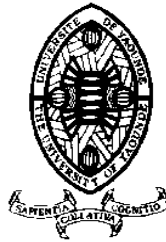


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# **LACK OF JUSTICE, COMPLICATED MOURNING AND DEVELOPMENT OF PTSD IN ORPHANS OF ARMED CONFLICTS: THE CASE OF CHILDREN IN NORTH WEST REGION**

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**JULY, 2025**

**DEDICATION**

**TO**

**ALL MY GOOD NEWS CLUB CHILDREN IN CAMEROON**

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## LIST OF ACRONYMS

**PTSD:** Posttraumatic Stress Disorder

**NO/SO:** North West and South West

**NW:** North West

**SW:** South West

**WHO:** World Health Organization

**NGO:** Non-governmental Organization

**UNICEF:** United Nations International Children's Emergency Fund

**DRC:** Democratic Republic of Congo

**HRW:** Human Right Watch

**HR:** Human Right

**GDP:** Gross Domestic Product

**UNDP:** United Nations Development Project

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## ABSTRACT

Our Study entitled: “Lack of justice, complicated mourning and development of PTSD in orphans of armed conflicts: The case of children in Northwest region”. Experiencing the loss of a parent (s) especially in the situation of injustice lead to significant psychological suffering on the individual. When victims are aware of their perpetrators this triggers the quest for justice to be done. She finds herself plunged into a state of crisis where the pain of the loss and seeking justice for the loss are closely connected. Throughout the mourning period, this desire of injustice keeps interfering, limiting the individual’s ability to mourn thereby leading to the development of posttraumatic stress disorder. This is why it is important to question the development of PTSD in orphans of armed conflicts. In this study, we question the contribution of lack of justice in the development of PTSD in orphans of armed conflict. The research question of this study is: How does lack of justice lead to the development of PTSD in orphans of armed conflict? As an answer, we formulated the hypothesis as: The lack of justice contributed to the development of PTSD in orphans of armed conflicts through complicated mourning. Thus, our objective is to understand the place of complicated mourning in the development of posttraumatic stress disorder in orphans of armed conflict in Northwest Region. To do this, we used the clinical method. Data were collected through semi-structured interviews with four orphans of armed conflict with PTSD. These data were subject to a thematic content analysis. We equally used “The children’s impact of event scale (13) cries-13” to confirm if our participant were suffering from PTSD. The result obtained from this study shows that the lack of justice through complicated mourning contributed to the development of PTSD in the participants of this study. The perceived injustice related to their parent's death results in anger, grief, and social withdrawal, impacting their emotional well-being and trust in authority figures. These orphans’ exhibit complicated grief, characterized by emotional struggles, problematic behaviours, and some defence mechanisms like repression, spitting and denial. And as a result of these complications these participants have developed PTSD following their results of “The children’s impact of event scale (13) cries-13”, which stipulate that, if a child score 17 and above when combine the score of Intrusion and Avoidance that means the child is suffering from PTSD. Using this scale, it was found that the combined score (Intrusion + Avoidance) these participants were scoring above 17 as seen in the case of; Lili scoring 46; Vicky 32; Emma 30 and Bright 38, giving us a higher degree of PTSD in these orphans. These results thus give clinical relevance to our initial hypothesis.

**Keywords:** PTSD, Mourning, Armed conflict, Justice, Orphans of Armed conflict

## RÉSUMÉ

Notre étude s'intitule : « Manque de justice, deuil compliqué et développement du syndrome de stress post-traumatique chez les orphelins des conflits armés : Le cas des enfants de la région du Nord-Ouest ». L'expérience de la perte d'un (ou de plusieurs) parent(s), surtout en situation d'injustice, entraîne une souffrance psychologique importante chez l'individu. Lorsque les victimes sont conscientes de leurs bourreaux, cela déclenche la quête de justice. Elles se retrouvent plongées dans un état de crise où la douleur de la perte et la recherche de la justice pour cette perte sont étroitement liées. Tout au long de la période de deuil, ce désir d'injustice ne cesse d'interférer, limitant la capacité de l'individu à faire son deuil et conduisant au développement d'un syndrome de stress post-traumatique. C'est pourquoi il est important de s'interroger sur le développement du syndrome de stress post-traumatique chez les orphelins de conflits armés. Dans cette étude, nous nous interrogeons sur la contribution du manque de justice dans le développement du Trouble de stress post-traumatique (TSPT) chez les orphelins de conflits armés. La question de recherche de cette étude est la suivante : comment le manque de justice conduit-il au développement du TSPT chez les orphelins de conflits armés ? En guise de réponse, nous avons formulé l'hypothèse suivante : L'absence de justice a contribué au développement du syndrome de stress post-traumatique chez les orphelins de conflits armés par des complications liées au deuil. Ainsi, notre objectif est de comprendre la place du deuil compliqué dans le développement de l'état de stress post-traumatique chez les orphelins des conflits armés dans la région du Nord-Ouest. Pour ce faire, nous avons utilisé la méthode clinique. Les données ont été recueillies par le biais d'entretiens semi-structurés auprès de quatre orphelins de conflits armés souffrant de TSPT. Ces données ont fait l'objet d'une analyse thématique de contenu. Ensuite, on va utiliser « The children's impact of event scale (13) crie-13 », pour vérifier la présence de TSPT chez nos participants. Les résultats obtenus dans le cadre de cette étude montrent que l'absence de justice, à travers un deuil compliqué, a contribué au développement du TSPT chez les participants à cette étude. La perception de l'injustice liée à la mort de leurs parents se traduit par de la colère, du chagrin et un retrait social, ce qui a un impact sur leur bien-être émotionnel et leur confiance dans les figures d'autorité. Ces orphelins présentent un deuil compliqué, caractérisé par des luttes émotionnelles, des comportements problématiques et des mécanismes de défense tels que le refoulement, le clivage et le déni. En raison de ces complications, ces participants ont développé un TSPT à la suite de leurs résultats à l'échelle « The children's impact of event scale (13) crie-13 », qui stipule que si un enfant obtient un score de 17 et plus en combinant les scores d'intrusion et d'évitement, cela signifie qu'il souffre potentiellement d'un TSPT. En utilisant cette échelle, il a été constaté que le score combiné (Intrusion + Evitement) de ces participants était supérieur à 17, comme dans le cas de Lili (46), Vicky (32), Emma (30) et Bright (38), ce qui indique un degré plus élevé de TSPT chez ces orphelins. Ces résultats confèrent ainsi une pertinence clinique à notre hypothèse de départ.

**Mots clés :** TSPT, Deuil, Conflit arme, Justice, Orphelins des conflits armes.

## **GÉNÉRALE INTRODUCTION**

Armed conflicts, as defined by the Uppsala Conflict Data Program (UCDP) (2021), involve the use of armed force between two or more parties, often resulting in significant destruction and human suffering. It is characterized by the use of force and violence, representing a significant challenge to global peace, security, and human well-being. The nature of these conflicts has evolved over time, encompassing various forms of violence, such as civil wars, proxy wars, and terrorism (Kaldor, 2012). The International Committee of the Red Cross (ICRC) (2021) highlights the blurring of distinctions between war, organized crime, and human rights violations in contemporary armed conflicts. Armed conflicts often result in significant loss of life and widespread displacement, creating humanitarian crises that strain resources and require international assistance. In the aftermath of armed conflicts, the devastating consequences experienced by vulnerable populations, particularly orphaned children, have far-reaching implications on their mental health and well-being. Research shows that armed conflict has profound psychological effects, particularly in the life of a child. According to Boothby et al (2006), children exposed to armed conflict often experience psychological trauma, including symptoms of Posttraumatic Stress Disorder (PTSD), Anxiety, and Depression. These mental health issues can impair cognitive development, academic performance, and social interactions.,

Post-Traumatic Stress Disorder (PTSD) according to Yehuda, R., Hoge, C. M., et al (2015), is a condition that can develop following exposure to extremely traumatic events such as inter-personal violence, combat, life-threatening accidents or natural disasters. In other words, it is a mental health condition that can develop after experiencing or witnessing a traumatic event. That is, a prolonged psychic wound that cannot heal on its own. The process of PTSD in a child begins when the child experienced a traumatic event that overwhelms its ability to cope, resulting in feelings of intense fear, helplessness. In response, the child may develop various symptoms, such as intrusive memories, flashbacks, or nightmares, which are characteristic of the “re-experiencing” cluster of PTSD symptoms (Rosen et al, 2008). Additionally, children may engage in avoidance behaviors, such as evading reminders of the traumatic event or suppressing distressing thoughts and emotions. This avoidance, along with emotional numbing and social withdrawal, can significantly impact the child’s daily functioning and interpersonal relationships (Yehuda, 2002).

Armed conflict always lead to massive loss of properties as well as love ones like friends, siblings, and parent. Children who faces loss of love ones like parent might have difficulties going through the normal mourning process, as they may face multiple losses as well as develop strong emotions and a sense of injustice, leading to a desire for revenge. And according to Jordans et al, (2009) the absent of justice can prolong trauma and complicate the grieving process for children who have lost loved ones, as they struggle to copy with the emotional conl0sequence of the violence as well as the loss. This is why in this study title: **“lack of justice, complicated mourning and the development of posttraumatic stress disorder in orphans of armed conflicts: The case of children in North West Region”** aims at exploring the interconnectedness of these factors by examining how the absences of justice, difficulties in mourning, contribute to the development of PTSD in orphans of armed conflict specifically North West. By focusing on this marginalized group, we can gain valuable insights into the unique challenges they face, as well as the potential strategies and interventions that can promote resilience and emotional healing.

To achieve our objective as formulated above, this study is divided into two main parts, each with three chapters: The first part, entitled theoretical framework that is comprised of a first chapter entitled "the problematic of the study", the second chapter entitled “literature review on Posttraumatic stress Disorder (PTSD), mourning and lack of justice” and the third chapter entitled “theoretical framework on PTSD and complicated mourning”. The second part deals with the methodological and operational framework. It consists of the fourth chapter entitled, “The research’s methodology”, the fifth chapter entitled "Presentation and analysis of results", and the sixth chapter entitled "Interpretation and discussion of results"

**PART 1: THEORETICAL FRAMEWOR OF THE STUDY**

**CHAPTER 1: THE PROBLEMATIC OF THE STUDY**

## **1.1 Scope and justification of the study.**

Armed conflict is any organized dispute that involves the use of weapons, violence, or force, whether within national borders or beyond them, and whether involving state actors or non-government entities, has profound direct and indirect effects on everyone involved, (Hageman, & Alkureish, 2021). Many people especially children have been directly and indirectly affected by armed conflicts some of which include; Loss of parent and other love ones, Bodily injury, Communicable disease transmission, malnutrition, Chronic disabilities, Toxic stress effects, Effects on childhood social emotional development, Environmental contamination, Displacement and Poor mental health conditions,(Hageman,& Alkureish, 2021). In (2014), there were a total of 2,626,418 adult deaths and an annual death rate of children was 3,830per 100,000 children 1 to 4 years in the United State (The Centers for Disease Control and Prevention, CDC, 2016). According to the World Bank, 2 billion people currently live in areas that are fragile or affected by conflict. Armed conflicts affect health: they entail violence, displacement, infrastructure damage and the disruption of public health services. Health effects of conflict include trauma; mental health; non-communicable diseases (NCDs); child health; sexual, reproductive and maternal health; and infectious diseases.

Conflict damages health directly through fighting, and indirectly through wider socioeconomic effects. According, to UNICEF report between (2004& 2020), more than 104,000 children were verified as either killed or maimed in situation of armed conflict. The number of children living in conflict zones has been increasing since 2000. In 2019, 1.6 billion children (69%) were living in a conflict-affected country. Approximately 426 million children (over one in six) were living in a conflict zone in 2019. This constitutes a 2% increase from 2018.

In 2019, Africa was the world region with the highest number of children living in conflict zones (179 million), while the Middle East had the highest share of children living in conflict zones (40%). In 2019, more than 71 million 0–5-year-olds were living in areas that had seen conflict their entire lifetime. In Africa, the WHO estimated that over 2167 million children have been affected in 2020. According to the International committee of the Red cross (2019), 152 million African children one in four live in a conflict Zone, with over 19,000 new children recruited to armed group in South Sudan since December 2013. And nearly 1500 children maimed by armed forces in six African countries in 2018. Some 5 million African children killed

by conflict related disease or hunger in the last 20 years, with more than 2000 children kidnapped in Somalia, DRC and Nigeria in 2018, ( WHO,2018).

Cameroon in particular, for years has been suffering from armed conflict which has affected its population and administrative work especially. The Islamist armed group Boko Haram attacks in the Far North region as from August 2021, has led to the killing of 80 civilians and more than 340,000 internally displaced, (Reuters and Kouagheu.J, 2020). The No/So (North and South west region) crisis is an ongoing armed conflict between Cameroon Armed Forces and the No/So separatist groups. With the No/So separatists demanding the independence of the minority English-speaking regions of the country. At the end of 2017, the situation degenerated into armed conflict and has violently imposed a boycott of education, have continued to attack students and professionals in the education sector, (Reuters/Kouagheu.J. (2020)).

Following the suppression of 2016–17 protests by Cameroonian authorities, separatists in the No/So regions launched a guerrilla campaign and later proclaimed independence. Within two months, the government of Cameroon sent its army into the No/So regions starting as a low-scale insurgency, the conflict spread to most parts of the two regions within a year, (“Repport mondial 2022: Cameroun/Human Rights Watch”).

The crisis in the No/So regions continued unabated for the eight consecutive years. As of August 2021, according HR more than 712,000 people were displaced within the country, in the No/So regions as well as in other regions of the Cameroon like, Littoral, West and Center. This has greatly affected many families given the fact that the normal function of most families has been disrupted due to it numerous separations. These separations at an early stage of a child can cause a child to develop anxiety in building and keeping relationship (Firestone, 2013).

The President of Cameroon has employed new military commander and special elite forces to the two regions in September 2022, (Journal du Cameroun, 2022). The government made an attempt to resolve the conflict by organizing the “Major National Dialogue” (MND) in 2019; this was resized for being an elite affair that excluded key actors, including major separatist groups (Hendricks & Ngah, 2019).

According to field studies and research in freely available documentation by Human Rights Watch, at least 4,000 civilians have been killed by both government forces and armed

separatist fighters since late 2016, in the northern regions. By January 2018, 15,000 people had fled from Southern Cameroons to Nigeria. This number increased to at least 40,000 people by February, (Reuters/Kouagheu.J.(2020). In June 2018, Cameroon Development Corporation, a state-owned company with 22,000 employees, declared the conflict could lead to the loss of 5,000 jobs on the short term. By August 2018, more than 180,000 people had been displaced due to the crisis. In July 2018, Cameroonian NGO, Human Is Right reported that the crisis had caused a 70 percent increase in unemployment in the agricultural sector. The palm oil and cocoa sectors in Southwest Region had taken a severe blow, with state-owned company Pamol abandoning plantations in some areas. The private company Telcar Cocoa reported that the cocoa production had fallen 80 percent.

The non-governmental organization (NGO), suggested that companies make deals with the separatists in order to safeguard their facilities. By the summer of 2019, the government controlled the major cities and parts of the countryside, while the separatist's nationalists held parts of the countryside and regularly appeared in the major cities. Separatists have occasionally carried out raids into the neighboring regions of Littoral and West. Thousands of people have been killed in the war, and more than half a million have been forced to flee their homes. Annual tax revenues in the No/So regions had dropped from US\$800,000 to US\$1,000, and by 2020 almost all tax officials had fled their crossing posts on the Nigerian border. The separatists aim to prevent the Cameroonian state from getting any income from the No/So regions; in order to make cost of controlling the region surpasses the benefits, (Reuters/Kouagheu.J, 2020).

On January 10, army soldiers killed at least nine civilians, including a woman and a child, in Mautu village in the South West region, (Reuters/Kouagheu.J.(2020). The soldiers involved also looted dozens of homes and threatened residents. As of May 2019, 530,000 people had been internally displaced, and 35,000 had fled to Nigeria. In June 2019, UNICEF said that 1.3 million people in the No/So regions needed humanitarian aid. The conflict has severely harmed the local economy. The massive killing and destruction of houses of the native in No-west region has created a lot of environmental insecurity with little or no more freedom (social network). Loss of loved one and most especially children have been wildly affected by the many traumatic event they are been expose to, including the loss of their parents. These have altered both their physical and most especially their psychological processes. Children in this area have lost the opportunity

to play and interact with their environment (“Repport mondial 2022: Cameroun/Human Rights Watch”). A child’s development is within his/her environment and the interaction emerged between the two of them. Based on this fact a child cannot develop in isolation. Their interaction consists of a social network that shape the child’s personality and behaviors and play a major role in their development. When a child is growing in area of crisis like the case of children in North West region where there is no more freedom of interaction with social network, the children might develop some behavioral disorder that can affect their development, (El-khodary, and al 2020).

One of the most significant violent confrontation according to the Human Right Watch (HRW,2022), was the confrontation at Ngarbuh a village in Ndu sub-devision NW, in February 2020, where there was massive killing with at least 21 civilians including children and a pregnant woman, homes were burned, looted scores of other properties, while others were beating for harboring separatist fighters, at the end of that traumatic confrontation, some children end up as orphans, while some leave losing both parents and siblings. The cause of the fight was attributed to the government as were separatist fighter (HRW, 2022). A senior Africa researcher at Human Right Watch said, “*Denying that these crimes have occurred adds another layer of trauma to survivors and will only embolden government troops to commit more atrocities*”. A memorial ceremony was held at Saint Theresia Cathedral in kumbo, with the families of victims including children who lost their loved ones. The matter was taken to court but the court is 450 kilometers from Ngarbuh making it difficult for family members of victims to attend (HRW, 2022). Two years after, victims and their families are still awaiting justice, while security forces have continued to commit serious human rights violation (HRW, 2022).

According to the United Nations cited by (“Repport mondial 2022: Cameroun/Human Rights Watch”),700,000 students were out of school in March 2021, due to the crisis, that led to killing, wounding, and knapping of both school going children and some school authority, many children stop going to school (“Repport mondial 2022: Cameroun/Human Rights Watch”). Given the fact that most of these children are at the fourth psychosocial development stage of Erikson’s(1963), which typically occurs during the elementary school years from 5 to 11, characterized by children learning in school how to read, write, do sums, and doing things on their own. The experience children have in school will significantly influence their development

of strategies to cope with different life situations. At school children have so many opportunities to learn, achieve and demonstrate their competencies. They work on various projects, participate in different activities and collaborate with their peers. These experiences allow children to develop self-confidence. It provides a context where children can compare themselves to their peers and develop self-confidence. It also, provides opportunities for children to develop crucial life skills, like problem solving. Teachers play a crucial role during this stage. All of these enable them to deal with failure, (Erikson's, 1963).

As children encounter academic difficulties or fail, it marks the first face of challenge in their life and the manner in which their teacher and care giver assist them will influence and determine how they are going to handle further life challenges like the death of their parents in whom so much trust has been invested without any plan of losing them one day. Following Erickson theory of psychosocial development, these children will develop low self-esteem, and psychological difficulties revolving problems, (Erikson's, 1963). The ongoing No/So has caused a lot on humanity in areas of, political, socio-economical, educationally, and psychologically which is our main point of focus specifically in children

Going through the literature of this study we noticed that in our context of study little or nothing has been said about the psychological outcome of this crisis on children which then draws our attention to understand from the psychological point of view how this crisis has affected the children particularly North-West region.

## **I.2. Justification**

From the political point of view administrative sectors were affected, kidnapping of staff, destruction of government property; especially schools that led to the drop out of many students. At the family level, we observed the following: separation of members of the unit, most children lost at least one or both parents, loss of social status, destruction of livelihood (Hoffman & Kruczek, 2011, IOM, 2021). At the community level, beliefs, values traditions are shattered, bonds are damaged given the fact that children are being separated from their parents through death and migration to other areas for education and work. On the social plan, increase in insecurity, damaged infrastructures, increased poverty, arms trafficking, smuggling, children lost that social interaction with their environment they can no longer play freely with their peers as before (Nwati, 2021; Snoubar & Duman, 2016), and violation of human rights (Amin.,2018), Right to

self-determination ( Shulika,.L.S. 2022). Recruitment and use of children as soldiers. Negative impact on youth sexual and reproductive health; rape and high rate of pregnancy ( Fonkwo, Ngong., & Glazier, 2023). Lack of socio-security that is the massive death of thousands of civilians and militaries (Agwanda, Nyadera, & Asal. 2020). From indicating their significance in providing psychosocial assistance among internally displaced secondary school students.

The economic consequences of this crisis have also been acute, both on overall economic output and household income. Due to conflict, the overall GDP in 2019, declined by 35.2% and 27% in the North West and South West respectively compared to pre-crisis figures (World Bank, 2021).Agricultural production of cash crops and food crops have both been affected, including complete shutdown in 2018, of banana production in the SW (UNDP/Goc,2021). Palm oil production fell by almost 90% in 2019, while rubber production was eight times less in 2019 than its pre-conflict level (UNDP/Goc, 2021).The outcome of such economic collapse on employment level is high thereby leading high rate of hardship that has led to malnutrition . The World Bank estimates that close to two million workers in SW and 1.2 million workers in NW were likely affected by this crisis (World Bank, 2021). Some researchers like El-khodray (2020), highlighted that the socio-economic status of a family are factors which can lead to development of PTSD. This mean the economic state of families in No/So can favorer lead to the development of PTSD in children whose families are affected.

