



Insecurity, Stigma and Resilience of Internally Displaced People in Burkina Faso

Badolo B. Léopold*

Department of Psychology, University Joseph Ki-Zerbo, Ouagadougou, Burkina Faso

ABSTRACT

Since 2015, Burkina Faso has been facing a security crisis that has led to numerous population movements. These displacements often confront the people concerned with stigmatisation by the host populations. This article explores how stigma and resilience are related among people who had to relocate due to violent extremism and 54 participants (36 females vs. 18 males) were questioned. The results highlight both the reality of the stigmatisation of internally displaced people and its negative impact on their psychological resilience. Raising public awareness is essential to help reduce the occurrence of stigmatisation.

Keywords: Stigma, Resilience, Displacement, Violence, Burkina Faso

INTRODUCTION

Burkina Faso has been plagued by violent attacks since 2015. The most affected regions are the North, Northeast, East, and Sahel regions of the country. These attacks have created a climate of insecurity and forced millions of people (of all ages, genders, and social conditions) to flee from these violent situations and seek shelter in other parts of the country. They are called Internally Displaced Persons (IDPs). These massive displacements confront or expose the populations concerned to immense needs [1].

- Security needs (having shelter, access to somatic and medical-psychological care).
- Physiological needs (sleep, rest, food).
- Need for hygiene, clothing.
- Cognitive needs (to be informed).
- Need not to feel abandoned;
- Need to be understood, to be reintegrated into the community of the living and therefore not to feel marginalized by society.
- Need to regain their autonomy as quickly as possible.

In such a context, IDPs need to build strong psychological resilience. This resilience is a major factor that gives us the

strength to stand up in the face of life's difficulties. Three variables make up the phenomenon of resilience: anticipation, resistance and adaptation. When faced with a problem or difficulty, people mobilise resources to build a better future. But resilience is a relative capacity, the result of a dynamic, evolving process, during which the scale of a trauma can exceed the subject's resources. Resilience varies according to the circumstances, the nature of the trauma, the context and the stages of life. Displaced populations often face stigma from host populations. This reflection examines the link between stigma and resilience. Etymologically, stigmatization consists of the action of "permanently marking someone's body in order to give it a distinctive scar". This term describes the marginalization of a person for their differences, which are considered contrary to societal norms [2,3]. This is a very common social phenomenon, based on discrimination against an individual or a sub-group of individuals by a dominant or majority group. Three areas of stigmatisation are usually distinguished:

- The first concerns people with a physical manifestation or visible external deformities (scars, physical infirmities, obesity).
- The second, people with behavioural differences (mental disorders, drug addiction, alcoholism, criminal background).
- Third, people of a nationality, ethnicity, religion or political affiliation considered to be outside the local social norms [4].

Labelling theory, also known as social reaction theory or 'stigma analysis', has helped to develop a distinctive and innovative

Correspondence to: Badolo B. Léopold, Department of Psychology, University Joseph Ki-Zerbo, Ouagadougou, Burkina Faso, E-mail: bbleopold@yahoo.fr

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theoretical framework for thinking about these processes, with the introduction of sensitising concepts such as social reaction, total institution, deviant identity and career, and stigma. Over the years, the notion of stigma has become the flagship concept of the interactionist school and the theory of labelling, making it the predestined doctrine for understanding stigmatisation processes [5]. Goffman approached stigma from an interactionist perspective. For him, stigma is that which, during an interaction, affects an individual's social identity by discrediting it. Stigma is a profoundly disqualifying attribute that transforms the subject from a complete and normal person into a deteriorated and diminished one. Not only does stigma, based on a characteristic considered to be different or deviant from the norm, lead society to reject the stigmatized individual, but society itself tends to see itself as discredited and undesirable, through the phenomenon of self-stigmatisation. Simon, traces the Greco-Latin origins of this concept. It derives from the Latin *stigmata* (mark put on slaves), itself derived from the Greek *stigma* (puncture, open wound). The stigma therefore originally meant the brand applied to the shoulder of galley slaves as a corporal punishment. These marks served as a warning that the wearer was infamous. The individual concerned was perceived as impure and unattractive. For Simon, the concept of stigma sheds relevant light on social disadvantage or the relationship with difference, in a context of otherness [6].

