seeking Behaviors

The coping strategies utilized included avoiding situations, withdrawal from social interactions, as well as seeking help from family and peers. While avoidance is a useful strategy when it comes to managing PTSD and helps to reduce anxiety, it can prevent healing and prolongs symptoms of PTSD (Bryant, 2019; Galatzer-Levy et al., 2021). The role of social support, which was mentioned by several respondents, can be viewed as a protective factor which reduces stress and supports the process of recovery (Cozza et al., 2020). The high prevalence of medical treatment used by participants, such as medication referrals, illustrates the dominance of the medical model in treating PTSD, which is common around the world in the context of military psychiatry (Harrington et al., 2022). Holistic psychosocial strategies were underutilized despite their efficiency in treating PTSD (Harrington et al., 2022).

Socio-Cultural and Military Contexts

Conclusions drawn from this research reflect the dynamics between military structure and sociocultural constructs on post-traumatic disorders. Deployment fatigue, separation from civilians, and exposure to combat exacerbate vulnerabilities, supporting the theoretical notion of cumulative stress among the key factors associated with trauma, according to ecological theories (Greene et al., 2020). The militaristic subculture that glorifies toughness and the suppression of emotions might be responsible for implicit stigmatization, discouraging veterans from seeking help due to structural impediments (Sharp et al., 2021). Sociocultural pressure concerning masculinity affects the manifestation of symptoms, making soldiers perceive aggression and irritability as work-related issues rather than psychological problems (Olff et al., 2021). Relationship issues identified among research participants also reflect the social implications of post-traumatic disorders, supported by previous research, which demonstrates the spread of mental health difficulties into personal and familial spheres within military communities (Sayer et al., 2020).

Implications for Counselling

The findings of this study offer critical insights for the evolution of counseling practice within military and trauma-exposed populations, with specific relevance to the Nigerian Army. To effectively address the psychological legacy of combat, counseling must shift from a reactive medical model to a proactive, culturally attuned, and evidence-based framework.

The prevalence of intrusive memories and cognitive distortions among participants necessitates the adoption of trauma-focused, evidence-based interventions. Counselors should prioritize modalities such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Cognitive Processing Therapy (CPT), and Prolonged Exposure (PE). These approaches are specifically designed to dismantle the maladaptive thought patterns and "anxious apprehension" identified in the Jones and Barlow framework, helping soldiers re-evaluate the persistent cognitive engagement with perceived threats that sustains their anxiety.

Given the widespread reliance on avoidance-based coping, counseling must emphasize emotional processing and the development of adaptive skills. Therapeutic goals should focus on helping clients gradually and safely confront traumatic memories, thereby breaking the reinforcing cycle of avoidance that perpetuates PTSD. Integrating mindfulness-based strategies, problem-solving techniques, and emotional regulation exercises allows soldiers to transition from reflexive withdrawal to active, healthy engagement with their internal and external environments.

Military culture—defined by stoicism, emotional restraint, and the fear of stigma—frequently acts as a barrier to effective care. Counselors must employ culturally responsive strategies that reframe help-seeking as an act of professional strength and tactical resilience rather than a sign

of weakness. Since PTSD exerts a profound "ripple effect" on social networks, counseling should adopt a systemic approach. Involving spouses and immediate family members in the therapeutic process can mitigate relational strain and provide families with the tools necessary to support successful reintegration. By addressing the family unit, counselors can help rebuild the domestic support structures that are often fractured by combat-related emotional dysregulation.

The current reliance on biomedical interventions highlights an urgent need for multidisciplinary collaboration. Counselors should not work in silos; rather, they must integrate their efforts with psychiatrists, medical officers, and military leadership to provide a holistic care continuum. This ensures that psychotherapy and pharmacological treatments are complementary and that counseling remains a continuous engagement rather than an episodic response to a crisis.

Conclusion

This study provides a comprehensive understanding of PTSD among Nigerian Army personnel by integrating perspectives from both frontline soldiers. The findings reveal that PTSD is a complex, multidimensional condition shaped by cognitive, emotional, social, and institutional factors. Consistent with Jones and Barlow's Anxious Apprehension theory, anxiety among military personnel is not merely reactive but sustained through persistent worry, hypervigilance, and cognitive engagement with traumatic experiences. The study highlights that while some soldiers demonstrate resilience and post-traumatic growth, many continue to experience significant psychological distress characterized by intrusive memories, emotional dysregulation, and social disconnection. Coping strategies are often maladaptive, particularly avoidance and withdrawal, which further perpetuate symptoms. Importantly, the findings reveal a gap between institutional mental health provisions and actual therapeutic needs. While medical referral systems exist, the limited integration of psychosocial and trauma-focused interventions reduces effectiveness. Additionally, socio-cultural and military norms—particularly stigma, masculinity expectations, and the ideology of resilience—continue to shape how mental health is perceived and addressed within the military. The study underscores that PTSD among military personnel requires a holistic, culturally grounded, and sustained intervention framework that goes beyond clinical treatment to include psychosocial support, institutional reform, and community reintegration.

Recommendations

Based on the findings, the following recommendations are proposed:

1. The Nigerian Army should institutionalize evidence-based psychotherapies such as trauma-focused cognitive behavioural therapy (TF-CBT), cognitive processing therapy, and prolonged exposure therapy as standard components of PTSD treatment, rather than relying predominantly on pharmacological interventions.
2. The Nigerian Army should establish structured mental health programmes that include pre-deployment training, in-service psychological support, and post-deployment rehabilitation, incorporating stress management, resilience training, and decompression periods.
3. The Nigerian Army should increase the number of trained military counsellors and clinical psychologists and ensure their deployment across operational units, while making counselling services accessible, confidential, and continuous.
4. The Nigerian Army should implement targeted interventions to reduce stigma associated with mental health within the military, with leadership actively promoting open discussions and modelling positive attitudes toward help-seeking.
5. The Nigerian Army should introduce family-inclusive counselling programmes and provide education for families on PTSD, coping strategies, and reintegration challenges to strengthen social support systems and improve recovery outcomes.

6. The Nigerian Army should review and strengthen military mental health policies to ensure alignment with current best practices, including long-term rehabilitation models and continuous care frameworks.

Data Availability Statement
Data supporting this research is not publicly available to preserve anonymity and privacy of the research participants. However, the data supporting the publication can be accessed for references with a request letter to da.oluwole@ui.edu.ng

Conflict of Interest Declaration
The authors have no conflict of interest.

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