From the psychological point of view, Cameroon's seven-years separatist conflict has left close to 3,000 people dead and growing numbers in need of psychological care .An influx of people impacted by the conflict are flooding into trauma centers across the English-speaking regions of the central African state. Childhood is a very delicate stage of growth and experiencing armed conflict during this stage poses serious mental health risks and threats to a child's development. Exposure to different types of violence, the duration of the conflict, and the nature of experienced and witnessed traumatic events are all associated with the onset and severity of mental disorders among conflict affected children. Although the links between armed conflict exposure during childhood and subsequent mental health risks are well established, the reported prevalence of mental disorders varies widely. For example, studies among children affected by the Israel- Palestinian conflict report post-traumatic stress disorder (PTSD), prevalence ranging from 18% to 68.9% in one study among children exposed to the ongoing

Syrian civil war, 60.5% meet the criteria for at least one psychological disorder, (International Review of the Red Cross, 2019). Medical officials say they are running short of supplies and trauma workers are struggling to provide care (Kindzeka, 2019).

Research reveals that these conflicts have negatively impacted some surviving individuals who might experience emotional, cognitive and behavioral distress, with comorbidities like substance-related and addiction disorders (Aguilar & al, 2017), depression (Armental & al, 2019) and anxiety (Henkelmann & al, 2020), and other developing psychopathologies classified under Trauma spectrum disorders, such as posttraumatic Stress Disorder (PTSD), (Bremner & Wittbrodt, 2020; Conrad et al, 2017), which is our main focus in this study.

Post-Traumatic Stress Disorder (PTSD) according to Yehuda, R., Hoge, C. M., et al (2015), is a condition that can develop following exposure to extremely traumatic events such as inter-personal violence, combat, life-threatening accidents or natural disasters. In simple terms, it is a prolonged psychic wound that comes as a result of an exposure to real or threatened death, serious injury, or sexual assault. In other words PTSD is a mental health condition that can develop after experiencing or witnessing a traumatic event. In the context of armed conflicts, children may develop PTSD due to the traumatic experiences they have endured. Symptoms of PTSD in Children can include: intrusive thoughts or memories of the event, night terrors, avoidance of reminders of event, negative changes in mood and cognition.

#### PTSD statistics by trauma

PTSD is rooted in traumatic events, and according to (Sidran Institute, 2018), the following statistics illustrate the percentage of people who will likely develop PTSD after experiencing these traumatic events:

- Sexual assault: 49%
- Severe physical assault: 32%
- Serious accidents: 16.8%
- Shoot and stabbing victims: 15.4%
- The unexpected death of a loved one: 14.3%
- Parents of children with life-threatening illnesses: 10.4%
- Witnesses of violence: 7.3%

- Natural disaster victims: 3.8%

Lau et al (2004) conducted a telephone survey with Hong Kong residents aged 18-60 years ug.after SARS outbreak and found 13.3% of male respondents and 18.0% of female respondents reported moderate or severe posttraumatic stress symptoms. In another study, Lee et al (2018) examined the prevalence of PTSD among health care workers during the MERS outbreak and reported 40.3% of them were eligible for PTSD diagnosis. Also, Liu et al (2020) evaluated the prevalence of posttraumatic stress symptoms (PTSS) using the PTSD checklist for DSM-5 among 285 adults living in Wuhan and surrounding cities in China a month after the COVID-19 epidemic. They found 7% of participants met the criteria of PTSS, which was more prevalent among females compared to males. Meta-analyses demonstrate high prevalence rates of post-traumatic stress disorder (PTSD), in war-affected populations with pooled estimates ranging from 15.3% to 30.6% for PTSD, (Global Health, 2021).

The U.S. population surveys reveal lifetime PTSD prevalence rates of 7% to 8%. About 5% of every 100 adult in U.S has PTSD in any given year. In 2020, about 13 million Americans had PTSD, (U.S. Department of Veteran Affairs, 2019). In 2021, the number of post-traumatic stress disorder (PTSD) cases registered in Spain amounted to around 84.4 thousand.

Thabet & Vostanis, (1999) carried out a study on Palestinian children who were between the ages of (6 & 11). They found that a large percentage of these children reported experiencing symptoms of PTSD after being exposed to war. Specifically, 73% of the children reported mild symptoms and 41% reported severe reactions. Additionally, another study found that over half of the children who had been exposed to war in Croatia need help with their mental health. Overall, this information suggests that exposure to war can have a significant impact on the mental health of children (Barath, 2002). A child's developments are actively shape by the social world in which he/she lives. Green & al (1991,1994) noted that 37% of the children exposed to the Buffalo Creek Disaster manifested PTSD (2) years after the incident and (7%) continued to exhibit PTSD (17) years after the disaster. Thabet & Vostanis (1999) noted that the 40% of children in the Gaza strip who had been initially diagnosed with PTSD decreased to 10% one year later with the onset of the peace process.

Although a child's initial exposure to war-related trauma may have been relatively circumscribed in time and space, there are a spectrum of secondary stressors in the aftermath of

war, which continue to impact on the child and his family. A large number of children live in conditions of political violence, terrorist, war situations worldwide. War-related stressors may include shelling, bombing, home demolition, and exposure to the wounding and killing of family members or loved ones. As a result, children may have feelings of being unsafe and that can altered their daily functioning especially when exposed to war-traumatic events. Following the November 2012, Israel attacks on Gaza, (El-kkhodary & al, 2020), carried out a study on the prevalence of war traumatic events and PTSD on children and adolescents in 2013, based on the results obtain came to a conclusion that personal traumatic experience, demographic characteristics of a child such as; age, gender, type of residence including family order, size and socio-economic status, are factors which leads to the development of PTSD. This study proves that, the surrounding environment of the child has an influence on the development of PTSD either as a risk or a protective factor.

Moreover, children growing up in situations of political violence and terrorism like the case in Cameroon are vulnerable to damaging development consequences and intense psychological effects on these, in turn, can lead to psychiatric symptomatology (El-khodary & al, 2020). Children who experience armed conflict often experience physical, psychological and emotional trauma that can continue into adulthood 2001. The loss of a parent or sibling by death during childhood is by itself an adverse experience that increases the risk for future health, academic, and relationship problems, earlier mortality as well as can be a wrenching experience that alters their view of the world forever (Weaver, 2019). Wolfelt (2023) highlighted that when loss occurs it is important to go through the mourning process because it through this process that healing from the lost begins. To this effect there is a greater need for us to look at how these armed conflicts have affected these children psychological wellbeing.

## **1.2. Formulation and the positioning of the problem**

Children can experience PTSD, as a result of complicated mourning. This has either been as a result of hindrances, delays, or disturbances. It is as a result of these complications of mourning that there is PTSD in these children. The psychologist Daniel Oppenheim, cited by Glorion in his article (Supporting the grieving child, 2003) said “children know as much as we do, adults about death” even before being able to express their selves through words, very young children are sensitive to separation which Freud call the “the loss of a loved object” and as such

depends so much on the support and emotional benefit of his environment to overcome the event, (Glorion, 2003).

The child faces loss based on his or her age and cognitive level. The construction of his fantasy framework will allow him to include this event in his family novel, as he grows up. It happens that the loss of one or more of his love objects, or more broadly of his environment (house, country) occurs at an early period of his life where this fantasy weaving has not yet occurred. An orderly unpredictable occurrence of the event then occurs because the child must grow up with an event “bigger than him” to which he will give meaning afterwards, unless this loss remains an unassailable and meaningless key in his story. And if the child has already constructed a representation of the irreversible nature of death dissociated from the alternation (repeated happenings) of absence presence of his loved ones precisely return after a period of absence the presence of the irreversible absence of disappearance will become the subject of mourning. The child can experience this disappearance as a fault, even as abandonment, all the imaginary versions relating to this disappearance bear witness to the subjective mark that he will have constructed to give meaning to this whole Dollez.N (2020).

During an internship program in Cameroon Baptist nursery and Primary School Mbot Northwest Region of Cameroon, we came across some children who witnessed the assassination of at least one of their parents during the armed confrontation at Ngarbuh village. We observed that since their parents were knifed and shoot to dead following the absent of justice for this lost, they have been characterized by a number of frustration for example; feeling of deprivation, feeling of being unfortunate especially during difficult moment like when they are sick or sent away from school due to lack of fees, Negative view of the future, easily angered especially when asked questions related to the event, concentration problem, always wanting to be alone (isolation), difficulty in sleeping, constant fear of dead especially at the sound of a gun. From these observations we were told that these children for four (04) years now have been unable to overcome the death of their parents due to complications in the process of mourning. And according to Cohen & al (2002), when an individual have difficulty progressing through the normal stages of grieving which including shock and denial, anger, resentment and guilt, depression, and finally acceptance and cannot also positively reminisce or talk about the love one, it becomes clear that something more clinically significant is causing the interference.

Haas et al (2012) said that, when there is lack of trust in the criminal justice system with limited resources to adequately solve crimes, community members becomes morally outraged and this in turn produces a desire for punishment of the murderer which triggers a demand for justice to be done in order to gain a sense of relief for the individual, family and community at large no matter how the justice is been realized (Huggins & Hinkson, 2020). And according to Brent & al (1992) cited by Huggins & Hinkson (2020), blaming others for the loss of a love one can increase the duration and severity of depression and complicated mourning. Plato's with his theory affirms that justice is to the soul as health is to the body.

However, to confines our observation with a theory we realized that, according to the theory of Posttraumatic Stress Disorder of (Ehers, & Clark, 2000), PTSD is a disorder in which the problem is a memory for an event that has already happened. This model conceptualized PTSD with a puzzle. This theory therefore postulates that PTSD becomes persistent when individuals process the trauma event and/or it's sequelae in a way that leads to a sense of serious, current threat. The model proposes that two key processes lead to a sense of current threat.

1. individual differences in the appraisal of the trauma and/or its sequelae
2. Individual differences in the nature of the memory for the event and its link to other autobiographical memories.

Once activated, the perception of current threat is accompanied by intrusions and other re-experiencing symptoms, symptoms of arousal, anxiety and other emotional responses. The perceived threat also motivates a series of behavioral and cognitive responses that are intended to reduce perceived threat and distress in the short-term, but have the consequence of preventing cognitive change and therefore maintaining the disorder. This elaboration of the traumatic event is done following five stages of the process of mourning propose by Kubler-Ross and al (1968) which involves; denial, anger, bargaining, depression and finally acceptance of the reality of the lost (Holland, 2024). When an individual successfully goes through these five stages of mourning it means he/she has positively elaborate the traumatic event. Cohen & al (2002), affirms that, the presence of PTSD like symptoms and their impingement on the ability to fitly grieve the loss of a loved one is what makes complicated mourning unique, (Cohen & al, 2004).

In summary, this theory stipulate that the development and persistence of PTSD in these children in armed conflict is as a result of their poor elaboration of the traumatic event or past experience of the traumatic event whereas, based on our observation it is the of lack of justice that contribute to the development of PTSD in these orphans of armed conflicts in North West region.

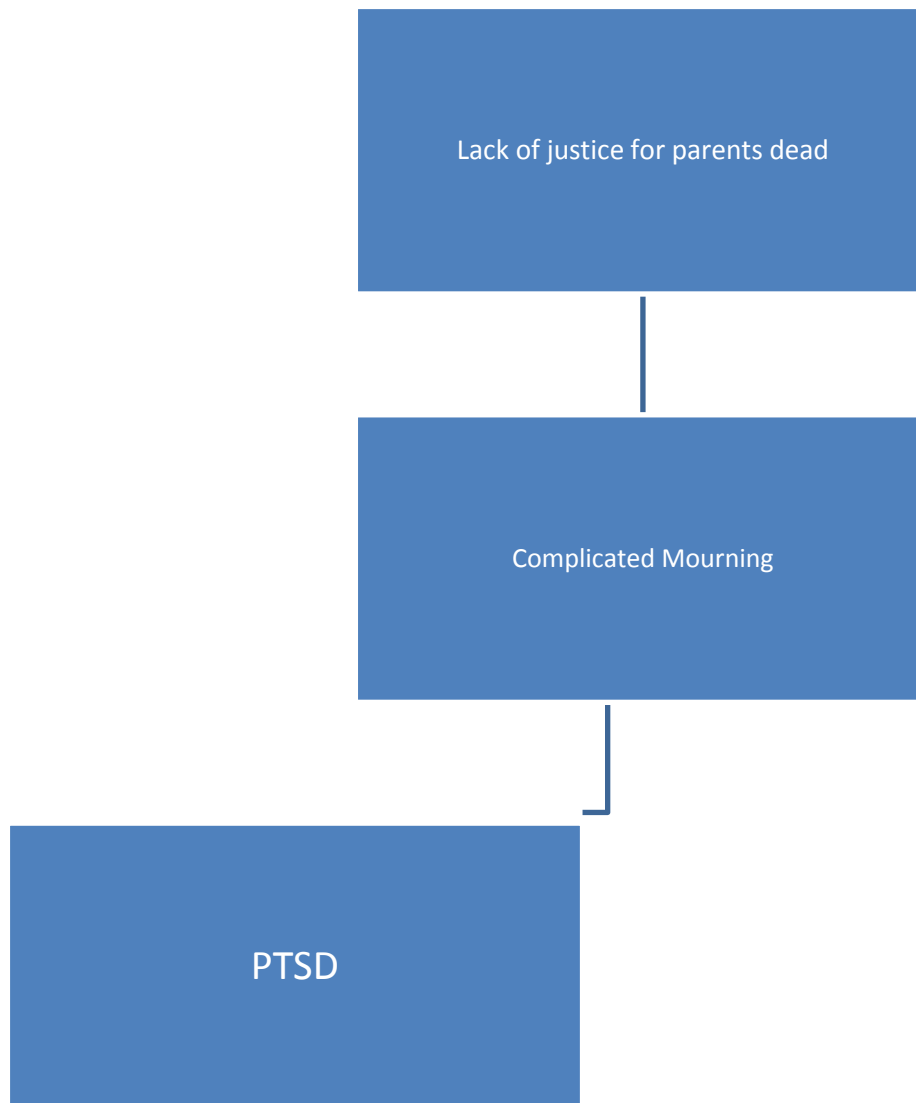


Figure 1 : Summary of research problem

### **1.3. Research Question**

The outcomes of armed conflicts often face significant psychological challenges, including the need to navigate the complex process of mourning and the risk of developing post-traumatic stress disorder. However, there is a lack of comprehensive research exploring the interplay between complicated mourning and PTSD in orphans of Armed Conflicts in North West Region. Many studies have investigated the psychological outcome of armed conflicts on children; there is a dearth of research specifically focusing on complicated mourning and its relationship with PTSD. Mourning is a crucial psychological process that allows individuals to grieve the loss of loved ones and come to terms with their absence. In the context of armed conflicts, children are forced to cope with the loss of family members, friends, and their sense of safety and security. Understanding how lack of justice intertwines with the development of PTSD symptoms in orphans of armed conflicts can provide valuable insights for intervention and support strategies. This problem viewed above posed us to the question;

How does, lack of justice contribute to the development of PTSD in orphans of armed conflicts?

### **1.4. Research Hypothesis**

The present hypothesis is deduced from the combination of main concepts: The lack of justice contributed to the development of PTSD in orphans of armed conflicts through complicated mourning.

### **1.5. Objective of the study**

Based on the problem and question posed above, the primary goal of this study is to understand the place of lack of mourning work in the development of posttraumatic stress disorder in orphans of armed conflict in North West Region.

### **1.6. The study's point of interest**

This study presents three main points of interests: Scientific, Personal and social.

#### **1.6.1. Scientific point of interest**

The scientific community has shown a keen interest in studying the contributions of lack of justice in orphans of armed conflict, particularly in the context of post-traumatic stress disorder

(PTSD).The North West Region of Cameroon has been affected by armed conflict, and orphans in this region are at risk of developing PTSD. Studies have shown that children exposed to war trauma experience toxic stress, which can lead to PTSD and other mental health problems. The outcome of PTSD in children can be debilitating and long-lasting, destabilizing their physical and mental health, as well as their social and academic performance.

While there is no single scientific point of interest in PTSD in orphans of armed conflict in the North West Region of Cameroon, researchers have studied various aspects of this issue. For example, some studies have focused on the prevalence of PTSD among children in this region, while others have examined the risk factors associated with PTSD. Additionally, researchers have explored the effectiveness of different interventions for treating PTSD in children, such as cognitive-behavioral therapy and trauma-focused therapy. It is important to continue researching PTSD in orphans of armed conflict in the North West Region of Cameroon to better understand the issue and develop effective interventions to help these children recover from their traumatic experiences and to avoid the sense of revenge in some of them.

#### **1.6.2. Personal point of interest**

Personally, as clinical psychologists, the discoveries of this study will help us better understand the contribution of complicated mourning to the development of PTSD in orphans of armed conflicts in North West. In order to carry out optimal clinical interventions, we want to make sure that all these children have the opportunity to bring forth their beliefs and fears concerning the interrelationship between; lack of justice, complicated mourning, post-traumatic stress disorder and welfare. This will help us improve on our support system to children. After experiencing a traumatic event like loss of a love one, some children may feel okay and relieved mean while others due to complications in the cause of mourning may feel scared or sad, and even developed some mental disorder like PTSD like the case of these orphans of armed conflict in North West region. But it's important to note that everyone reacts differently to loss, so it's our encouragement for them to work with a specialist.

#### **1.6.3. Social Point of interest**

At the social level, it can be an information tool because we are looking at post-traumatic stress disorder in a unique perspective, emphasizing the lived experience of post-traumatic stress

disorder in children. The lack of justice in orphans of armed conflicts in the North West region of Cameroon is of great social interest. Children who have experienced lack of justice may suffer from a range of psychological and emotional difficulties; including depression, anxiety, and post-traumatic stress disorder (PTSD). Justice can help children process their emotions and come to terms with their experiences. It can also help them develop resilience and coping skills that will serve them well in the future. However, it is important to note that mourning is a complex process that can be influenced by a variety of factors, including lack of justice, cultural beliefs, social support, and individual differences. Therefore, it is essential that any work of mourning for orphans in armed conflict in the North West region of Cameroon is culturally sensitive and tailored to the specific needs of each child.

## **1.7. Definition of terms**

### **1.7.1. Trauma**

The word trauma comes from the Greek and means “to damage, to harm”, it also contains a double reference to a wound with a laceration. Initially about the medical-surgical disciplines, during the eighteenth century, the term was used in psychiatry and clinical psychology to indicate the overwhelming effect of a stimulus on the individual’s ability to cope with it,(Perrotta,2020). The American Psychiatric Association (APA, 2000) specifically defines a trauma as direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (Criterion A1). The person’s response to the event must involve intense fear, helplessness, or horror (or in children, the response must involve disorganized or agitated behavior) (Criterion A2).

DSM-IV-TR provides a list of potentially traumatic events, including combat, sexual and physical assault, robbery, being kidnapped, being taken hostage, terrorist attacks, torture, disasters, severe automobile accidents, and life-threatening illnesses, as well as witnessing death or serious injury by violent assault, accidents, war, or disaster. Childhood sexual abuse is included even if it does not involve threatened or actual violence or injury. Although the DSM-IV-TR definition is useful, some have criticized the requirement that trauma be limited to

“threatened death or serious injury, or other threat to one’s physical integrity,” since many events may be traumatic even if life threat or injury is not an issue (Briere, 2004). Trauma can either be physical or emotional. Physical trauma is a serious bodily injury meanwhile, emotional trauma is the emotional response to a disturbing event or situation, it can be either acute or chronic (Olivine, 2023).

### **1.7.2. Stress**

Stress has been viewed by many people in different condition. The first and most generic definition of stress is that of Hans Selye, he define stress as the non-specific response of the body to any demand (Fink, 2017). Selye, argued that stress is not identical to emotional arousal or to nervous tension since stress can occur under or in response to anesthesia in man and animals, and can also occur in plants and bacteria that have no nervous system. In term of neuroendocrinology, Yates defines stress as any stimulus that will provoke the release of adrenocorticotrophic hormone (ACTH) and adrenal glucocorticoids. Lazarus cited by Selye (1970s) pointed out the fact that stress is widely recognized as a central problem in human life and it is viewed in different field differently. For the sociologist, it is a disturbances in the social structure within which people live, that is social disequilibrium. Physiologists deal with the physical stressor which include a wide range of stimulus conditions that are noxious to the body (Fink, 2017).

### **1.7.3. Post-traumatic stress disorder**

According to Fink (2017) PTSD is a condition in which a traumatic event is persistently re-experienced in the form of intrusive recollections, dreams or dissociative flashback episodes. Also, Yehuda, and al (2015), define post-traumatic stress disorder as a condition that can develop following exposure to extremely traumatic events such as interpersonal violence, combat, life-threatening accidents. It is a mental health condition that some people develop after experiencing a traumatic event such as physical or sexual assault, abuse, an accident, a disaster, a terror attack, or other serious events. Symptoms of PTSD usually begin within 3 months of the traumatic incident, but they sometimes emerge later.

To meet the criteria for, PTSD symptoms must last longer than 1 month, and they must be severe enough to interfere with aspects of daily life, such as relationships or work. The

symptoms also must be unrelated to medication, substance use, or other illness. The National Institute of Mental Health provides a comprehensive guide on PTSD, which can be found at . This guide explains what PTSD is, who develops it, what the symptoms are, and how it can be treated. It is important to note that PTSD is a treatable condition, and there are many effective treatments available.