METHODOLOGY

The data was collected from 54 people in the Centre-North region of Burkina Faso. This sample is made up of 36 women (including 18 IDPs and 18 from the host population) and 18 men, including 9 IDPs. It was a purposive sample based on the diversification of respondents (gender, residence), with two inclusion criteria: knowledge of the social reality of displaced people and free acceptance to participate in the study. Administrative authorization gave us access to the IDPs in the reception centers.

As we delve into the depths of Burkina Faso's societal fabric, this purposive sampling strategy acts as a compass, guiding the exploration of narratives that echo the resilience, challenges, and aspirations of a displaced populace. Each data point becomes a brushstroke, painting a more vivid and comprehensive portrait of the human experience in the Centre-North region [6].

RESULTS

Stigmatisation is high on the list of concerns of displaced people. There are many signs of this are:

- Neglect/lack of consideration/snide eyes. One person interviewed said that what she fears and what bothers her the most- "It's the way people look at you when you walk past. They look at you in a different and curious way". Another said- "Often, you greet people but they don't look at you- "Often, you greet people but they don't look back at you. You immediately feel diminished and ridiculous".
- IDPs are seen as "runaways".

- Mistrust of displaced persons. One respondent said- "I have the impression that people are suspicious of us. They're very reserved around us, as if we weren't trustworthy. That doesn't encourage closeness".

The host communities do not deny the existence of stigmatisation, but feel that it needs to be put into perspective. This call for relativisation is based on the observation that not everyone is stigmatized and not all displaced persons are stigmatized. While stigmatisation is a reality, it must also be acknowledged that some displaced people are guilty of theft, violence and self-exclusion. "They (the displaced) are suspicious and don't mix with the population," said one (host) interviewee. "We are cautious because we don't know them. We don't have the same habits", said a respondent from the host population. These behaviors would lead the host population to develop a certain caution in their contacts with displaced persons.

DISCUSSION

This research shows that some internally displaced people are victims of stigmatisation, with the effects/consequences of withdrawal, guilt, feelings of powerlessness, anger and aggressive behaviour. They withdraw and make little contact with their social environment. The aim is to avoid further rejection and the suffering that will follow. The development of these psychological aspects is a threat to the strengthening of resilience, which can help IDPs not to become discouraged and to remain 'on their feet' in the face of adversity. The link thus established between stigma and resilience reinforces Richard's analysis [7]. This author has shown that resilience mentors are external resources that help people. Resilience is variable, modulated by contingencies both internal and external to the subject. Consequently, when stigmatisation occurs, it undermines/weakens the resilience mentoring that the host population should be offering to IDPs. The social environment becomes a source of threat that exhausts the few internal resources available to some IDPs. According to Richard, resilience is a dynamic process of response to the environment [8,9]. It is this capacity to draw additional strength from the event undergone, to reconnect with one's inner resources, to lead one's future actions and to orientate one's life, which is the very substance of resilience. Relative, differential, resilience can be constitutional, but it is always part of a dynamic and needs to be confronted with adversity in order to assert itself. The results of the study support the postulates of social labelling theory analyzed by Lacaze [10]. He came up with the idea that inter-human differences are subject to a process of social selection. Some are ignored or socially imperceptible, while others are highly salient.

CONCLUSION

Stigmatisation is a factor in psychological and social fragility. The proven existence of stigma is a negative factor in the psychological resilience needed for IDPs to continue to struggle to adapt to their current situation and look to the future. As a result, there is an urgent need to inform, raise awareness and educate people about the harmful consequences of stigmatization

and better living together. This exploratory work is an initial approach to the problem of stigmatisation and resilience in a context of insecurity and mass population displacement. In-depth investigations will provide a more systematic grasp of the reality being explored.

CONFLICT OF INTERESTS

The author(s) declared no conflict of interest.

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