### **1.7.3. Mourning**

According to Mulemi (2017), the terms “mourning” and “grieving” refer to the personal experience and psychosocial expression of sorrow of grief. The outward social and emotional expressions of grief embody the notion of mourning. The expressions include weeping, social and religious performances in dirges and funeral rites. Mourning thus, is the normal and natural distress reaction to a loss in its totality encompasses the visible personal and collective expressions of grief. Also, mourning could be seen as a behavioral, emotional, and cognitive “reaction of individuals who are confronted with loss of a valued and loved person (Emre, 2017;Gizir, 2006;Ozkan,2020). Slawkowski-Rode (2023) added that, mourning is equally universally observable practice that enable the bereaved to express their grief and come to terms with the reality of loss. Yet, despite their prevalence, there is no unified understanding of the nature and meaning of mourning. Mourning is an unavoidable experience from which no human being can escape, due to the fact that all life is accompanied by losses of greater or lesser importance, more or less painful, the paradigm of which is the death of a very loved one.

Freud wrote in (1915), “Mourning is the usual reaction to the loss of a loved one or to an abstraction put in their place: the homeland, freedom, an ideal”. Freud does not talked about death, but loss. It identified the achievement of important values can also lead to mourning. In (1940), Klein wrote “Mourning is a normal illness”, because it’s a moment of crisis, shock, trauma, imbalance, which borders on disease. It follows that habitual mourning, that which can be called “normal”, is not primarily the concern of the doctors but a human problem which concerns everyone, (Hanus, 2006). Grief is intern while mourning is external, both goes together because mourning there is no mourning without grieving. So in our work we will be interchanging them). Mourning is the proclamation of expressing grief, and sorrow. It’s normal to mourn when a person loses something very dear. It’s a period when people senses the sadness and loss that has incurred (Alam, 2023).

#### **1.7.4. Complicated mourning or grief**

Complicated mourning reactions are maladaptive extension of normal bereavement. Maladaptive reactions may overlap with symptoms of other psychiatric disorders and typically require more complex, multimodal therapies than do uncomplicated grief reactions ( National Cancer Institute,2008). According to Bacque and Hanus (2020), the complications of mourning are linked to time and a whole series of factors such as age, gender, the brutality of the loss, the injustice of dying too early. In psychoanalysis, the inability to overcome a death is address as complicated mourning. It is a kind of mourning that is prolonged and it can intervene with a person's ability to function normally. Complicated mourning is characterized by symptoms such as intentness, difficulty accepting the loss, feeling numb, and avoiding reminders of the deceased.

#### **1.7.5. Armed conflict**

According to the European parliamentary Research Service (2023), armed conflict exist when there is an armed confrontation between the armed force of state or governmental authorities and organized armed groups. The International Humanitarian Law distinguishes two types of armed conflict; International armed conflicts that exist whenever there is resort to armed force between two or more States, and Non-international armed conflicts, which are protracted armed confrontations occurring between governmental armed force and the force of one or more armed groups like the case of North west region of Cameroon, or between such groups arising on the state territory. The armed confrontation must reach a minimum level of intensity and the parties involved in the conflict must show a minimum of organization (International Committee of the Red Cross; ICRC).

Armed conflict within the states is political conflicts involving citizens fighting for internal change. This could be as a result of Government inability to provide basic good governance and protection for their populations, ending up with loss of lives, destruction of both state and private properties, disruption of education, and migration, (United Nation).

### **1.8. Justice**

According to APA dictionary (2018), justice is the impartial and fair settlement of conflict and differences typically by legal process and the imposition of proportionate

punishment. Mill (1991) cited by (Horn.C, 2014), defined justice as a highly specific moral sentiment, namely; an emotion which contains the desires for revenge or retaliation toward the perpetrator of a moral or juridical law. To him justice has to do with the desire for compulsion. Prilleltensky (2013), highlighted that fairness is synonymous with justice and can be divided into two main types; distributive justice concerns the fair and equitable distribution of resources, benefits and obligations in the society, and procedural justice that has to do with having a voice and the opportunity to participate in processes and decisions which affect our lives. This aspect of justice emphasizes the importance of transparency, consistency, and the inclusion of diverse perspectives in the decision-making process. Plato's postulate that justice is an order and duty of the parts of the soul, it is to the soul as health is to the body.

### **1.9. Orphans of armed conflict**

According to the works of Wessells,M.G, (2016) & Fingland.R, (2011) on children affected by armed conflict, we can define orphans of armed conflict as children who have lost one or both parents due to conflict-related causes, such as violence, forced displacement or other consequences of crisis. In other word orphans of armed conflict are children who have lost their parents or caregiver as a direct or indirect result of war, and who are at risk of facing numerous hardship and violation of their right.

## **CHAPTER TWO: LITERATURE REVIEW**

## **2.1. POST-TRAUMATIC STRESS DISORDER (PTSD)**

### **2.1.1. Historical scope of PTSD**

Post-traumatic stress disorder designates all symptoms demonstrated by victims of a traumatic event. These symptoms were officially recognized by the American psychiatry association in (1980), and subsequently by the World Health Organization (WHO). From the beginning of humanity, victims of crime, war, accidents and natural disasters have been affected by traumatic suffering. In the early (1900s), caregivers observe strange symptoms in railway rhymes: serious death disturbances with nightmares, great irritability and terrifying memories of the accident (Jean-Francois). However with exception,(Josse,2019). It became an object of study from (1800), until the end of the 20<sup>th</sup> century. Between the 17<sup>th</sup>, 18th, and 19th centuries, were the scene of numerous armed conflicts and soldiers presented traumatic disorders in the frightened by the fury of combat or despaired by the death of a colleague who had fallen under enemy fire (Crocq,2012). The existence of “post-war pathologies” is the cardinal example: after many armed conflicts, “new” clinical entities have been described such as Post-Vietnam syndrome, Gulf War syndrome, or more recently post-concussion syndrome.

The most famous entity, Post-Vietnam syndrome is considered a precursor to post-traumatic stress disorder. As a result of many wars, specific syndromes have been described which have become the eponymous medical signatures: Battle fatigue, nostalgia, shell shock, battle hypnosis, Gulf War syndrome. Among these “Post-war syndromes”, the most famous is undoubtedly post-vietnam syndrome, an entity which prefigured the post-traumatic stress disorder, (Auxemery, 2013). Breuer & Freud (1893/1955) described traumatic response as a memory disturbance or as an inability to forget. They believed that this memory disturbance arose from the inability to physically react at a moment of strong emotion.

### **2.1.2 Freud’s work on PTSD**

Freud (1928), in his book “Beyond the Pleasure Principle” looks at PTSD as a traumatic neuroses, which are mental health problems caused by traumatic experiences. He used a metaphor to describe how the minds protect us from these traumas, that we have a “protective shield of the ego”. This means that we have defense mechanisms in place to help us cope with difficult situations and emotions. However, Freud (1928), also acknowledged that sometimes these defenses aren’t enough. Traumatic events can be so powerful that they break through our

protective shield and cause harm or injury to our mental health. The concept of trauma, as explained by Freud (1928), involves several key components. Firstly, there is an external event that causes stress and overwhelms a person's ability to cope with it. This event disrupts the normal functioning of the person's ego or sense of self. Additionally, this event creates a state of disequilibrium in the organism (human), which means they are no longer in their usual stable state. As a result of these changes, a person's ego-defensive and coping capacities are reduced. This means they may struggle to deal with stressors that comes their way after experiencing trauma. These secondary stressors can also become overwhelming because the person's defenses have been depleted by the initial traumatic experience. All of these factors can set up long-term problems such as post-traumatic stress disorder (PTSD) and other co-morbid conditions. In summary, PTSD is a long-term effect of a trauma that is cause by an external event that disrupts normal functioning and leads to decreased coping abilities and increased vulnerability to future stressors.

Post trauma, however, cognitive appraisal of the cause of, responsibility for, and future implications of the trauma will provide numerous opportunities to generate negative emotions (see also Beliefs and PTSD below). There is abundant evidence that feelings of guilt, shame, sadness, betrayal, humiliation, and anger frequently accompany PTSD (Freyd,&al,1999). Longitudinal studies show that high levels of anger (Ehlers et al., 1998), and more specifically anger with others (Andrews,& al,2000), predict a slower recovery from PTSD. In victims of violent crime, shame is a powerful predictor of how PTSD symptoms develop over time (Andrews et al., 2000). This study provided the first evidence of a mechanism that linked a pre-trauma vulnerability factor, childhood abuse, with a failure to recover from adult traumas. Both the victims who had been abused as children and the victims who felt more shame after being assaulted as adults tended to recover more slowly. In addition, being abused as a child made victims more likely to report experiencing shame. The effect of childhood abuse on recovery was almost wholly mediated by the experience of shame. Recent innovations in the treatment of PTSD have also focused on modifying shame and guilt in addition to fear (Lee,& al,2001).

### **2.1.3 American Psychiatrists and other authors**

By (1917), a number of authors agreed to link the symptom to trauma victims to unconscious psychic contents and processes. In (1950), the two American Psychiatrists men under stress, to designate the psychological state of soldiers subjected to the emotion of combat and consequently developing disorders, came up with acute or chronic mental illnesses in (1950). In (1980), the third version of the American nosological system DSM (Diagnostic and Statistical Manual Disorders) promoted the term post-traumatic stress disorder (PTSD). Ross & al(1989), put the blame for the development of PTSD solely on sleep disorder. To them PTSD is as a result of poor sleeping order. In case were an individual is having sleeping disorder, it will favor the development of PTSD. Chemtob & al (1997) with the cognitive action theory of PTSD suggested that individual with PTSD readily shift to a “survival mode” of functioning in response to life-threatening circumstances. This survival model is engendered by external threatening stimuli and helps individuals cope with threats to life by activating cognitive behavioral and physiological processes and rapidly reorganizing information processing parameters (Bell & Orcutt, 2009, chemtob & al, 1997).

PTSD, is a common reaction to traumatic event. It becomes persistent when an individual process the trauma in a way that leads to a serious, current threat (Ehlers & Clark, 2000). The sense of threat arises as a consequence of: excessively negative appraisals of the trauma and a disturbance of autobiographical memory and strong perceptual priming. If the ability to suppress the traumatic thought was ignore and individuals with PTSD could accept and understand that they have little control over their lives in general, they will be able to interpret the situation lack of control.

More so, the CIM 11 writes PTSD as a disorder that may occur following exposure to an event or a series of extremely threatening or horrible events. It is characterized by bright intrusive memory, flash-back or nightmares. These are usually accompanied by strong or overwhelming emotions, especially fear or horror and strong physical sensations; avoid the thoughts and in (1980), the third version of the American nosological system DSM(Diagnostic and Statistical Manual Disorders) promoted the term post-traumatic stress disorder (PTSD), memories of the event (s), or avoid activities, situations or people who think of the event; persistent perceptions of a higher current threat, as indicated by hypervigilant or a retired

surprise reaction to stimulus such as unexpected noises. These symptoms persist for at least several weeks and cause significant disorders of personal, family, social, educational, professional or other operation.

#### **2.1.4 The 20<sup>th</sup> century**

According to (Edna FOA ,2006), the development of post-traumatic stress disorder depends on complex interrelationships between the nature of the trauma, the characteristics of the victim, their social situation and the support networks available to them. In each case, however, a central feature is the formation of a traumatic memory of the event. The challenge is therefore to understand what dimensions of the event are at the origin of this traumatic memory and what are the factors which will lead to this traumatic memory subsequently manifesting itself in acute and chronic disorder.

In addition, the American Psychiatric Association (2013) looked at PTSD as a disorder characterized by the presence of at least one symptom from each of the following clusters: intrusion, avoidance, negative alterations in cognitions and mood, and hyper arousal symptoms. According to Auxemery (2013), PTSD is considered a “normal reaction to an abnormal situation” which also occurs and especially when the victim is in fact the author of an attack, reversing part of burden of moral responsibility regarding death and cruelty. The disorder occurs secondary to exposure, to a stressor which causes traumatic reliving’s associated with emotional dulling and a loss of interest in socializing activities. Other signs are present such as a recurrent state of alert, avoidance of things reminiscent of the trauma, sleep disorders and difficulties with attention and memorization. According to (Yehuda, Hoge, Lanuis, Nievergyelt, & al, 2015), PTSD is a condition that can develop following exposure to extremely traumatic events such as interpersonal violence, combat, life-threatening accidents or natural disasters.

In addition PTSD symptoms may have a negative impact on both mental and physical functions, which can result in severe distress, disability, and reduced quality of life. According to (Mukong, 2022) ‘The most important lesson we’ve learned over the years is that psychosocial support is absolutely critical,’ that means food, clothing, education and reconstruction are important, but if people are severely traumatized by their experiences, more extensive help has little effect at first. Someone who is completely broken can hardly build something new, even if

money is available. First, the person must be stabilized. Also, Mann & Marwaha (2023), viewed PTSD as a syndrome that results from exposure to real or threatened death, serious injury, or sexual assault and when a patient is unable to recover from the trauma due to maladaptive responses it becomes chronic.

Thabet & Vostanis, (1999), carried out a study on Palestinian children who were between the ages of (6 & 11). They found that a large percentage of these children reported experiencing symptoms of PTSD after being exposed to war. Specifically, 73% of the children reported mild symptoms and 41% reported severe reactions. Additionally, another study found that over half of the children who had been exposed to war in Croatia needed help with their mental health. Overall, this information suggests that exposure to war can have a significant impact on the mental health of children (Barath, 2002). A child's developments are actively shape by the social world in which he/she lives. Green & al (1991, 1994) noted that 37% of the children exposed to the Buffalo Creek Disaster manifested PTSD (2) years after the incident and (7%) continued to exhibit PTSD (17) years after the disaster.

Thabet & Vostanis (1999) noted that the 40% of children in the Gaza strip who had been initially diagnosed with PTSD decreased to 10% one year later with the onset of the peace process. Although a child's initial exposure to war-related trauma may have been relatively circumscribed in time and space, there are a spectrum of secondary stressors in the aftermath of war, which continue to impact on the child and his family. A large number of children live in conditions of political violence, terrorist, war situations worldwide. War-related stressors may include shelling, bombing, home demolition, and exposure to the wounding and killing of family members or loved ones. As a result, children may have feelings unsafely and altered daily functioning when they are exposed to war-traumatic events. Disorders such as post-traumatic stress disorder (PTSD) and other psychological disorders are continues cause after a trauma like a grief, a violence, a natural catastrophe, but also the loss of work, the memory of the event remains frozen in the networks of the brain in a non-functional way, the information cannot be processed (Perrotta,2019).

Following the November (2012), Israel attacks on Gaza, (El-kkhdary & al, 2020), carried out a study on the prevalence of war traumatic events and PTSD on children and adolescents in (2013), based on the results obtain came to a conclusion that personal traumatic experience,

demographic characteristics of a child such as; age, gender, type of residence including family order, size and socio-economic status, are factors which leads to the development of PTSD. This study proves that, the surrounding environment of the child has an influence on the development of PTSD either as a risk or a protective factor. Moreover, children growing up in situations of political violence and terrorism are vulnerable to damaging development consequences and intense psychological effects on these, in turn, can lead to psychiatric symptomatology (El-khodary & al, 2020). Children who experience violence often experience physical, psychological and emotional trauma that can continue into adulthood since the child might grow up with something bigger than it age especial when a child is affected by armed conflict that are not handle at their young age (2001). According to Haj-yahia, children living in villages showed more internalizing and externalizing symptoms of PTSD as a result of locating in strategy areas of war than those living in cities or refugee camps. This is because they are too exposed to traumatic incident that can promote PTSD. The more a child is been exposed to violent the more likely will the child develop psychological problem (Shaw,2003).

#### **2.1.4. Diagnostic criteria for PTSD (according to DSM-5)**

- ✚ Criteria A: Haven experienced death or the threat of death, serious injury sexual violence in one or more of the following way; To being directly exposed to one or more traumatic events, By directly witnessing one or more traumatic events, Upon learning that one or more traumatic events have happened to a close family member or close friend. In cases of death or threat of death of a family member or friend the event must have been violent or accidental, By repeated or extreme exposure to horrific details of a traumatic event for example a police officer repeatedly hearing details of child sexual abuse.
- ✚ Criteria B: presence of one or more of the following intrusion symptoms associated which one or more traumatic events, which appeared after the traumatic event occurred
  - Repetitive, involuntary, and intrusive memories of the traumatic event
  - Recurring dream whose content or emotions or both are related to the event and which cause a feeling of distress.
  - Dissociation reactions; image recall, flashbacks, in which the traumatic event is happening again. These reactions can occur at different levels with the most intense reaction being loss of awareness of the current environment

- Intense or prolonged feeling of psychological distress upon exposure to internal or external cues evoking or resembling aspect of the traumatic event.
  - Marked physiological reactions upon exposure to internal or external cues that may evoke or resemble some aspect of the traumatic events.
- ✚ Criteria C: persistent avoidance of stimuli associated with one or more traumatic event (s) occurred as indicated by at least one of the following symptoms which include; avoidance or attempt to avoid memories, thoughts or feelings relating to the traumatic event or which are closely associated with it, and which cause a feeling of distress, avoidance of external reminders that is; people, places, conversations, activities, objects, situations, that bring to mind distressing memories, thoughts or feeling of distress.
  - ✚ Criteria D: Alteration in cognitions and mood associated with traumatic event (s) which began or worsened after the occurrence of the traumatic event as indicated by at least two of the following symptoms; inability to remember significant elements of the traumatic event, negative, persistent, and exaggerated beliefs, or expectations about oneself, others or the whole world is dangerous. There is persistent distorted ideas regarding the cause or consequences of the traumatic event that drive of the traumatic event that drive, persistence negative emotional state, not reduction in interest in participating in important activities, feeling of detachment, persist inability to feel positive emotions.
  - ✚ Criteria E: profound changes in arousal and reactivity associated with one or more traumatic events which began or worsened after the traumatic event occurred as indicated by at least two of the following symptoms; irritability and outbursts of anger that are typically expressed in the form of verbal or physical aggression towards people or objects, reckless and self-destructive behavior, hyper vigilance, exaggerated startle reaction, concentration problems.
  - ✚ Criteria F: disturbance symptoms described in criteria B,C,D & E, lost more than a month.
  - ✚ Criteria G: The disturbance causes clinically significant suffering or significant disability in social, occupational and any other important dimension of functioning.
  - ✚ Criteria F: The disturbance is not attributable to the physiological effects of a substance or to another condition.

Following a stressful event, in addition to develop a PTSD, one could also manifest a specific symptomatology linked to the psychotic spectrum of a dissociative nature

of a depersonalizing nature (feeling detached from one's own mental processes as if one was an external observer to one's own body) or realizing (persistent or recurrent experiences of unreality of the surrounding environment); the danger of a psychotic collapse becomes really concrete. An important point that has been discussed a great deal in recent years is whether or not the dissociation is an adaptive response to the trauma, as extreme protection from the painful experience (Perrotta,2019).

Although the most widespread hypothesis is that which conceives dissociative symptoms as a defense, some authors, including Liotti, argue, quite convincingly, that dissociation is “a primary disintegration of the fabric of consciousness and inter subjectivity, while protection from pain it is a secondary and collateral aspect that among other things often fails. Furthermore: dissociation would not only not be a protection from pain, but an experience on the verge of annihilation, from which the mind must defend itself so as not to sink into the abyss (Perrotta,2019).

### **2.1.5 Neurobiology of PTSD**

Post-traumatic stress disorder isn't a personal failure; rather it's a treatable malfunction of certain biological mechanisms that allow us to cope with dangerous experiences. To better understand PTSD from this perspective, there is a need to understand how the brain processes a wide range of ordeal, including the death of a loved one, domestic violence, injuries or illnesses, abuse, rape, war, car accidents, and natural disasters. These events can bring on feelings of danger and helplessness, which activate the brain's alarm system known as the fight-flight-freeze response (Liberzon & al, 2007).When this alarm sounds the hypothalamic, pituitary and adrenal systems known as the Hypothalamic-pituitary-adrenal (HPA) axis, work together to send signals to the autonomic nervous system. This communicates with adrenal glands and internal organs to help regulate functions like heart rate, digestion and respiration. These signals start a chemical cascade that floods the body with several different stress hormones, causing physiological changes that prepare the body to defend itself. Heart rate speed up, breathing quickens and muscles tense. Even after the crisis is over escalated levels of stress hormones may last for days contributing to jittery feelings, nightmares and other symptoms (Walker).

However, in some people these symptoms may last for two weeks depending on how their hormones levels stabilize. Some individuals may continue suffering as a result of the stress

hormones cortisol constant activation of the “fight-flight-freeze” response, mean why reducing the overall brain functioning leading to many negative symptoms of PTSD.

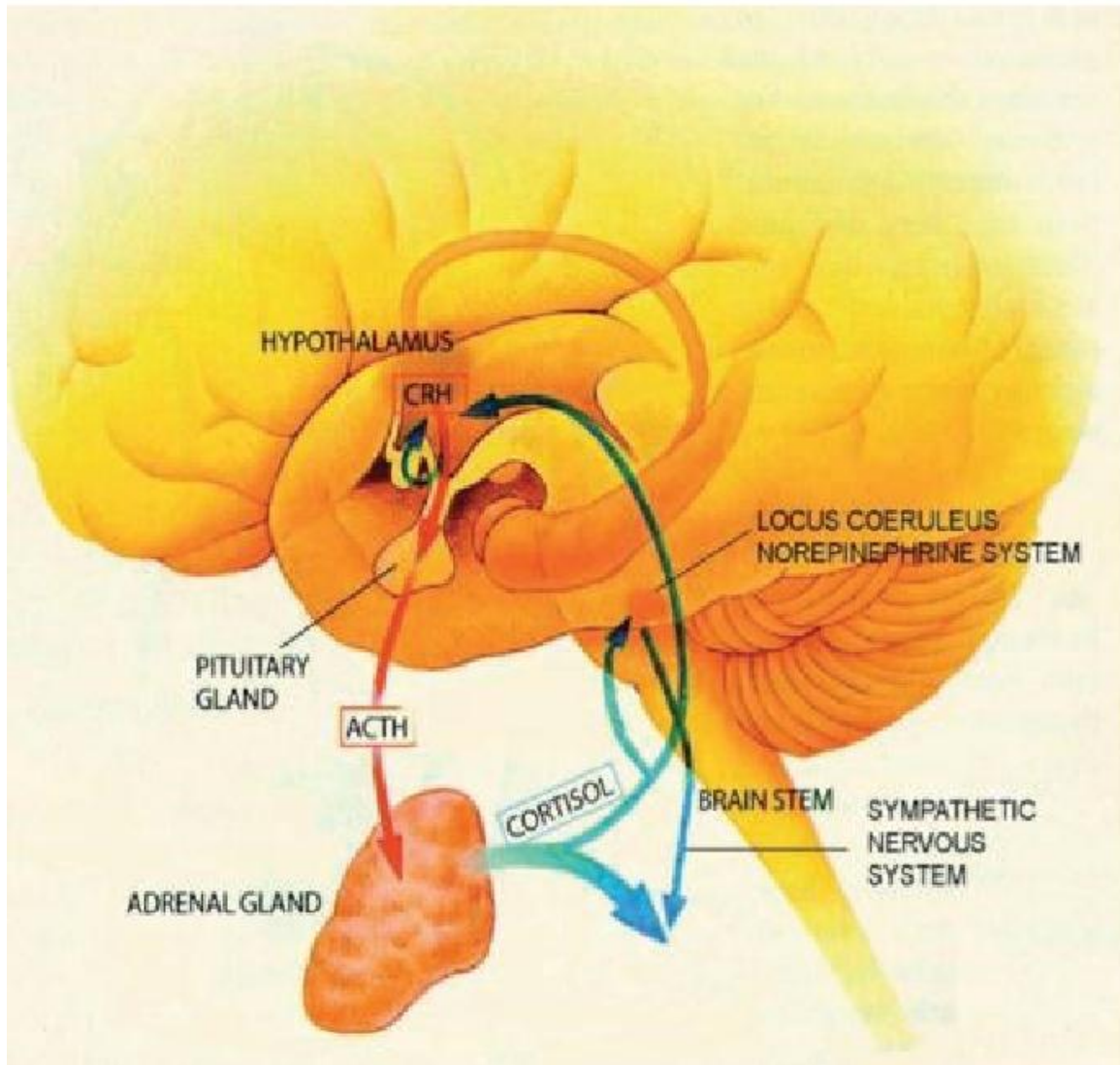


Figure 2 : **The activation of the HPA – axis in PTSD**

The prominent neuroanatomical theory of PTSD posits hyperresponsivity within the amygdala to stimuli related to threat (Liberzon & al, 2007). The regulation of top-down over the amygdala’s affective responsiveness is then suggested to be inadequate from regions in the ventromedial prefrontal cortex (vmPFC), including the rostral anterior cingulate (eACC), medial prefrontal cortex (mPFC), subcallosal cortex (SC), and orbitofrontal cortex (OFC). Within the circuit, hyperresponsivity of the amygdala mediates symptoms of hyper arousal, and inadequate

vmPFC top-down regulation leads to deficits in extinction learning, as well as aberrant suppression of attention and physiological responses to trauma-related stimuli (Rauch & al, 2006). As a result of this, the executive prefrontal regions are unable to regulate emotional processing within the salience network involving the amygdala, so that the person stays permanently hyper vigilant to cues that may signal an imminent threat. The PTSD causes a decreased in the functioning of the hippocampal which leads to difficulties of the explicit memory (Schwabe & al, 2012). This model also predicts, the chronic cases of PTSD can be the progressive deterioration of both function and structure within these regions and inter-regional connections.

The present of toxic stress in young children may cause permanent changes in the brain structure and function (McEwen, 2006), which bear numerous similarities to PTSD pathology, including hyperactive amygdala, hippocampus atrophy, and a reduction of top-down regulatory control due to atrophy the PFC. This can be summarize on the below brain structure for better understand.

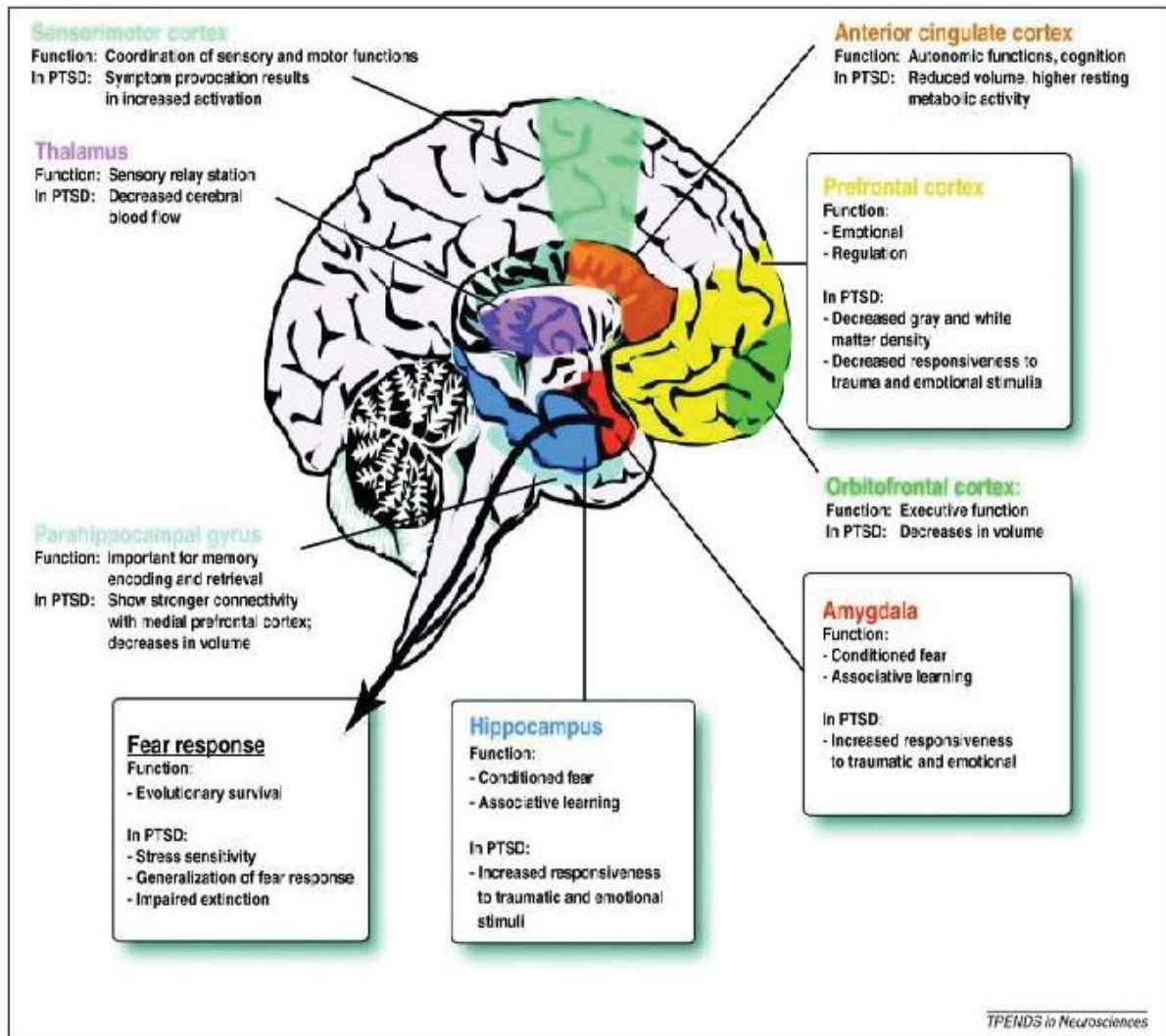


Figure 3 : **Sensorimotor function in PTSD**

The bulk of PTSD neurobiological research has focused upon the HPA axis and the catecholamine/sympathetic nervous system. Most of the Hallmark symptoms of PTSD represent, at least in the part, disturbances in neurocognitive processing. Significantly, the sensory input and memory processing appear to be awry in PTSD. Note that, the HPA axis response to stress is well organized, with increases in the hypothalamic CRF secretion that in turn increase the release from the pituitary of adrenocorticotrophic hormone (ACTH), and consequently increase the adrenocortical release of cortisol (Newport & al, 2000).

## 2.2 COMPLICATED MOURNING

### 2.2.1 Definitions and origin

Grief, bereavement, and mourning are interconnected concepts that are often used interchangeably. Grief refers to an individual's response to a loss, mourning refers to the process that occurs after the loss, and bereavement refers to the objective situation of death without emphasizing the emotional aspect (Bacque & Hanus, 2020, Worden, 2018).

MAPS, (2014) define grief as the response to the loss in all of its totality- including its physical, emotional, cognitive behavioral and spiritual manifestations. In other words, grief is the price we pay for love and a natural consequence of forming emotional bonds to people, projects and possessions, (CEO of Australian health center for Grief and Bereavement, Chris Hall MAPS, 2014).

The Latin word *mourn* (to suffer) is the origin of the word "del" which given in French '*deuil*' and in English is mourning, but above all "pain". Grief is a "painful emotional state caused by the death of a love one". It also designates a period of pain and sorrow which follows this disappearance. To be in mourning for someone means to have lost them and owe them a certain number of actions. The triple meaning given by the Anglo-Saxon language is more complete. The single word "mourning" corresponds to different English nouns: bereavement, which is the objective situation of mourning. It reflects the loss as such without expressing emotional pain; this term grief is undoubtedly much stronger in English which is rather use for children, in its meaning of an uncontrolled and unexplained state of sadness, overwhelming the person who expresses it. In other world, grief describes a trying, painful sadness that nothing can console. Only time allows it to diminish. However, the observation of the disappearance will always be expressed in the form of regret (Marie-Frederique Bacque Michel Hanus 2020).

Mourning is a more social concept which refers to the act of participating in funerals (the mourners). It allows us to distinguish the social part of mourning from its emotional part. In the past when "mourners" did not feel any pain (many young widows did not deplore a husband who was too old, Hanus 2020). The attitudes that followed loss have always been codified by different human societies. Crying could occur at libitum in the case of the death of a child (Bacque et alii, 2018a, 2018b).The church will, from the 15<sup>th</sup> century, limit these manifestations to proclaim more discretion (this is the birth of the refusal of the emotion expression of

suffering) by advising one to hide under a black hood or to wipe away tears using a “crying board” (Alexandre-Bidon, 1998).

This model of mourning was developed by Karl Abraham (1912) during a talk on melancholy. Freud stimulated by this defines mourning as “a regular reaction toward the loss of a love person or to an abstraction that has come in their place, such as homeland, freedom, an ideal.” He describes in his article “mourning and melancholy, the differences between the works carried out by the mourner regarding the lost object (very real) and the ignorance that the melancholic has of his unconscious loss (loss of self). For Freud, the melancholy’s choice of object is a narcissistic choice. Narcissistic identification with the object leads to regression when it is lost. Ambivalence towards the self produces a mixture of love couple with hatred, which results in suicidal intention. This intention only turns against oneself because the latter is considered a potential object of love. The unconscious hostility towards the object is clearly found in pathological mourning. Mourning the lost object involves conscious and unconscious work of detachment. This detachment, painful, and depressive manifestation are linked to the recognition of reality.

### **2.2.2 The concept of mourning according to Freudian psychoanalysis**

Freud, (1915) described mourning as a habitual reaction to the loss of a loved one or an abstract concept which in term an object loss. Mourning is the normal response to the loss of a loved object, involving the gradual withdrawal of emotional attachment. However, when mourning goes awry, it can lead to melancholia, which is characterized by the loss of the capacity to love, withdrawal from the external world, inhibition of activities, and self-reproaches.

Mourning as defined by Freud (1917) is a habitual reaction to the loss of a loved one or an abstraction, such as freedom or an ideal. Mourning is the normal responds we express towards the loss of a loved object which entails gradual withdrawal of the libido from the loved object. Melancholia is mourning gone wrong. It is characterized by the loss of the capacity to love, absence of interest in the external world, inhibition of all activities and guilt (self-reproaches). Thus, the ego becomes denigrated in all its forms. Guilt is pulled internally upon once ego. However, lowered self-regard is not present in mourning; discontent is poured outwardly to the external world. In normal mourning, the person is confronted with the reality of the non-existence of the loved object and retrieves libido invested in that object. In other circumstances

like melancholia the person doesn't perceive consciously what has been lost. That is, the object loss is withdrawn from the consciousness, consequently leading to non-acceptance of the lost object which maintains them in an emotionally stuck realm (Freud, 1917). In melancholia, ambivalence (mixture of the libido and aggression) describes the conflicting relationship with the object. The normal mourning pattern goes through the withdrawal of libido from the object which is made conscious while in melancholia, there is a blockage getting to the consciousness. Again, the experience of traumatic event linked with the object may unleash other repressed materials and it is as a result of ambivalence that it stays away from the consciousness (Freud, 1917).

### **2.2.3 Early works on the concept of mourning**

Deutsch (1936), based his attention on the mourning illnesses, he reviews that the absence of affliction is pathological. Meanwhile (Lagache, 1938), shows that the rites of mourning allow a strict separation between the living and the dead, thereby limiting guilt, including the duration of mourning. All mourning is the reliving of an original mourning, that of separation from the mother, (Melanie Klein). This separation corresponds to the acknowledgement that the mother is "an individual who leads her own life and has relationships with other people". (Bowby, 1960) revisits the approaches of Freud, (1917) saying, "attachment is central to the survival of all higher species". He illustrated the idea that young of both animals and man, use its basis of maternal security to explore the environment. Apart from the mother there is no point of him. Couple, said without a mother the young have every chance of being devoured by predators and that only a powerful fear of separation preserves them from experiencing these delicate moments. The treatment of separation is therefore a fundamental organizer of the child's development.

Lindemann (1944), based on the observation of traumatized people during the second world war on parents victims of fire, he describes the work of mourning as the subject completely detaching itself from all events shared with the deceased that is all moments of happiness and sad ones. The bereaved needs to totally disconnect him or herself from all aspects linked with the deceased. They can be real or fantasy. Lindemann, points out that the work of mourning is also based on fantastical notions. All situations shared with the deceased must be thought through and pain through. This disconnection is the sine qua non of the mourning.

Bowlby (1960) added that there are some factors which courses mourning. It begins with the shock stage or somato-psychic blockage. This mental astonishment occurs with the end of all psychic functions. This act in three levels, the effects are anesthetized, blunted perceptions, the entire organism is paralyzed that is physically and intellectually. A sudden announcement provokes a blocking reaction and an escape reaction. After these few hours of automatic action, the bereaved remains obsessed by thoughts which invade the entire mental field: where is the deceased? What is left of him/her?, screams and calls; These questions and reaction give rise to search behaviors and regression like an infant who desperately calls his mother to the point of exhaustion. At this stage, the search for and recover the lost person is very intense. But the inner turmoil and dreams. For (Hanus, 1994), we can only separate ourselves from lost life after having searched for it with all our strength in vain. The stress model applied to the first stage of mourning allows us to understand why there is a delay between the perception of the death of another and its understanding. Stress here is due to the overflowed by aggression and anger. Klein, described based on the analysis of children, a paranoid-schizoid phase where the child's aggressiveness is expressed toward his mother when he becomes aware of the fact that she leaves him/her occasionally. This triggers a form of guilt and depressive feelings. This model can be applied to the bereaved who feels abandoned by the deceased. Also the awareness which concludes the state of shock occurs in intense fatigue. Only the work of thought, during remembrance, will allows us to abandon automatic behaviors in favor of mourning.

Bowlby (1960s) described the following subtypes of pathological mourning:

1. Persistent and unconscious yearning to recover the lost object;
2. Intense and persistent anger and reproach expressed toward various objects, including the self;
3. Absorbed in caring for someone else who has also been bereaved, amounting to compulsion;  
and
4. Denial that the object is permanently lost-absence of grief (here the death is not acknowledged, but there is some awareness of it) (Bowlby, 1963). However, Bowlby made no mention of traumatic grief, the subject of studies and descriptions in recent years Layne et al. (2008) note that in traumatic grief the distress reactions to the circumstances of the death interfere with adaptive grief processes. They differentiate this from complicated grief that

involves prolonged or ineffective grieving. While trauma did not enter into Bowlby's (1963) thinking, it is dominating present thinking about childhood complicated grief.

Baker and Sedney (1996), based on clinical experience and interviews, listed the early tasks of bereavement in children, including self-protection or the need for assurance that they will be safe and cared for. Understanding death is another task which requires the provision of information to these children on how or why the death occurred. Understanding death involves comprehending the concepts of irreversibility, finality, inevitability, and causality ( Corr & Corr, 1996). Glorion (2003) added to this study by saying, fear comes in the first in the child before grief. The fear of losing his well-being, fear of not knowing who will take care of him or her, fear of being hunted and kill by the assassenators, fear of being rejected. Literature suggested there is an increased risk for negative outcomes for children coping with parental death, including mental health problems (Corr & Balk, 1996).

#### **2.2.4 Recent work on mourning**

A child might have witnessed the death of his or her loved one. When this occurs, children are unable to accomplish grieving tasks because they are overwhelmed with the traumatic aspects of a death ; witness, changes resulting from the death, and thoughts and reminders (Brown & Goodman, 2005).Brown and Goodman, added the traumatic images of the death interfere with a child's ability to experience pleasant or comforting memories of the loved one. Children with unresolved grief manifest symptoms similarly to adults with unresolved grief. These may include extreme loneliness, searching for the deceased, and disassociation from reality. However, these symptoms may vary from child to child and from culture to culture (Brown & Goodman, 2005).

Children may experience traumatic grief when trauma symptoms interfere with their ability to grieve the loss of a loved one (Cohen & al, 2006). The effect of childhood trauma exposure may be a factor in the development of psychological disorders extending through adulthood (Cook & al, 2005). More so, children with PTSD from traumatic exposure are negatively affected in their academic performance, cognitive development, social and familial relationships (Schreirer & al, 2005). Childhood traumatic grief is a unique form of grief because children face both trauma and loss simultaneously. Children subjectively consider the death of a

loved one as traumatic, and this experience can have a lasting impact if children's grief symptoms are not treated ( Worden & al, 1999). As children develop in cognitive abilities, their perception and reaction to death may change several times (Blakemore, & Choudury, 2006). Therefore, therapist counselors and clinicians who work with clients who have childhood traumatic grief should focus on understanding their experience of mourning should meet them where they are developmentally.

A study conducted by Maciejewski and his colleagues (2007), on grief experiences of bereaved individuals in response with Kübler -Ross's model. However, found out that acceptance was the dominant response throughout the first two years of loss. In another study of stage theory conducted by Holland and Neimeyer in 2010, sharp differences were found for individuals who experienced losses by natural and violent causes. Specifically, acceptance was found to be the dominant response for those bereaved by natural causes regardless of time since loss. In contrast, in the early aftermath of loss by violent means, disbelief and depression were most prominent, which then seemed to be largely replaced by acceptance for those bereaved for 10 months or longer (Holland,2024).

It has been observed that children benefit from play therapy because it is developmentally appropriate and it allows children to speak in their native language of play ( Stutey, & al ,2018). Play therapies have been implemented on children with autism spectrum disorder (Guest & Ohrt, 2018), trauma (Gonzalez & Bell, 2016), maladaptive perfectionism and anxiety (Akay,& Bratton,2017), high disruptive behavior (Cochran & Cochran, 2017), attention difficulties and behavioral difficulties.

On the other hand, (Leader,2009) explored the concept of shame in relation to the mourning and loss. Shame can arise when individuals feel that they failed to protect or preserve the lost object or when they believe that others judge them negatively for their grief. In the case of armed conflict, the mourning child might feel ashamed of not being able to protect his parents from being killed. Guilt is often at the origin of these reactions. The child believes he is guilty of the death of his parents and relives this guilt when the fateful date returns. Pollock (1970) explains "suicides during the anniversary period can be considered as a way by which the bereaved tries to take revenge on the narcissistic wound caused by the loss".

Furthermore, Emswiler and Emswiler(2000), from the experience benefit from being counselors at the (New England Center for Loss and Transition), concluded that prior of age ( 3) babies may sense an absence and dead. Preoccupation with the circumstances of the death may manifest in children as reenacting the death through play or repetitive drawings of a particularly disturbing scene of the death. Reflecting ongoing preoccupation with the threat of similar future losses, reenactment or play may extend to efforts to prevent the future death of other loved ones (Eth & al, 1985). Children may have repetitive fantasies characterized by themes of prevention, protection, and repair (counterfactual thinking) in which they imagine what they or others might have done to prevent the death, intervene effectively, or repair fatal injuries. Reminiscing is often a caregiver-assisted process in young children that matures over development, and it may be challenging to assess.

Further, as will be highlighted under the traumatic death specified, children may need adult as assistance to develop a non-traumatic image of the deceased with which they can reminisce (Lieberman et al., 2005). These preoccupations may be especially pronounced when the death occurs under violent, gruesome, or otherwise tragic circumstances (Brown et al., 2008). A preschool child may talk about death but may still expect the person to come back (Mannarino and Cohen (2011), in the tradition of Worden (1996), wrote about certain tasks that young people have to undergo as part of a reconciliation process. This includes accepting the reality of the loss, experiencing the emotional distress, adjusting to the new situation without the loved one, finding meaning, and becoming engaged with other adults who can provide the nurturing care needed. In complicated traumatic grief (CTG) children are unable to complete the tasks of reconciliation, as remembering the lost one serves as a trauma reminder. These children are “stuck” on the traumatic aspects of the death. Such complications are caused by the nature of the death, most often sudden and unexpected, be that by accident, murder, or sudden medical conditions (heart attacks or strokes). Losing a loved one in a school shooting causes what has been described as a "grief like no other" (Ellis, 2011).

Death by mass violence is a traumatic event that causes serious psychological distress and can lead to severe mental health problems, such as PTSD or major depressive disorder (MDD), or it can otherwise complicate and/ or prolong grief (Bryant, & al 2012). Violent and unexpected death of a child, sibling, or peer, shatters the secure basis of living, forcing one to face one's vulnerability, and often includes the most violent and intrusive elements of the death.

Traumatic loss is a traumatic stress event that can lead to PTSD, and it should therefore be treated as a traumatic stressor (Mannarino & al, 2011).

The child and adolescent clinical-descriptive literature proposes various ways through which the traumatic circumstances of a death may interfere with the child's ability to grieve adaptively and adjust to the loss (Cohen et al, 2011). Children who witness a gruesome death may suffer from recurrent intrusive images that interfere with positive reminiscing about the deceased (Pynoos, 1992). Indeed, posttraumatic stress and grief reactions have at times been conceptually conflated, assessed, and therapeutically treated as if they were essentially the same entity (Nader & Layne, 2009). For example, childhood traumatic grief has been defined as a special case of posttraumatic stress disorder (PTSD) in which PTSD symptoms evoked by the circumstances of the death encroach upon and interfere with the child's ability to engage in essential grief-related tasks—thereby calling for primarily trauma-focused treatment components to assist bereaved children (Mannarino & Cohen, 2011). We fully agree that it is possible for posttraumatic stress reactions to impede children's ability to manage their grief, but conversely assert that grief reactions can also impair children's ability to manage and recover from their posttraumatic stress reactions.

The presence of posttraumatic stress disorder (PTSD) symptoms is high in CTG, but a majority does not develop PTSD. A survey was e-mailed to clinicians and researchers in the field of child bereavement. The survey contained both closed and open-ended questions to be filled in by written statements. 19% answered that there were different subtypes of grief. When asked to describe these types, in the main, two types were mentioned. One was traumatic grief, either just named so or described more specifically as loss by accident or natural disaster, homicide, being present or involved in the death, missing not found, etc. The other was delayed or inhibited grief, also mentioned in relation to concepts such as dissociation, grief with delayed onset, masked grief, and suppression of grief. Avoidance of grief was also mentioned and could reflect both subtypes categorized above. Although not frequently mentioned, five other subtypes were also listed: disorganized attachment, conduct problems and risk taking, generalized anxiety, somatization, and depression (Dyregrow & Dyregrow, 2013). However, the trauma symptoms preclude the child's ability to reminisce about the loved one. Butler, a contemporary theorist, has discussed the social and cultural aspects of grief and mourning (Maze, 2018). She highlights how societal norms and expectations can shape individuals' experiences of loss and grieving.

Complicated grief reactions are maladaptive extensions of normal bereavement. Maladaptive reactions may overlap with symptoms of other psychiatric disorders and typically require more complex, multimodal therapies than do uncomplicated grief reactions (National Cancer Institute, 2008). Adjustment disorders that include: depression and anxious mood or disturbance of emotion and conduct; major depression; and substance abuse are among the more common psychiatric sequelae of complicated mourning (Rando, 1993).

Many studies have shown that people who suffer from complicated mourning are at risk of long-term mental and physical health impairments and suicidal behaviors; it is categorized as a pathological state, which needs clinical intervention and treatment. DSM-5 (2013 Diagnostic and Statistical Manual of Mental Disorders, 5th ed) proposed “persistent complex bereavement disorder” as a psychiatric disorder; it is similar to complicated grief in that it is a trauma and stress-related disorder (Nakajima, 2018). The fact that death is an irreversible process, people have to withstand the feeling of sadness and continue living with it. But, in most cases, the bereaved do not require help from professional therapists, they gradually recover to normal life on their own (Nakajima, 2018). Also, within an evolutionary framework, Nesse proposed that grief has an adaptive function. He stated that grief is useful for coping with bereavement by signaling others, by changing goals, by preventing future losses, by reassessing priorities and plans and other relationships’. The view that mourning promotes the reconstruction of life after bereavement is common in relearning the world. Attig cited by (Nakajima, 2018), proposed people who lose a loved one relearn and experience continuity and meaning in their life in a narrative manner.

According to Stubbort and Cohen (2006), treating children with complicated grief, requires treatment of both trauma and grief symptoms. When children experience grief, they can become socially withdrawn or develop health risk behaviors such as fighting or substance use (Andriessen & al, 2018). Despite the challenges of bereavement, most young people tend to cope well with their grief, and some many experience positive transformations, such as posttraumatic or personal growth, because of their struggles with the aftermath of the bereavement (Salloum & al, 2019). Bereaved children and adolescents have 2.5 times higher risk of long-term mental health problems such as anxiety and depression, especially after a traumatic death such as suicide, compared to non-bereaved youth (Burrell & al, 2022). Wilcox & al (2010) added, bereaved children are at a threefold increased risk of dying by suicide, and the death of a parent

has been associated with an increased risk of premature death and all-cause mortality (Feiglmén & al,2017). For years mourning research has maladaptive or adverse grief reactions, and differentiated it from other forms of psychological distress, such as depression and posttraumatic stress (Lundroff & 2017; Prigerson & al,2021). Also, specifically in bereaved children and adolescents, adverse grief is associated with a differentiable set of reactions that independently increase the risk of functional impairment (Geronazzo-Alman & al, 2019).

According to Bacque and Hanus (2020), when dead is announced, mourning becomes traumatic. During the depressive stage, it is the major reaction to bereavement. Mourning work may be delayed or inhibited. It can finally become chronic and nerve reach rehabilitation. Thus, complications hinder the course of mourning work, but do not result in a marked mental illness. The complications of mourning can, however, if they persist, become real pathologies of bereavement. The usual defense, which first consists of refusing reality, persists over time. The denial will delay the process of mourning. The mourner might succeed in acceptance of the dead but refuses the affects link to it. For Parkes(1975), inhibited mourning would be deferred mourning, whose defenses, much less effective, would manifest themselves in the body. Death is a complex reality in its multiple dimensions, in the different experiences that everyone has of it and in the representations we have of it; the word itself has multiple meaning, (Bacque and Hanus, 2020).

Death is also difficult because it encounters very strong resistance in us. Since it's something that no one admires and ever pray for it to come. Bacque and Hanus (2020), added, death is not just the moment of the end of a life; it is also the process of destruction which is inherent to all life. Aging is already the progressive triumph of death, illness and infirmity are also foretastes of death. These authors emphasized, if death of children revolts, this is not a reason to believe that children are not interested in death, believing they do not have thought of death , they do not have their own ideas as far as this is concerned. The inner world of childhood, especially early childhood, is indeed that of egocentric omnipotence (Bacque and Hanus, 2020). This is the early stage of growth that specialists call primary narcissism. In his mental universe, the little child, believes himself to be all powerful: the child is center of it world, and responsible for everything that happens. A universe of psychic omnipotence, childhood is also the world of experience extremely strong bursts of aggression. Their intensity is proportional to that of the discomfort, even more to the suffering. Infantile conceptions of death depend on different groups

of factors which give rise to them. What little children hear about death around, what children experience from death?. Children, like adults, face losses, separations and bereavements. Losing your mother, losing your father, a brother, a sister during your childhood, being in mourning during childhood, is a heavy ordeal for young and old alike. Bereavement in childhood also has its particularities. These authors explain that in the normal course of childhood, all psychic energies are allocated to the growth process. The psychological work needed for mourning for children demands strength, energy, the suffering and intense fatigue of mourning bear witness to this, are now no longer available for growth. This then cause the child not to be available for the work of mourning therefore leading to deferred.

Multiple truths are organized by an individual during death and bereavement. Lindemann's said grief work covers three stages: freeing from bondage to the deceased, accommodation to a new situation in which the deceased is missing, and the establishment of new relationships. Rando's six "R" Model recognizes the loss, reactions to the separation, recollections, and re-experience, relinquishing old attachments, readjusting, and reinvesting through avoidance, confrontation, and accommodation. The Multidimensional Grief Theory explains grief reactions across three domains: separation distress, existential/identity distress, and circumstance-related distress. Strobe's Dual Process Model identifies two types of stressors: loss and restoration oriented, and a dynamic, regulatory coping process of oscillation, whereby the grieving individual at times confronts, at other times avoids, the different tasks of grieving.

Adaptive Grief, another recent model by Kenneth Doka and Terry Martin, reflects that grief is a complex process that is unique to the individual and has many variables including personality and a person's culture, as a result no two people mourning or express the internal pain of loss in the same way,(Venkatesan,2022). Some might just go through the process with easy while some might not be able depending on their personality and support system received from culture. They added that grief is a complex process that holds both universal characteristics and unique variations. The grieving stage-wise model of Kubler-Ross, the stage and task models of Bowlby, Rando, and Worden are criticized for ignoring the uniqueness of each individual.

Zhang & al (2023) in their article "Grief Instrument in Children and Adolescents: A systematic Review", pointed out many children and adolescents experience the death of a close person, such as a family member or a friend. A nationwide study in Scotland reported that 51%

of the children had lost a close family member by the age of 8, with a higher ratio in children from low-income households (paul & Vaswani, 2020), and the use of validated instruments is essential to advance our knowledge of grief in children and adolescents. Instruments that measure mourning are imperative to enhance our understanding of natural mourning reactions, maladaptive responses to grief and the needs of mourning youth, as well as enabling the prescription of appropriate treatments and assessment of outcomes following intervention. Appropriate grief assessment tools may also help elucidate risk factors for the development of mental health problems later in life, including suicidal ideation (Hill & al, 2019). In accordance with these, Zhang & al (2023) focused their study on identify the available instruments for assessing grief in children and adolescents and explore their characteristics. In order to obtain their objectives, they carried out their research based on the RISMA guidelines (Page & al, 2021), which involved searches in Medline, PsycINFO, Embase, Emcare (all accessed via Ovid), Scopus, and Web of Science. Search terms for Ovid databases were (exp Grief/or grief.ti,ab). Researcher Zhang, conducted the searches in May (2022), and updated the searches in December (2022). They limited their searches on peer-reviewed publications in English, not by location or year of publication. They used both inclusion and an exclusive criterion's based on their objectives.

Zhang & al, collected the grief instruments and created a data extraction from based on the variables included in the COSMIN Risk of Bias tool (Mokkink &, 2020). The COSMIN (Consensus-based Standards for the selection of health Measurement Instruments) tool outlines the standards and Psychometric variables used to assess the quality of studies and outcome measurement instruments (Mokkink & al, 2020). 24 instruments were identified, encompassing three categories : general-purpose grief scales, maladaptive grief scales, and specialized grief scales. At the end the found out the need to direct research towards more stringent validation of existing instruments and the design of new instruments in line with developments in the understanding of grief in this population. Zhang & al, concluded that though several child and adolescent-specific instruments exist in the literature with good feasibility for use in research or clinical settings, information about their validity is limited. Directing further research towards more stringent validation of child and adolescent grief tools and the continual adaption of instruments in accordance with contemporary understandings of grief is recommended.

## **2.2.5. Types of mourning**

### **2.2.5.1 Delayed mourning**

The usual defense, which first consists of refusing reality, persists over time. This denial will delay mechanics of the ritual maintains the denial of the death. But, if they isolate the bereaved, the rituals will gradually invade them. Depression, delayed, will inevitably occur, or following a personal development, getting access to the work of mourning and releasing tensions (Bacque and Hanus, 2020). Delayed grief can happen if you're experiencing incredibly stark feelings of sorrow and longing even if the loved one's death occurred a very long time ago. It can be felt for years after a loss, and it essentially means that your emotional reaction didn't happen when it should have. This might be due to disassociation, which is common when things are too painful for you to feel. To cope, your mind blocks many of the thoughts, emotions, and feelings associated with the loss until you're ready to process and deal with them.

### **2.2.5.2 Inhibited Mourning**

Here, the bereaved does not deny the reality of his loss but refused the affects linked to it. Emotional disturbances are in the background masked behind somatic symptomatology. For Parkes (1975) inhibited mourning is mourning whose defenses with less effective would not manifest themselves in the body. Thus, grieving children and especially traumatized children present these attitudes, impulsivity and inhibition or indifference. Children restrict their expression out of identification with adults and to avoid causing them additional suffering.

### **2.2.5.3 Chronic grief**

Chronic grief results when extremely intense reactions to loss do not subside These emotions will last for a very long time and cause you to have incredible distress that continues to intensify. You'll have difficulty making much, if any, progress in moving through your grief so you can heal.

### **2.2.5.4. Anticipatory Grief**

Anticipatory grief or anticipatory mourning can be common if you're expecting the loss of someone close to you in the near future. To prepare for the impending loss, you might begin trying to envision life without them. It can be especially common in cases when someone you care for is facing a terminal illness. During anticipatory grief, you might try to anticipate how

you'll be reacting and mourning once your friend or loved ones passes away. You might feel loss or even incredible fear or emotion for the dying person. There are some positive sides to anticipatory grief, though. Many people feel like they were able to take the time they needed to say goodbye or to have tough conversations about forgiveness. Even just having the time and space to say "I love you" can be healthy. All of this can help in preparing for when you do begin the grieving process after you experienced a physical loss (Kelly, 2021).

#### **2.2.5.5. Complicated Grief**

Complicated grief occurs when your grieving process does not move all the way through the steps of grief. It can be prolonged and much more intense, and it'll typically have a significant impact on your ability to function. You might feel more depressed and have increased anxiety. With complicated grief, your reactions and behavior will likely extend for very long time periods, with little to no improvement (Kelly, 2021). Complicated grief typically requires help from a mental health professional. Someone experienced with complicated grief can be beneficial, as complicated grief is one of the more difficult types of grief. It's very important to understand that complicated grief will not resolve on its own.

Other signs of complicated grief include anxiety about the meaning of the loss, fear that the pain will continue indefinitely, worry that happiness is lost and will never be realized, feeling cheated, blaming others for the loss, and feeling anger toward the person who died. Survivor's guilt a common reaction to traumatic events and a symptom of post-traumatic stress disorder (PTSD), may also be tied into complicated grief, as said Mendez (Gillespie, 2021).

Complicated mourning also known as prolonged grief, is a popular term used to describe a maladaptation of the normative grief reaction including; current experience (more than a year after a loss) of intense intrusive thoughts, pangs of severe emotion, distressing yearnings, feeling excessively alone and empty, excessively avoiding tasks reminiscent of the deceased, unusual sleep disturbances, and maladaptive levels of loss of interest in personal activities (Horowitz et al, 1997, p. 904) cited by Clarke (2021). Complicated mourning is different from normal/acute mourning by intensity, duration and symptomology above and beyond clinically and culturally expected norms (Strobe et al, 2013). The primary difference between normal mourning and complicated mourning is it pathological functioning. While normal mourning involves experiencing negative emotions, it process involves no dysfunction whereas complicated

mourning is the social/occupational impairment that it causes. As a result is considered maladaptive and a form of mental disorder (Strobe et al, 2013).

Complicated mourning has been associated with neurological abnormalities in the reward system, and lower levels of serotonergic brain activity similar to depressive disorders (Neimeyer et al, 2012). This explain the high comorbidity rates between grief and depressive disorders, with similarities in diurnal cortisol profiles between the disorders, suggesting a shared pathophysiological underlying (Bui et al, 2012). The normal grieving process has been observed to activate brain regions such as the dorsal anterior cingulate cortex (ACC), insula, and periaqueductal gray (PAG), regions of which are commonly associated with experiences of pain. This reaction as not, however, noticeably different between ‘normal’ griever and those with complicated mourning, suggesting that these areas may not play a role in the development of complicated mourning. In a study with person with/without PTSD no differences were found in hippocampal volume, suggesting that bereavement specifically, rather than PTSD, is related to smaller left hippocampal volumes (Neimeyer et al, 2012). Hippocampal volume is directly related to declarative memory, the ability to recall facts and event suggesting prolonged grief can lead to declines in short-delay retention, long-delay retention and discriminability (pohlack et al, 2012).

In addition, individuals with complicated mourning have been found to have significant less gray and matter than persons with acute mourning, were there is no difference between the non-bereaved, suggesting the heightened mourning severity, however mourning itself is associated with decrease brain volume (Clarke, 2021).

#### ***2.2.5.6. Complicated mourning in Children***

From passed studies, it has been estimated that 5-10% of children who experienced the loss of a loved one will experience some form of psychiatric difficulty (Spuij et al, 2013). In younger children, the inability to understand death may lead to mourning reactions of general distress, regression, and separation anxiety (Clarke, 2021). These findings suggest that during childhood, developmental periods may be a key mediator in how mourning reaction are manifested. In a misconstrued effort to reduce the suffering of children, caregivers may explain the events of loss vaguely, or using unclear metaphors. This may lead to misunderstanding

regarding a loss's permanence, causing a multitude of complications (Howie, 2007), cited by Clarke (2021). Children may also inconsistently present mourning, with a short period of sadness intermittent with regular behavior. This presentation can often be misunderstood by caregivers as healthy coping, further undermining children receiving the required support (Howie, 2007).

### **2.3 A literature review on justice**

Justice is a multifaceted concept that has been studied by various scholars across disciplines such as philosophy, law, and social sciences. It has both theoretical and practical implications for individuals and societies at large. In psychology, justice is often studied within the context of social psychology and is viewed as an essential aspect of interactional justice, and retributive justice (Thibaut, J., & Walker, L, 1975). Mill (1991), in his work elaborated that, while we react on violations of duties of charity and beneficence with the emotion of disappointment, we are often touched by cases of injustice in a much deeper form. It stimulates the desire for revenge, sanctions, and punishment. As this emotional reaction shows we regard the unjust person as someone who acts against absolutely crucial rules conduct. On the third quotation, Mill interpreted justice as an expression of a fundamental anthropological capacity to expand our sympathy to all of humankind and to include other people in our well-considered rational interest (Horn.C, 2014).

Rawls (1999), consider justice as the most fundamental normative concept within a theory of social institutions. Rawls thinks that a society is adequately organized in a normative sense if its basic structure is just. In order for it to be just, it must consist of institutions which establish a lexical priority for rights and liberties with relation to all other political goods, especially socioeconomic ones. For Rawls, a possible abolition of individual rights to freedom cannot be compensated by a higher degree of socioeconomic welfare or any other advantage liberties must be distributed equally among the citizens of a legitimate society (Horn.C, 2014). Lloyd. A, & Borrill. J (2019), in their work on "examining the effectiveness of restorative justice in reducing victims' post-traumatic stress", point out that, crime victimization is a significant life event that can lead to the development of post-traumatic symptomology. According to this authors when victims are able to hear the offender's account of the incident and the event that led to their victimization it gives them that opportunity. Studies show that traumatic exposure and PTSD symptoms are associated with attitudes toward justice and reconciliation. Some studies prove a reduction of PTSD symptoms in traumatized person through reconciliation of one's

sense of justice toward PTSD symptoms exists. Rather people with less openness to reconciliation, and more feelings of revenge, show higher PTSD symptoms. In many cases, mental health problems and feelings of anger or revenge are very common in survivors even years after the traumatic incident (Kizilhan.J.I., & Neumann.J, 2020). Not only personal experience of injustice matter but also unjust experiences that happened to other members of the society or ancestors play a central role in one's perception of justice. With regard to shame and guilt as reactions to traumatic experiences, it varies in societies a lot. According to victimology literature, victims' empowerment is the basis to restore both the sense of security and self-confidence (Kellas & Manusov, 2003), which are needed to the transformative movement from victim status to survivor status (Brosi & Rolling, 2010, SAKI, 2021). This movement is based on the acceptance of the loss and in the consequent emotional overcome of the situation (Beck et al, 2015).

Most studies highlight, both the reduction of negative emotions and feelings such as anger, fear, anxiety, distress, and sadness (Kunst et al 2014), and the development of more positive, empathic and humanized perceptions toward offenders (Braithwaite, 2002). However, the literature suggests that the psychological consequences of victimization are likely to vary depending on several aspects: the type of crime (whether low or high severity); the levels of damage experienced; and the individual characteristics of the victim and the offender (Shapland & Hall, 2007). Other previous studies advocated that the levels of satisfaction of victims in restorative processes would be related to the perception of justice that is having their rights recognized and their victimization validated and with the sense of their needs being met (Latimer et al, 2005).

Going through out the literature review little or nothing has been said in reference to lack of justice contributing to the development of PTSD in orphans of armed conflicts. However our study is focus on bringing to light how the experience of lack of justice contribute to the development of PTSD in orphans of armed conflicts through complication of the work of mourning.

**CHAPTER THREE: THEORITICAL FRAMWORK ON POST-  
TRAUMATIQUE STRESS DISORDER AND THE WORK OF  
MOURNING**

This section constitute theories that describes the phenomenon on lack of justice, work of mourning and the development of post-traumatic stress disorder from the psychoanalytic and cognitive point, our main authors gives their standpoint about the subject, we are going to demonstrate the pertinence of our study through the exploitation of these theories and how they study the phenomenon.

### **3.1. The explicative theories of PTSD**

#### **3.1.1. Psychoanalytic Approach of PTSD**

The psychoanalytic theory concentrates on the internal changes in the mind that is mostly affects and representations. PTSD originally is a medical notion, derived from the field of military medicine and surgery. Freud initially formulated a traumatic theory of neuroses, but he partially rejected it in later years. In (1920), Freud metaphorically defined trauma as the breaching of the “protective shield” by an external stimulus, its overwhelming affected pushing the individual into a state of helplessness. Some of Freud’s scientific contemporaries were more interested in the effects of external threats. Cannon (1929), published *Bodily Changes in Pain, Hunger, Fear and Rage*, and coined the term “fight or flight”

Freud (1928), in his book “*Beyond the Pleasure Principle*” looks at PTSD as a traumatic neuroses, which are. Freud thought that all hysterical symptoms were caused by childhood sexual “abuse or molestation” which left unconscious memories; and later during adolescence when exposed to situations that reminiscent the original trauma, those memories were activated. The trauma repeatedly disturbed the capacity to deal with other challenges and the victim “reaped the repressed materials as a current experience”; this phenomenon was called “repetition compulsion.” Freud believed that the aim of repetition was to gain mastery, but current clinical findings have shown that this rarely happens; instead, Fine believed that “repetition compulsion” is an attempt to transform a passive traumatic experience into an active one. A mental health problems caused by traumatic experiences. He used a metaphor to describe how the minds protect us from these traumas, that we have a “protective shield of the ego”. This means that we have defense mechanisms in place to help us cope with difficult situations and emotions.

However, Freud (1928), also acknowledged that sometimes these defenses aren’t enough. Traumatic events can be so powerful that they break through our protective shield and cause

harm or injury to our mental health. The concept of trauma, as explained by Freud (1928), involves several key components. Firstly, there is an external event that causes stress and overwhelms a person's ability to cope with it. This event disrupts the normal functioning of the person's ego or sense of self. Additionally, this event creates a state of disequilibrium in the organism (human), which means they are no longer in their usual stable state. As a result of these changes, a person's ego-defensive and coping capacities are reduced. They may also struggle to deal with stressors that come their way after experiencing trauma. These secondary stressors can also become overwhelming because the person's defenses have been depleted by the initial traumatic experience. All of these factors can set up long-term problems such as post-traumatic stress disorder (PTSD) and other co-morbid conditions.

In summary, PTSD is a long-term effect of a trauma that is caused by an external event that disrupts normal functioning and leads to decreased coping abilities and increased vulnerability to future stressors. Freud's theories of psychodynamics, pointed out that, PTSD and other psychiatric disorders arise as a maladaptive response to irreconcilable trauma. This perspective focuses on the neurocognitive processes of emotion and feeling. In the case of our study this orphans of armed in accordance to this theory have develop PTSD as a result of physical traumatic situations (loss of parents and lack of justice) has alter their normal functioning and this has led to a decreased in the capacity to cope with the numerous traumatic event that are happening in North west.

### **3.1.2. PTSD in children according to Melanie Klein**

In her book ("The Psycho-Analysis of Children",1975), Klein aimed to engage with scholars and clinicians in the psychoanalytic community, advocating for the extension of psychoanalytical help to young children. Klein focused on understanding the earliest ego development in individual personalities. She outlined two fundamental developmental positions that infants pass through unconsciously: the Paranoid-Schizoid Position. Paranoid-Schizoid Position: this early phase, the child experiences intense anxiety and fear. The world is perceived as threatening, and the child may split experiences into "good" and "bad". Aggressive impulses and primitive defenses are prominent. Depressive Position: As the child matures, they move into the depressive position. Here, they experience guilt, sadness, and concern for others. Integration of good and bad aspects of self and others occurs. Klein advocated for extending psychoanalytic

interventions to young children. Understanding their inner world, anxieties, and defenses was crucial for effective therapy. Another psychoanalyst Kolk, a prominent psychiatrist, authored the book (“The Body Keeps the Score” in 2014). This groundbreaking work sheds light on trauma and its impact on the mind and body. After a traumatic event, the brain urgently suppresses the memory to avoid ostracism. However, the body retains the stress, leading to physiological changes. Traditional talking therapies have limitations because the rational mind often believes it has already healed, while the body still carries the trauma.

The psychoanalytic theory contributions mention psychic trauma as an excessive influx or accumulation of excitations that gets into the psychic apparatus, overcoming the capacity to face or integrate feelings, in the face of the large amount of stress needed to be relieved (Laplanche & Pontalis, 1991). In the cause of getting through the ego defense mechanisms, lack of justice puts the developed psychic structure at risk, leading the subject to the position of original helplessness, that is, constantly reliving the face of its biological and psychic immaturity ( Favero, & al,2009). Symptoms then appear as a discharge or a substitute for the contents that cause the anguish, unconsciously, the psychic expression of instincts and, consciously, the traumatic event (Costa, 2019). Traumatic situations such as lack of justice, especially in childhood, can form disorganized psychic structure with failures in the repression of instincts, use of rigid defense mechanisms and lower the ability to reflect, which makes psychic reorganization difficult in the face of a traumatic event (Bateman & Fonagy, 2016). These psychic difficulties faced during traumatic event help to favors the development of PTSD. In other world, the orphans in north west psychic have faced a lot of difficulties as a result of so many traumatic situation which has hinder their psychic capacity from facing and integrating the different feelings that are accompanying by this traumatic events, consequently it has favor the development of PTSD.

### **3.1.2. Cognitive behavioral theory**

This model address Post-Traumatic Stress Disorder (PTSD) as a common reaction to traumatic events where a person was exposed to actual or threatened death, serious injury, or sexual violence. Approximately 10% to 30% of trauma survivors will develop PTSD, with severity of perceived trauma and levels of social support being strong predictors.

Ehlers and Clark (2000) drew attention to the paradox in PTSD whereby patients feel anxious about the future, even though the trauma lies in the past. They proposed that pathological responses to trauma arise when individuals process the traumatic information in a way that produces a sense of current threat, either an external threat to safety or an internal threat to the self and the future. The two major mechanisms that produce this effect involve negative appraisals of the trauma or its sequelae and the nature of the trauma memory itself. Expanding on the work of Foa and Rothbaum (1998) and Jones and Barlow (1990), Ehlers and Clark identified a wide range of relevant negative appraisals. Some of these are focused on the traumatic event and signal overgeneralization of danger for example negative interpretations of other people's responses (Dunmore et al., 1997, 1999); ("others can see I am a victim") or negative appraisal of own actions ("I merit all that is happening to me"). Other appraisals focus on sequelae, such as the PTSD symptom of numbing ("I'll never be able to relate to people again"), other people's reactions ("they think I am too weak to cope on my own"), and life prospects ("my body is ruined").

The different types of appraisal, variously involving danger, violation of standards by self or others, or loss, explain the variety of emotions reported by patients with PTSD. Among the factors that increase the likelihood of negative appraisals are thought processes during the trauma and prior beliefs and experiences. Ehlers and Clark (2000) identified a specific frame of mind they termed 'mental defeat,' discussed previously in Cognitive affective reactions and PTSD. This reaction, emphasizing the inability of the person to influence their fate, is a risk factor for such self-appraisals as being weak, ineffective, or unable to protect one. Prior experiences of traumatization, weakness, or helplessness also increase the risk of appraising oneself as unable to act effectively, as being extremely vulnerable to danger, as being the target of others' hostility, and so on. Ehlers and Clark's approach to explaining research findings on traumatic memory was to suggest that the memory of the event is poorly elaborated, not given a complete context in time and place, and inadequately integrated into the general database of autobiographical knowledge.

There are two routes to the retrieval of autobiographical information ( Brewin et al., 1996). First, through higher order meaning based retrieval strategies (ditty remembering the day at school). Second, through direct triggering by stimuli that were associated with the event

(particular smells or a piece of music). Much of the normal processing of autobiographical memories appears to have the function of reducing the ease with which memories of past experiences are unintentionally retrieved while we are engaging in everyday tasks. Autobiographical events are usually incorporated into an autobiographical memory knowledge base that is organized by themes and personal time periods (Conway & Pleydell-Pearce, 1997). This type of elaboration enhances the retrieval route and inhibits the second and has the effect that when an autobiographical memory enters consciousness, it comprises both specific information about the event and general information about the lifetime period that the event took place in and abstracted information about the type of event in general (Ehlers & Clark, 2000).

This accounts for the difficulty in intentional recall (absence of clearly specified retrieval routes), re-experiencing in the present (absence of a temporal context), the lack of connection with other relevant information, and the easy triggering by physically similar cues. At the same time, consistent with conditioning accounts, they suggested that strong S–S and S–R associations for traumatic material are formed which help the person to make (sometimes preconscious) predictions about future sources of danger.

They also noted that retrieval from associative memory is cue-driven and unintentional, so that the person may be unaware of the triggers for re-experiencing. The strong associations result in perceptual priming, which they define as a reduced perceptual threshold for trauma-related stimuli. Ehlers and Clark proposed a number of per-traumatic influences that operate at encoding and affect the nature of the trauma memory. One of these involved an important distinction made by cognitive psychologists (Roediger & McDermott, 1993) between data driven processing (focused on sensory impressions) and conceptual processing (focused on the meaning of the situation, organizing the information, and placing it in context). Conceptual processing, Ehlers and Clark argued, facilitates integration of the trauma memory with the autobiographical database, whereas data driven processing leads to strong perceptual priming and a memory that is hard to retrieve intentionally. Other per-traumatic factors were an inability to establish a self-referential perspective while experiencing the trauma, dissociation, emotional numbing, and lack of cognitive capacity to evaluate aspects of the event accurately (Brewin, & Holmes : Clinical Psychology Review, 2003). As well as discussing various ways in which appraisals can interact with the nature of the trauma memory, Ehlers and Clark developed a detailed account of the

importance of maladaptive behavioral strategies and cognitive processing styles in maintaining the disorder.

Among the behavioral strategies likely to cause PTSD to persist are active attempts at thought suppression, distraction, avoidance of trauma reminders, use of alcohol or medication to control anxiety, abandonment of normal activities, and adoption of safety behaviors to prevent or minimize trauma-related negative outcomes. For example, a person injured in a car crash might adopt the safety behavior of continually clinging on to the seat or the hand brake, or looking in the rear-view mirror, during subsequent journeys. Maladaptive cognitive styles include selective attention to threat cues and persistent use of rumination or dissociative. The study by Halligan et al. (in press) also confirms Ehlers and Clark's theory that cognitive processing at the time of the trauma is related to the development of PTSD symptoms after the objective and subjective impact of the event has been controlled for (Brewin & Holmes, 2003). When patients with persistent PTSD perceive a serious current threat and the accompanying symptoms, they try to control the threat and symptoms by a range of strategies. The strategy selected is meaningfully linked with the individual's appraisals of the trauma and/or its sequelae and their general beliefs about how best to deal with the trauma (Ehlers & Clark).

For children who lost a parent(s) as a result of armed conflict, cognitive theory shed light on its psychological suffering. This theory emphasizes on the fact that, the cognitive processing at the time of the trauma is characterized by poor elaboration of the traumatic event (loss) or autobiographical memory of the event that has entered their consciousness, and comprises both specific information about the loss and general information about the lifetime period that the loss took place and abstracted information about the type of loss in general. Thus, the children's difficulties to successfully go through the process of mourning is due to poor elaboration of the traumatic event and autobiographical memory of the event that has entered their consciousness and mixed both specific and general information about the loss thereby causing complication in the process of mourning that leads to the development of PTSD.

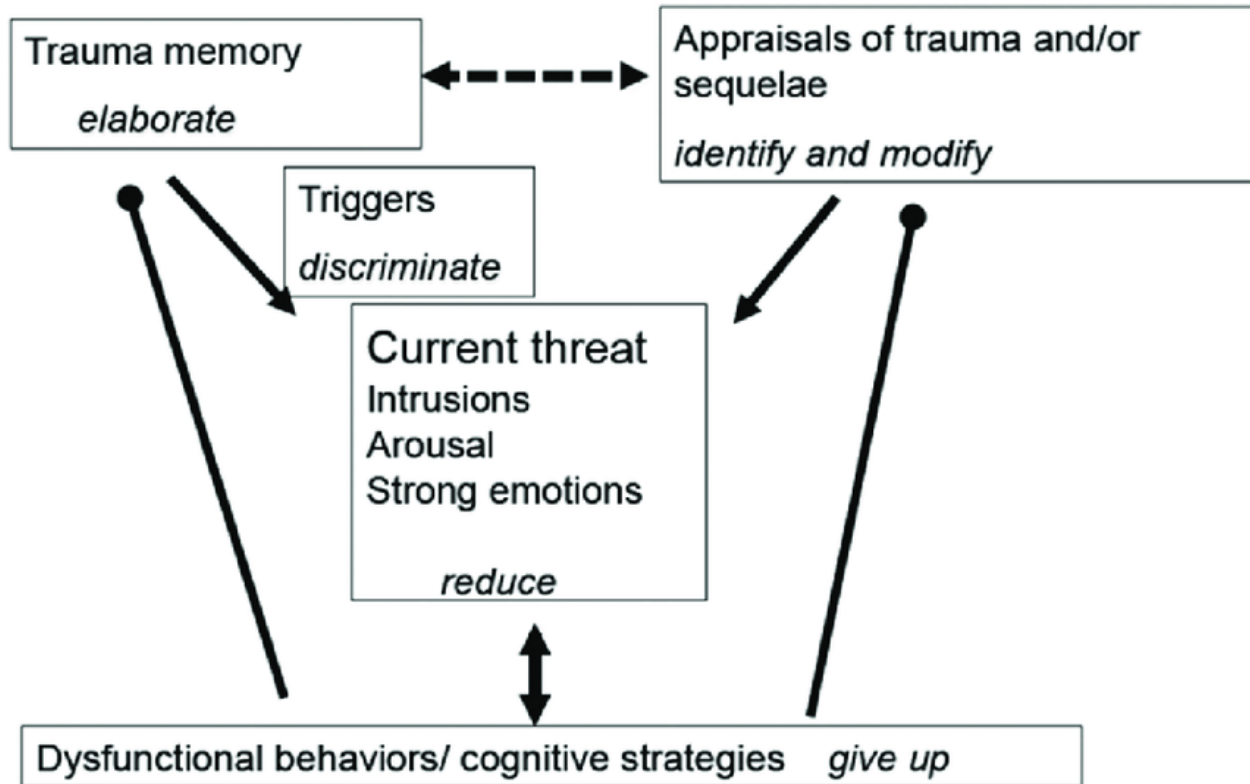


Figure 4 : Summary on (Ehlers, & Clark,2000)

However, in the case of the orphans of armed conflict where justice is absent the cognitive behavioral theory explains that, the absence of justice can lead to the development of negative cognitive frameworks through which they perceive the world. Orphans might perceive the world as entirely unjust or blame themselves for their loss. This disruption can lead to confusion, doubt, and feelings of uncertainty, making it harder for them to significantly elaborate and integrate the loss within the autobiographical memory; and as such negative thinking; and anxious depressive avoidance behaviors, which favor the development of PTSD in these children.

### 3.1.2.2. Theory of shattered assumptions

The origins of this social cognitive model also lie in the tradition of individual internal models or assumptive worlds that, though they may be illusory, help to sustain people in their everyday lives and motivate them to overcome difficulties and plan for the future (Brewin & Holmes, 2003). The three common assumptions (Janoff-Bulman, 1992) regarded as the most significant in influencing response to trauma are that the world is benevolent, the world is

meaningful, and the self is worthy. That is, other people are in general well disposed towards us, there are reliable rules and principles that enable us to predict which behaviors will produce which kinds of outcome, and we ourselves are personally good, moral, and well meaning.

According to the theory of shattered assumptions, people with the most positive experiences in life, who should therefore hold the most positive assumptions, should be the ones most affected by traumatic events. In fact, as several commentators have noted (Resick, 2001), the exact opposite is the case, with experience of previous trauma being a major risk factor for developing PTSD (Brewin et al., 2000). This is puzzling, because people who have already been denied with justice before should have lost at least some of their protective illusions about the world. In discussing this point (Janoff-Bulman, 1992) suggested two possible resolutions. The first was that people with the most positive assumptions have the greatest initial distress but recover more easily (Brewin & Holmes, 2003). These orphans of armed conflict have been affected by lack of justice according to these authors because they have been experiencing positive life and are full of positive assumptions; so this is their first time experiencing failure which explains why they have developed PTSD.

### **3.1.2.3. Information processing theories**

Cognitive theories that have focused mainly on the traumatic event itself rather than on its wider personal and social context have been termed “information processing” theories (Chemtob, & al 1989). The central idea is that there is something special about the way the traumatic event is represented in the memory and that if it is not processed in an appropriate way, it might result to psychopathology. Like social-cognitive theories, this approach emphasizes the need for information about the event to be integrated within the wider memory system. However, the difficulty in achieving this is attributed more to characteristics of the trauma memory itself than to conflict with preexisting beliefs and assumptions.

In addition, Foa & Kozak (1986), with the emotional processing theory (EPT), highlighted that, emotions are represented by information structure in our memory, and anxiety occurs when there is an activation of information structure that serves as a program to escape or avoid danger. They suggest, fear reduction occurs when two conditions are met. The fear structure must be activated through the introduction of fear relevant information, and fear structure must be updated or corrected through exposure to corrective information. EPT, posits,

that fear is a product of associative networks in the brain. Information concerning the feared stimulus is brought together by these networks, the response can either be to avoid or escape it, and the meanings attributed to the fear, such as perceived threat or danger (Thompson, 2011). The individual experiences fear when these networks are activated. Foa & Kozak (1986) suggested that exposure to traumatic incident weakens associations and replaces maladaptive fear associations with more adaptive ones. These was however revised in Foa & McNally (1996), following the work of Bouton. His work suggests that exposure does not actually alter associations as much as creates new competing ones. This mean, there may now be two associations following this exposure which are; a pathological one and a non-pathological one (Thompson, 2011). According to this theory, the orphan's development of PTSD is due to the fact that information concerning the traumatic situation they experience that is at the information structure of their memories has been stimulated causes fear which response is avoidance or escape of the process of mourning and the eventual development of PTSD.

Lang (1979), proposed that frightening events were represented within memory as interconnections between nodes in an associative network. A fear memory consisted of interconnections between different nodes representing three types of propositional information: Stimulus information about the traumatic event, such as sights and sounds, information about the person's emotional and physiological response to the event, and meaning information, primarily about the degree of threat. Thus, cognition and affect were integrated within an overall response program designed to rapidly escape or avoid danger. Chemtob & al (1988) proposed an evolutionary perspective on trauma reactions that took account of the persistent re-experiencing and high levels of arousal that distinguish PTSD from specific phobias. They suggested that in individuals with PTSD, the fear network is permanently activated, causing them to function in a "survival mode" that proved adaptive during the traumatic incident. The children suffering may arise as a result of inappropriate integration and process of the represented traumatic events in the memory instead of careful processing all information of the event they try to rapidly escape or avoid danger which instead leads to their development of post-traumatic stress disorder.

## **3.2. Mourning theory**

### **3.2.1. The stage theory of Ross**

According to Kübler-Ross's (1968) five stage model, terminally ill patients tend to experience five reactions to their impending loss, often proceeding through denial, anger, bargaining, depression, and then ultimately acceptance. In the denial phase, patients may feel shocked; have a difficult time grasping the reality of the situation. Denial helps us to pace our feelings of grief. There is a grace in denial. It is nature's way of letting in only as much as we can handle. As you accept the reality of the loss and start to ask yourself questions, you are unknowingly beginning the healing process (Kessler, 2019). You are becoming stronger, and the denial is beginning to fade as the reality of their impending death begins to sink in, disbelief can sometimes be replaced by feelings of anger, characterized by bitterness, feeling that life is unfair, or questioning God.

This feels of anger according to Kessler (2019), can manifest in different ways sometimes your anger can be shown toward someone who never attended the funeral of your loss one, at times to another whose life have change after your loved one died. In the subsequent bargaining stage, patients long to postpone death, in some cases attempting to "make a deal" with God for more time, often in exchange for a reformed lifestyle. This stage may also involve a desire to change the past ("If only I had taken better care of myself"), which is accompanied by feelings of guilt and regret. Realizing the certainty of death, dying patients' may also go through a period of depression and experience feelings of despair, hopelessness, and isolation. In the final stage of acceptance, individuals acknowledge their mortality and are better able to make preparations for their death, perhaps by attending to any perceived "unfinished business" in their life (Holland, 2024).

Although Kübler-Ross's stage model was initially intended for patients with a terminal illness, she later broadened her focus and suggested that it has applicability for anyone who has experienced a catastrophic loss (Holland, 2024). But this model was latter on criticized by some other researchers. In her final book, *On Grief and Grieving* coauthored with David Kessler, Kübler-Ross responded to these criticisms: "The stages have been very misunderstood over the past three decades. They were never meant to help tuck messy emotions into neat packages.

They are responses to loss that many people have, but there is not a typical response to loss, as there is no typical loss. Our grief is as individual as our lives” (Holland,2024). Going through the process of mourning is very important because like Kessler said “ there is no healing without feeling” and even the bible affirms to this in Matthew 5:4 “ Blessed are those who mourn, for they will be comforted” (NIV version) . This mean one will only be supported in the process of mourning if they mourn. Therefore looking at what this theory postulate, one can say that these children who lost their parents in armed conflict are finding difficulties to individually go through the five stage of grief which explain why mourning is complicated that have led to the development of PTSD.

### **3.2.2. Bowlby work on mourning process**

The psychological theory of attachment was first described by John Bowlby, a psychoanalyst who researched the consequences of separation between infants and their parents (Fraley, 2010). Bowlby hypothesized that the extreme behaviors infants engage in to avoid separation from a parent or when reconnecting with a physically separated parent like crying, screaming, and clinging were evolutionary mechanisms. Bowlby thought these behaviors had possibly been reinforced through natural selection and enhanced the child’s chances of survival. These attachment behaviors are instinctive responses to the perceived threat of losing the survival advantages that accompany being cared for and attended to by the primary caregiver(s). Since the infants who engaged in these behaviors were more likely to survive, the instincts were naturally selected and reinforced over generations.

These behaviors make up what Bowlby termed an “attachment behavioral system,” the system that guides us in our patterns and habits of forming and maintaining relationships (Fraley, 2010).Research on Bowlby’s theory of attachment showed that infants placed in an unfamiliar situation and separated from their parents will generally react in one of these ways upon reunion with the parents:

1. Secure attachment: These infants showed distress upon separation but sought comfort and were easily comforted when the parents returned;

2. Anxious-resistant attachment: A smaller portion of infants experienced greater levels of distress and, upon reuniting with the parents, seemed both to seek comfort and to attempt to “punish” the parents for leaving.
3. Avoidant attachment: Infants in the third category showed no stress or minimal stress upon separation from the parents and either ignored the parents upon reuniting or actively avoided the parents (Fraley, 2010).
4. In later years, researchers added a fourth attachment style to this list: the disorganized-disoriented attachment style, which refers to children who have no predictable pattern of attachment behaviors (Kennedy & Kennedy, 2004).

It makes intuitive sense that a child’s attachment style is largely a function of the caregiving the child receives in his or her early years. Those who received support and love from their caregivers are likely to be secure, while those who experienced inconsistency or negligence from their caregivers are likely to feel more anxiety surrounding their relationship with their parents. These relationships (particularly intimate and/or romantic relationships) are also directly related to our attachment styles as children and the care we received from our primary caregivers (Firestone, 2013). His work showed that motherly love was emotional rather than physiological, that the capacity for attachment is heavily dependent upon experiences in early childhood, and that this capacity was unlikely to change much after it was “set” (Herman, 2012).

In addition, Bowlby (1982), to describe the process of mourning uses the stage theory which begins with the shock-numbness stage or somato-psychic blockage. This mental astonishment occurs with the end of all psychic functions. This act in three levels, the effects are anesthetized, blunted perceptions, the entire organism is paralyzed that is physically and intellectually. A sudden announcement provokes a blocking reaction and an escape reaction. After these few hours of automatic action, the bereaved remains obsessed by thoughts which invade the entire mental field: where is the deceased? Screams and calls; these questions and reaction give rise to the second stage of yearning-search behaviors and regression like an infant who desperately calls his mother to the point of exhaustion. At this stage, the search for and recover the lost person is very intense. But the inner turmoil and dreams. For (Hanus, 1994), we can only separate ourselves from lost life after having searched for it with all our strength in vain.

According to this theory, the quality of our early relationships with parents can influence our ability to form healthy relationships later in life. The absence of justice could disrupt the attachment process in orphans of armed conflict, contributing to difficulties in forming secure relationship and potentially complicating the grieving process which have subsequent lead to the development of PTSD.

### **3.2.2. Task theory of Worden (2008)**

This theory focused on the mourner's task of facing the situation and actively coping with it. Worden (2008), agreed with the phase or stage theory of ( Bowlby and Parkes, 1982), yet suggested using the term 'task' in the mourning process, because 'phase' implies a passive process, and 'task' requires the bereaved to engage actively. Worden highlighted that there are four components in the process of mourning which are;

Accepting the reality of the loss which is the first task involves acknowledging the fact that the loss has occurred. After the shock phase as term by Bowlby in his theory (1982), there is a need for the person to accept the fact that the person is dead and will not return. This acceptance is crucial for the grieving process to begin. It's not just about intellectually knowing that the person has died, but emotionally recognizing it as well. This task can be challenging as individuals may experience disbelief and may need time to fully grasp the permanence of their loss. Also, the task of processing the pain of grief is essential. Grief is a multifaceted experience that affects individuals emotionally, cognitively, physically, and spiritually. This task therefore involves experiencing and expressing the emotions associated with grief, such as sadness, anger, hopelessness, blame, shame, fear, guilt, and loneliness. It includes finding healthy ways to cope with the pain and allowing oneself to experience the pain that comes with the loss, which is a step towards healing. Orphans who have experienced the violent death of their parents may struggle to accept the loss, especially when justice is not served. And the danger is denying one's feelings and avoiding them due to society's discomfort griever may feel like they shouldn't feel or acknowledge these difficult emotions (Williams, 2013).

Again in the third task which is adjusting to the environment in which the deceased is missing. Worden acknowledges that this task can also mean very different things to people depending on the relationship of the person who have died, as well as the role that are impacted

by the loss. This readjustment requires internal adjustments, external adjustments, and spiritual adjustments. This may take an extended period of time for these adjustments to occur and for them to realize the different roles their loved one performed. This task demand developing necessary skills to move confidently forward in the altered environment. Finally, task four to find an enduring connection with the deceased while embarking on a new life. The mourner needs to find an appropriate, ongoing connection in his/her emotional lives with the person who has died while allowing him/her to continue living. It often means allowing the thought and memories, while beginning to meaningfully engage in things that bring pleasure, new things and new relationships. For Worden, not accomplishing this task is to not live (Willians,2013). This means life stopped to the mourner when that loved one died and is unable to resume life as before. Note that these tasks do not necessary need to occur in a linear order, individuals may move back and forth between them. So in a nutshell, mourning has become difficult and complicated in these orphans because the absence of justice that makes it difficult for them to successfully complete Worden four task of mourning process that is causing an imbalance between remembering the deceased, maintaining a connection with them and living a meaningful life. This unresolved grief has consequently complicated their mourning thereby leading to the development of PTSD.

### **3.2.3. The Dual process model of Strobe & Schut (1999)**

The dual process can be understood as a taxonomy to describe ways that people come to terms with the loss of a loved one ( Strobe & Schut, 2001).This model focused on the two coping strategies for stressors related to grief the mourners recover from grief by oscillating between the two coping strategies in daily life . The two stressors categories associated with bereavement are Loss- orientation which refers to the bereaved person's concentration on, appraising and processing of some aspect of the loss experience itself and as such, incorporates grief work. It involves a painful dwelling on, even searching for the lost person, a phenomenon that lies at the heart of grieving. And Restoration-orientation which is, the focus on secondary stressors that are also consequences of bereavement, reflecting a struggle to reorient oneself in a change world without the deceased person (OMEGA,2010). Stroebe and Schut presented their model by saying, "there are shortcomings in traditional theorizing about effective ways of coping with bereavement, most notably, with respect to the so-called 'grief work hypothesis'. Criticisms include imprecise definition, failure to represent dynamic processing that is characteristic of

grieving, lack of empirical evidence and validation across cultures and a limited focus on intrapersonal processes and on health outcomes” (Stroebe and Schut, 1999).

In daily life, the mourner experience both aspects of confrontation and avoidance of distress related to death. This direction is critical in accepting the death and beginning a new life without the loss one. In the case of the orphans of armed conflict, the absence of justice may intensify the emotional pains related to the loss, hindering their ability to manage loss and restoration-oriented coping during the grieving process. This can however lead to an imbalance between the two stressors and potentially causing complicated mourning.

### **3.3.4. Psychoanalysts theories on mourning**

#### **3.3.4.1. Freud’s theory on mourning and melancholia**

According to Freud (1917), mourning and melancholia are two different responses to loss, both involving grief but with distinct characteristics. In mourning, the bereaved experience his/her pain for the loss in an external way and gradually transform their feelings of loss into a positive motivation to move forward. It is considered the best transforming process. Freud emphasized mourning work involves three elements: detachment from the deceased; readjustment to new life circumstances; and building of new relationships. He therefore believed, mourning is a response to the loss of a loved one or a “love object” which include abstract concepts like ideals or aspects of one’s identity. This attachment is central to the grieving process, as it is the emotional bond that has been severed, leading to the experience of profound loss (Alam, 2023).

Freud added that mourning takes place in the conscious mind and involves the painful acknowledgment of the loss of a specific love object. In contrast, melancholia occurs in the unconscious mind and it is associated with incapacity to completely identify the loss. Freud considered mourning to be a natural and healthy process, whereas, melancholia is seen as pathological. He further highlighted that mourning is a necessary process of recovering from the loss, which don’t need any medical intervention (Alam, 2023). In simple terms, it is a wound that can heal on its own. Freud suggests, the right mourning of a loss occurs when we have the chance to make sense of it, rather than holding the pain and anxiety of the loss inside. More so,

to elucidate his argument, Freud address that the painfulness and difficulty of mourning process is caused by the fixation of libidinal cathexes, especially on the lost love object. The unavailability of the love object is due to the physical death which has caused a slight detachment from the love object that prompts the libido to halt its interest in the previous love object.

During mourning, disinterest in the past love and the previous passionate feeling leads to internal conflict because the libido come across conflicting forces of the lost honor of object love as well as the previous libidinal drive of aspiring to remain connected with the past love object (Freud, 1924). When the libidinal force is too strong, the subject will get back to the love object in a hallucinatory form rather in reality (Bokanowski, 2018).

In the context of psychodynamic theory of Freud (1917), the unconscious mind plays a crucial role in an individual's emotion and psychological well-being. It comprises thoughts, feelings, and memories that exist outside of conscious awareness but still influence a person's behavior and emotions. When a child experiences a traumatic event like the loss of loved ones due to armed conflict, their unconscious mind attempts to protect them from the psychological pain by repressing the distressing emotions and memories associated with the event. The repression can lead to difficulties in processing their grief, as they may struggle to consciously acknowledge and work through their feelings. He added that, any interference in the work of mourning can complicate the work of mourning. This can exacerbate the effects of trauma on the unconscious mind (Freud, 1961) cited by (Clarke, 2021).

When children perceive that those responsible for their loss are not held accountable, it can create a sense of injustice and powerlessness. These emotions may also be repressed in the unconscious mind, further complicating the grieving process. The repressed emotions and memories in the unconscious mind can lead to complications in the mourning process. Orphans may experience prolonged grief, persistent emotional numbness, or a delayed onset of grief, which can all contribute to the development of PTSD (Bargh, J.A., & Morsella, E, 2021). Additionally, these repressed feelings may manifest in other psychological or behavioral issues, such as depression, anxiety, or aggressive behavior. As the child struggles to process their grief, the traumatic memories and emotions can re-emerge as intrusive thoughts, nightmares, or

flashbacks-hallmark symptoms of PTSD. This constant reliving of the trauma can further impair their ability to heal, creating a vicious cycle that reinforces the development of PTSD.

#### **3.2.4.2. Phase Theory of Grief**

The phase theory of grief, proposed by Lindemann (1944) describes mourning as experienced by; somatic disturbance: This includes physical symptoms such as tightness in the throat, shortness of breath, or choking; preoccupation with thoughts/memories of the deceased: Grievers fixate on specific images or memories of the person who died; guilt: Individuals often feel guilty, focusing on instances where they believe they could have prevented the death; anger and/or hostility: Even when others are supportive, grievors may feel irritable and hostile; mild functional impairment: Basic activities become challenging, and everyday tasks require effort to complete. According to Lindemann (1944), as an individual struggle to go through these phase any intervention in any of the phases might complicate the work of mourning. As described by Lindemann's phase theory complications which has complicated mourning has hinder the ability of orphans of armed conflict to process and recover from the trauma, increasing the likelihood of developing PTSD.

#### **3.2.5. Multidimensional Grief Theory**

This theory was developed as a childhood grief theory. It postulates that complicated grief is a result of maladaptive reactions within three content domains: separation distress in which normative manifestations are seen as missing the deceased, heartache, and yearning/longing (within culturally accepted limits), existential/identity-related distress; the normative manifestations in this domain are the contention with disruption in sense of self, meaning, and purpose. Maladaptive manifestations within this domain emerge as severe distress and loss of personal identity, the withdrawal of future aspirations, and a sense of spoiled future. Finally in the domain of Circumstance Related Distress, normative reactions include acute sadness, anger, disgust and horror (Kaplow et al., 2013). This theory focuses more on the socio-environmental contexts and assumes that grieving children rely heavily on their caretaking environment to facilitate the grieving process (Clarke, 2021). The children in armed conflict face with the death of their parent depend greatly on facilities from their environment to go through the mourning work. The environment failure to bring justice to the loss of their parents, act as a

socio-environmental risk factors that disrupt their ability to go through the process of mourning, hence leading to their development of PTSD.

### **3.2.6. Complicated mourning according to Cohen & al**

Cohen & al (2002), model focused on the difficulties an individual have progressing through the normal stages of grieving which including shock and denial, anger, resentment and guilt, depression, and finally acceptance and cannot also positively reminisce or talk about the love one, it becomes clear that something more clinically significant is causing the interference. According to these authors, the presence of PTSD like symptoms and their impingement on the ability to fitly grieve the loss of a loved one is what makes complicated or pathological grief unique (Cohen & al, 2004). The child faces loss based on his or her age and cognitive level. The construction of his fantasy framework will allow him to include this event in his family novel, as he grows up. It happens that the loss of one or more of his love objects, or more broadly of his environment (house, country) occurs at an early period of his life where this fantasy weaving has not yet occurred. A chronological inconsistency then occurs because the child must grow up with an event “bigger than him” to which he will give meaning afterwards, unless this loss remains an unassailable and meaningless core in his story. Mannarino and Cohen (2011), in the tradition of Worden (1996), wrote about certain tasks that young people have to undergo as part of a reconciliation process.

This includes accepting the reality of the loss, experiencing the emotional distress, adjusting to the new situation without the loved one, finding meaning, and becoming engaged with other adults who can provide the nurturing care needed. But children suffering as a result of complicated mourning process are unable to complete the tasks of reconciliation, as remembering the lost one serves as a trauma reminder. These children are “stuck” on the traumatic aspects of the death. Such complications are caused by the nature of the death, most often sudden and unexpected, be that by accident, murder, or sudden medical conditions (heart attacks or strokes). These complications in the process of mourning lead to an increase symptom of PTSD (Dyregrov & Dyregrov, 2013).

If the child has already constructed a representation of the irreversible nature of death dissociated from the alternation of absence presence of his loved ones who precisely return after

a period of absence the presence of the irreversible absence of disappearance will become the subject of mourning. The child can experience this disappearance as a fault, even as abandonment, all the imaginary versions relating to this disappearance bear witness to the subjective mark that he will have constructed to give meaning to this hole Dollez. N. (2020). Hence the contribution above provides insights into the psychological suffering of a bereaved child after experiencing the death of a loved one. However, with the orphans of armed conflict in the North West, in relation with what this theory postulates their suffering is based on the fact they are experiencing loss and lack of justice at an age when their fantasy weaving has not yet occurred which makes it difficult for them to understand and give a constructive meaning to the loss, consequently leading to the development of PTSD.

**CHAPTER FOUR: THE METHODOLOGY OF THE STUDY**

This chapter is dedicated to present the methodology of our research. Methodology as suggested by Igwenagu (2016) is a set of systematic technique used in research. This simply means a guide to research and how it is conducted. It describes and methods of analysis throw more light on their limitations and resources, clarify their pre-suppositions and consequences, relating their potentialities to the twilight zone at the frontiers of knowledge (Igwenagu, 2016 p.5).

From this definition we come to understand methodology is a set of methods and techniques that are combined together for the purpose of answering research questions and getting an answer about a particular phenomenon. Thus, the purpose of methodology is to give us guidelines for our research. Base on this logic, we are going to dive into some aspects relating to our work presentation and the justification of our research, the research method we used to carry out the research, our technique of collection of data, our data analyzing technique, as well as difficulties encountered and ethical considerations. Before proceeding with our methodology, we are first going to review the problematic of our study.

#### **4.1. A Brief Review of the Problematic**

This section aimed at outlining elements involved in the construction of our problematic like the problem statement of our study, the research question, the research objective, and its respective contents.

##### **4.1.1. A Review of the Problem Statement**

The loss of a significant person in a child's life can lead to a complex mourning process, which may include the development of PTSD. The death of a parent is a life-altering event and can have profound effects on a child's psychological development and wellbeing (The National Child Traumatic Stress Network (NCTSN). The absence of a parental figure and the experiences surrounding this loss can shape the brain and emotional landscape of a child in a significant ways (Hamilton, 2014). And the finality of a parent's death can be incredible difficult to accept. Difficulty in accepting this loss can significantly complicate mourning process, leading to the development of PTSD (Raypole, 2023). Reactions toward loss can vary according to age, environment, ability to understand death, personality. Any death can be difficult for a child. Freund (1917) elaborated mourning, as entails the retrieval of the libidinal energy invested on a

former loved one. He added that it's always difficult for children to retrieve back that love invested on their formal loved one and as such depends so much on the support and emotional benefit of his environment to overcome the event,(Glorion,2003).

In the course of our research we encountered some children who were suffering from PTSD that comes as a result of difficulty to overcome the death of their parent who had died four years ago during the ongoing armed conflict in North West region. However, Ehers, & Clark, (2000) argued that, the development of PTSD is when individuals process the trauma in a way which produces a sense of serious, current threat. The sense of threat arises as a consequence of: excessively negative appraisals of the trauma and/or its sequelae and a disturbance of autobiographical memory characterized by poor elaboration and contextualization, strong associative memory and strong perceptual priming. Murthy and Lakohminarayana (2006) after a reviewed on all studies on the mental health of children after armed conflict came to end that war trauma leads to long term effects on the children psyche. The more prolonged the conflict, the more the child is reminded of events surrounding it loss love one, averaging the symptoms. That is the more a child is exposed to conflicts, the more he/she will develop PTSD. We are going to use the psychodynamic approach with these children to understand their emotions and other mental processes.

#### **4.1.2. A Recall of the Research Question**

Interested by the underlying difficulty that have cause complication in the mourning process of children who have lost their parent as a result of the ongoing armed conflict in north west region and have developed Post-traumatic Stress Disorder (PTSD). In other to understand how lack of justice contributed to the development of PTSD through complication of the work of mourning we formulated a research question as such;

How does, lack of justice contribute to the development of PTSD in orphans of armed conflicts?

#### **4.1.3. A Recall of the Study's Objective**

The major goal of this study is to understand the place of complicated mourning work in the development of posttraumatic stress disorder in orphans of armed conflict in North West Region.

## **4.2. Characteristics of the Research participant**

Speaking of our study's population, there are evidently multiple types of children affected by armed conflict. There are children who have lost loved object like thing and other loved ones like friend, family relative; mother and/or father, siblings. But in this study we are interested in circumscribing our research around the orphans of armed conflicts who have experience injustice during the ongoing armed conflict in North West region of Cameroon to be precisely.

### **4.2.1. Procedure and the criteria for Participant's Selection**

Since our study is interested in orphans with post-traumatic stress disorder (PTSD) due to difficulty that have complicated the normal process of mourning to be selected, study participants must meet the inclusion criteria and exclusion criteria.

#### **4.2.1.1. Inclusion criteria**

To participate in this study, you must meet all of these conditions:

- Be an Orphan of armed conflict
- Experience lack of justice
- Must be victim of armed conflict in North West
- Presently living in North West
- Have been diagnose with PTSD (Posttraumatic Stress Disorder Checklist Scale for Children Score >48)

#### **4.2.1.2. Exclusion criteria**

In this study, patient with these following characteristics cannot participate

- Have a disorder other than PTSD;
- Have undergone psychological or psychiatric treatment;
- Not having signed informed consent;
- Having interrupted the interviews;
- Being unable to continue the search;

### **4.3. Type of Research: Qualitative**

The world is complex and full of diversities, and can be analyzed from various angles (McLeod, 2007). It is a subjective, social and relational world built from talks, opinion, actions and system of meanings and from established structures. Every qualitative approaches aim at understanding how the world is constructed, the meanings they give to their social reality, as well as their experiences of things that happen in their lives, but within different lenses. In qualitative research, the technique used to collect data is either through semi-directive or nondirective interviews in a natural milieu, and equally through focus groups.

This type is justified by the fact that qualitative research aims at the study of human phenomena with a view of greater understanding and explanation (Quivy, 2000). That is, understanding not just on how things are but also on why things are the way there are. It is a sequence of social experiences during which the person acquires a conception of the meaning of behavior, and perceptions and judgments of objects and situations, all of which make the activity possible and desirable (Becker, 1963). Others have noted that there is no single definition of it (Long and Godfrey, 2004). Strauss and Corbin (1998), added that the term qualitative research is confusing because it can mean different things to different people. Qualitative research has gained acknowledgement because of its flexible and sensitive nature and for broadening our knowledge on subject matters concerning phenomenon that are unclear. Some researchers are reluctant to integrate this research in their practice because the results are not generalizable like with the quantitative approaches. McLeod (2007) argued that it has a unique part to play in the creation of knowledge.

O'sullivan (2016) added that it gives "voice to those who are often unheard by the society as well as examines institutional and social practices" it proceeds by the identification of the obstacles and the facilitators of change and the success and failures of change. With Starkes and Trinidad (2007) it is important selecting a method that corresponds to the line of inquiry and this will provide an adequate result. Qualitative research is important in that it allow researchers to uncover meaningful insights that can inform decision making and problem solving processes, through open-ended responses and in-depth exploration, researchers can generate new ideas and perspectives, it permit the understanding of motivations and feelings, complementing quantitative research by providing a more comprehensive understanding of human behavior and

phenomena, in addition, transparency and flexibility (Amin, 2005). In the qualitative approach data are basically descriptive in nature. Inquires strategies are what it uses like, narratives, phenomenologies, ethnographies, grounded theory studies or case studies (Amin 2005). It should be noted that, methodologies for evaluating psychological processes also tend to develop in the field of qualitative research (Brun & al, 2016).

Due to our present inquiry which is knowledge about lives experience of an event, we choose to carry out a qualitative research using the psychoanalysis approach. This because it is the most suitable for our research. More so, it would permit us to obtain the objective of our research. A psychoanalytic qualitative methodology is based on the objective observation of this unconscious dimension of subjectivity, revealed in the transference moment.

#### **4.4 Clinical Method**

A method is the path trace in advance to move toward a goal, to achieve an objective (Ardoino & Berger, 2010). The path that we have chosen to achieve the objective of this study is the clinical method. It is chosen for this research because it is an approach which is defined above all by taking into account the singularity and the totality of the situation.

According to Pedineilli et Fernandez (2015), the clinical method is interested in providing an answer to concrete life situations of an individual suffering which involves taking note of the individuality and being fully focused on the case. It involves the Lagache one of the French founding father of Clinical psychology contended that we should consider the conduct from the perspective of the person involved, and identify it as faithfully as possible. This means that they should try to understand the way that person behaved, and the reasons for it. The clinical method is based on the principle of being accurate and keeping things constant, looking for meaning in what you see, and finding ways to resolve conflicts. Lagache was talking about how different people can have different jobs and do them well. He was saying that there is no one right way to do things and that everyone is different (Fernandez & Pedinielli, 2006).

Winnicott, emphasized that clinical method is a transitional space, which is the area between the inner and outer worlds where creativity and growth occur. He insisted on the importance of understanding the patient's subjective experience and meeting their developmental needs. According to Schmidt Clinical psychology is the study of how psychological theories,

methods, and techniques can be used to help people who have problems. This can include things like mental disorders, sicknesses, or problems that seem to be caused by them (Fernandez & Pedinielli, 2006).

The clinical method is designed to help people who are in pain. It focuses on the individual case, rather than on general principles. People are unique, but they don't have to be limited to their individual personalities. The "clinical method" is a way of recognizing and naming certain states, abilities, and behaviors' in order to propose a therapy (like psychotherapy). It is a practical activity that aims to help someone in a positive way. This method is specific because it focuses on looking at the information in its individual context. The clinical method has two different ways of using techniques to help figure out what's going on with someone. The first is using techniques to figure out what is happening with them, and the second is using those techniques to help the person. In vitro (or laboratory) studies are designed to collect information about a particular situation without disrupting it (Fernandez & Pedinielli, 2006). This is done by isolating the information as much as possible from the natural environment in which it was collected. In-depth, exhaustive studies of individual cases are conducted at the second level. The difference between the first and the second level of knowledge is based on the purpose of the knowledge. The first level of knowledge is used to understand a problem. The second level of knowledge aims to understand a subject, such as understanding how a person behaves or why something is happening (Fernandez & Pedinielli, 2006).

In this study, we are choosing the clinical method because it takes into consideration an individual holistic and singular sense. In this research we want to elucidate the singularity of the children experiencing the psychological aftermath of the death of their parents and more to that, to understand why complications in their process of mourning will lead to the development of posttraumatic stress disorder.

#### **4.5 Research Strategy: psychoanalysis**

Psychoanalysis is a theory and therapeutic technique aimed at better understanding the human mind. And according to Sibi (2020), psychoanalysis is a clinical method to treat psychopathology. This model concentrates on uncovering unconscious thoughts, feelings, and motivations that may influence our behavior. Basically, it includes the idea that our conscious

mind is only aware of a small portion of what we experience, much remains hidden in our unconscious mind. This sometimes, has to do with memories from childhood experiences that can unknowingly shape our current behaviors. Specifically, it gets deep into the unconscious mind and past experiences to help us gain insight into an individual's current behaviors and emotions. Popper (1963), who dismissively declared psychoanalysis to be only a pseudoscience, since its theoretical structure seemed to him elastic enough to explain any human activity.

Charcot a French neurologist, in his studied of hysteria; a condition marked by unexplained physical symptoms like paralysis or convulsions, discovered that there is always a psychological origins for a patient sufferings. This revelation influenced Freud's later work on unconscious processes and repressed memories. With his collaboration with Breuer to develop the 'talking cure', where patients shared their experiences under hypnosis. This helped them to discover hidden traumas that causing sufferings in patients. Gill (2020), highlighted Heidegger's believed that humans exist in a cultural and historical setting in which they cannot separate themselves from it. "Experiences are always set against a background that conceptualizes experience". Thus, the culture and traditions a person is immersed in right from birth influence in one way or the other their understanding of their experience. Balint (1996) highlighted that, helping a grieving person depends on the quality of relationship build. The style of relating will deepen our understanding of someone's needs. Balint, emphasize that, mutual investment, more humane understanding and communication through open un-persecutory discussion, will facilitate healing.

Listening to a mourner and him/her feeling heard at an emotional level is very crucial for its re-establishment (Balint, 1996). Bruner (2003), argued that narrative approach belief that the way the patient recounts his story will probably have an impact on their way of living. Ricœur (1990), added that the story builds up the identity of the character by building that of the recounted story (Bioy et al., 2021). This mean, for us to be able to identified impact of the loss and lack of justice the children have encounter, we needs to let them express their feeling freely without any fear of judgment.

#### **4.6. Case study**

A case study is already a form of choice in the way of organizing the clinical material collected according to a given perspective (Dumet & Menechal,2004). There are also different ways of carrying out and writing this type of study depending on the disciplines and depending

on the theoretical orientation of the, their sensitivity and their place of practice. The case study in clinical psychology appears first of all as a means of organizing clinical material. From this point of view, it is a work of synthesis of all the elements available to the clinician lie observation, interview, file (colin, 2018). A case study is defined as an investigation method with a goal of analyzing and understanding a well-defined and precise problem or phenomenon through a detailed set of characteristics that occurred in a situation and is evaluated to be representative of the object to be studied (Albero & Poteaux, 2010, cited in Bioy et al., 2021) It proceeds through following steps and having a clinical apprehension, that goes from a clinical observation interested in the psychic reality and subjectivity. This clinical observation is the pivotal point of a case study (Bioy et al., 2021) thus, any new information can lead to a case re-examination. About its function, it searches the most pertinent means of accompanying the individual in a process of change in unveiling some obstacles accompanied by symptoms, and offering a better comprehension of himself (Luca, 2020 cited in Bioy et al., 2021).

It plays a fundamental role in our training as futures clinicians because of its representativeness of individual's singularity. It is applicable in several domains like the clinical practices involving the evaluations, problem elaboration, psychological diagnosis; in the professional domain it implicates professional interaction about some clinical exposés, supervisions: as a rigorous method of research it offers a description, demonstration, and illustration of clinical reasoning (Bioy et al., 2021). It is a major instrument of research in clinical psychology as well as in psychopathology. It presents the contextual background and the psychological functioning of an individual. It has the goal of: Examining the psychic functioning of a person by taking into consideration complex situations dealing with sufferings, anxieties, defense mechanisms, relational modalities involved. In takes into account the social implications and individuals', it is concerned with everything that is significant in the history or the development of a case (Best & Khan, 1998: 127).

According to Yin (2018), Planning to take the first step when it has to do with elaborating a case study research, they are some pre-requisite the researcher needs to know and understand. Basically, it is the research question type which determines the type of methodology to be used. For example, the "why" and "how" indicators could imply using case study. It is sometimes

difficult to use case study as a research method in the case of field work. Case study, detailed one setting, or a single subject, a single depository of documents or one particular event (Srassetal, 1994). Yin (2018) gave a twofold definition of case study firstly as an “empirical method that investigates a contemporal phenomenon (“the case”) in-depth within its real world context especially when boundaries between phenomenon and context are not clearly evident” (p.45). Its aim is to understand the real-life case and such a comprehension is likely to involve “important contextual information pertinent to your case”. Secondly, it copes with the logical distinctive event in which there will be many more variables of interest that data points and consequently benefits from the prior development of theoretical proposition to guide design, data collection, and analysis and as another result relies on multiple sources of evidence, with data needing to converge in a triangulating fashion (Yin 2018, p.46)

Case study is use for the understanding of a significant aspect of the life cycle, of an individual unit and it may be a person, a family, and a group of social institutions or an entire community. However, case study has two variations of study design, the single case studies and the multiple case study design. Even though, case studies are usually look upon as a method of data collection, and are sometimes converse together with other methods, researchers tend to conceive them as a design that deals with all aspects of research (Amin, 2005).

For case studies to be accepted as a scientific technique, it must meet the following criteria, basic to other research methods:

- The cases selected, must be a typical examples of the problem area under investigation.
- The formulation of hypotheses are based on past experiences, researches with similar cases, symptoms and antecedents arrived at by means of incidental/ systematic or both.
- The researcher collects relevant data, observes behavior, administers tests and examines the products. The data collected is verified and interpreted in such a way that it is dependable and understandable

□ Tentative diagnoses of the likely antecedents of the difficulty are made. This consists of evaluating the collected data, comparing it with past experiences and norms, and making decision concerning the inadequacy of the data that seeks to explain the situation.

□ Instituting remedial action after re-examining the past experience and scientific investigations relating to the course of action is another principle underlying a case study.

Qualitative researchers are increasingly using them as their primary source of data partly as a result of a discourse theory developed in literature departments or cultural studies (Bogdan & Sari, 2003). The case study as a research method is often confused with the non-research case study. This is because, it serves as didactics for teaching, for popular literature and media and administrative archives. All these three elements fall under the non-research because they do not follow the research procedure. It is very important to note that the case study as a research method follow a set principle which are very distinct from the aforementioned non-research case studies. Also, it employed the general study of a characterized phenomenon of a given group. It is potentially the most valuable method known for getting true and comprehensive picture of individuality. However, just as experiments, case studies do not aim at generalizing their findings over a population or a universe, but on theoretical propositions. The case study method is commonly used to build theory, to come out with a new one. It deeply and analyses interaction between the factors that explain present status or that influence change or growth. The lengthy period it takes and can consequently become bulky. It is oftentimes mistaken for ethnographic studies which places a significant importance on detailed observational and interview evidence which consumes too much time. Discussing, case studies do not only rely on ethnographic information. Investigations about the comparative advantage of case studies raised questionings. This is because the randomized controlled trials because they detected the effectiveness of treatments and other interventions. Though effective, this method has difficulties answering the “why” and the “how” whereas case studies respond to such questioning which makes this method to merit its place in scientific research in the social sciences. Also, the selection criteria for the RCT can be sometimes be very strict and highly selective and consequently keeping aside other potential participants (Morley, 2018). Moreover, the result of the research relate directly to the common reader’s everyday experience make it easier to understand complex real-world situations.

In Morley's terms, "a clinician need tools both to deliver good healthcare and to generate robust practice based evidence" (Morley, 2018 p.19). A case study in clinical psychology, a "large series of single cases studies, confirming predicted behavioral changes after the initiation of the treatment may augment the evidence of efficaciousness from a field trial" (Yin, 2018). Also case studies can incorporate mixed method research involving statistical, quantitative approaches. With the aim of producing more quality, rigorous and a methodologically sound case studied, the next step in the procedure. The case study is a whole research method and not a variant of a research design. The selection of a case study should primarily take into consideration all criteria corresponding to the research question and having a plethora of documents, interviews and other useful material on the investigated potential case. It should be noted that, the choice of time to go on with a research is also an important factor. Therefore, qualitative researchers must make significant decisions in the context of the research not only relating to the choice of information but, as were as, time duration and duration set aside for the research. A research design is "a logical sequence that connects an empirical data to a study's initial research question and, ultimately its conclusions" (Yin, 2018 p.60).

#### **4.6.1. A multiple case study**

Also, multiple case studies is a research method that involves studying and analyzing two or more cases or replications to investigate the same phenomena. It is a popular approach in qualitative research and is used across various disciplines like psychology (Algahtani, 2019). There are different types of multiple case studies, each serving a specific purpose; Gunes & Bahcivan (2016). Examining situational complexity is a vital part of social and behavioral science research. The multiple case researches can also be used to investigate broadly occurring phenomena without programmatic links. Muticase research starts with the quintain. For a multicase research to be better understood, we need to study some of its single cases, its sites or manifestations. But it is the quintain we seek to understand. We research what is similar and different about the cases in other to understand the multiple cases better. With the qualitative multiple case study, the individual cases should be research to learn about their self-centering, complexity, and situational uniqueness. Thus, each case should be understood in depth, giving immediate little attention to the quintain (Stake, 2006).

In a multiple case research, there is a plan and organization, as well as, the research of each individual case. The researcher may spend a long or short time in each case, but works vigorously to understand the particularity of each case. The cases need to be similar to each other. A multicase research is organized around at least one research question. It concentrates on a binding concept or idea that holds the cases together. One can use a multiple case research as a step toward theory, as described by (Glaser & Strauss, 1967). Baxter & Jack (2008) and Stakes (1991) writes that when a study includes more than one single case a multiple case study is needed. It is commonly associated with several experiments. Eisenhardt (1991) wrote that the number of cases depends on how much is known about the phenomenon and the amount of new information the cases present. According to Baxter & Jack (2008), the evidence that is generated from a multiple cases is strong and reliable.

Yin (2003) highlighted that; multiple cases can be used when auguring similar result or when auguring contrasted result for expected reason. Eisenhardt (1991), augured that, the research can be clarified if the findings from the result are valuable or multiple case research allows a wider discovering of theoretical evolution and different empirical evidence, this type of case study also create a more convincing theory according to (Eisenhardt & Graebner, 2007). Multiple case researches come with both benefits and difficulties, and it is very important to be taken into consideration. The researcher however according to Baxter & Jack (2008), has to keep in mind that, there can be an expensive and time-consuming process to make a multiple case study.

#### **4.7 Clinical Interview in Research**

Clinical interview is one of the most valuable data collecting tools in clinical psychology. It is a unique and complex way of collecting information about an individual history, how they think and feel. The clinical interview is specific because it establishes an unequal relationship between the clinician and the patient. It was the first systematic method of collecting pertinent patient information in mental health settings. Clinical interview is naturally flexible. This flexibility is essential because achieving agreement regarding its significance among any group of psychologists would otherwise be impossible (Sommers-Flanagan, 2016). According to Nagler & Glueck (2018), the diagnostic interview in clinical research remains the principal means of assessment of patients. Clinical interviews are not designed just for classify subjects in

diagnostic categories, but to assess the overall functioning of subjects from the viewpoint of psychoanalytically based developmental theory.

The looks, sounds, and feels, of a particular clinical interview can be affected by so many elements. These elements include; theoretical orientation, clinician and patient preference, clinical setting, the purpose or goals of assessment, psychotherapy, or both, treatment modality that is individual versus family and patient status which is adult versus child (Sommers-Flanagan, 2016). The definition of clinical interview varies according to field of study. In clinical psychology, it is a technique used to analyze patient symptoms and diagnose mental disorder. In relation to this, researchers refer to their procedure as a diagnostic interview and structure the process by using numerous pertinent questions from an outline or protocol (Sommers-Flanagan, & al, 2015). In contrast, Murphy & Dillon (2011) defined the clinical interview from a social constructionist and social justice perspective, as a conversation and emphasized on the development of an egalitarian relationship. They addressed this by writing;

We mean a conversation characterized by respect and mutuality, by immediacy and warm presence, and by emphasis on strengths and potential... The emphasis on the relationship which is at the heart of “different kind of talking” that is the clinical interview. (p.3)

With the flexibility of clinical interview, clinical researchers keep on renaming it to fit their theoretical perspective. Behavioral therapist with the behavioral interview, will base their attentions on direct observation of the patient behavior as well as patient behavioral self-report. Sommers-Flanagan & Heck (2013) emphasized on the fact that cultural aspect should be taken into consideration during clinical interviews. Griner & Smith (2006) added to this by saying, when clinicians receive multicultural training, they will be more effective in a clinical interview and the end outcomes will be enhanced. Two overarching goals characterized clinical interview: clinical assessment and therapeutic helping. These are inseparable. Even though some interviews focus more on assessment and less on helping and the others base more on helping and less on assessment, both activities are always happening during a clinical interview.

### **4.7.1 Types of clinical interview**

The kind of clinical interview to be used for a research depends totally on the context and the kind of study to be carried out. The clinical interview can be adopted for problem diagnoses, therapeutic use, or for the collection of research data. Clinical interviews can be used in many ways, including experiments, biographies, clinical cases, and so on. Each type of search has its own model, which is a way of thinking on how researches work. According to Colin (2018), in conducting a clinical interview with a child, irrespective of its age, it is appropriate for the clinician to be able to sufficiently represent the child subjectivity by rediscovering the child that he himself was. From this perspective, it will be a question of identifying, if necessary, the different phases (oral, anal, phallic) which organize psychic life and the prevalent processes associated with each of them. Haven clarified the framework within which the clinical interview will take place as were as certain concepts which guild the underlying position. There are three types of interviews; direct interview, semi-structured interview, and non-structured interviews. Each is distinguish from the other depending on the psychologist's intervention gradient. In this research we are going to use the semi-structured interviews.

#### **4.7.1.1 Data Collection instrument: semi-structured interviews**

The patient during this type of clinical interview is granted greater freedom. The researcher asks directed but open questions, giving more chances for maneuver. It should be noted that this approach is specifically used mostly in the qualitative research in the domain of evaluation and research. Unlike structured interviews, the questions in a semi-structured interview are not orderly set up or in phrasing. The semi-structure interviews allow researchers to focus on specific subject while still having the flexibility to explore relevant ideas that may arise the interview. It is free from distractions mean while encouraging two-way communication. This have to do with a mixture of structured and unstructured questions, with some questions predetermined and while some are being spontaneous probes to deepen understanding and clarify answers. Appropriate sample size needs to be selected when conducting this type of interview, to determine whether a representative sample or a randomized sample is best suitable for their research. It allows researchers to ask predetermined questions while also having the flexibility to explore relevant ideas that arise during the interview. It provides equilibrium between gathering

reliable data and obtaining unexpected insights from in-depth user feedback. This method can be used at any level of the research process (George, 2023).

#### **4.7.1.2 The characteristics of the semi-structured interview**

This type of interview is characterized by;

- The researcher and the respondents engage in a formal interview.
- The researcher develops and uses an ‘interview guide’ that lists questions and topics to be covered during the conversation, usually in a particular order.
- The interviewer follows the guide but can deviate from it when appropriate to explore topical trajectories in the conversation.

Once you have decided on the semi-structure interview, according to (George, 2023) there are five step of procedure you can proceed with; beginning with your goals and objectives and this can be done by conceptualizing your research question as to what you want to learn or achieve from this interview, why this particular form of interview. Secondly, design your questions to be in it simples and concise form, phasing questions clearly. Anticipant what other questions could arise from your participant’s answers can be helpful. Be careful with your choice of word especially if your topic is sensitive or can cause an emotional response. Thirdly, assemble your participants to the interest of your research such as age, race, ethnicity, or gender identity. Again, the researcher should decide on his/her medium, which is how the interview will be conducted. Finally, in the cause of conducting the interview, the environmental conditions should be kept as constant in order to avoid bias. Paying attention to your body language. Note that, the researcher should always refer to its guide and keep its research question front-of-mind when asking unplanned questions and strive to always keep them relevant to the topic, (George, 2023). In our study we are going to use the semi-structured interview base on our population of study.

#### **4.7.2. The Unfolding of the Interview**

In this research, having in perspective the objective we aimed at, we conducted an interview with children who lost their parents in the cause of this crisis using an interview guide. According to Blanchet & Gotman (1992) cited by Fernandez & Catteeuw (2001), the interview guide is an organized set of functions, operators and indicators that structure the

interviewer's listening and intervention activity. This is the list of themes and sub-themes that the researcher must discuss with the participant during a research interview. The semi-structured interview therefore allows the development of an interview guide listing the themes to be addressed during this particular clinical exchange where it is the investigator or the researcher who is the requester. It allows the researcher to follow the defined methodology. According to Campenhout & Quivy (2011), the questions that make up the body of the interview are formulated in an open manner, sometimes calling for a brief narrative, always leaving a wide margin of freedom to the respondent.

Our interview guide was built around three topics with each having at least two sub-topic. This allows us to explore the psychic dynamics of the participants. After the socio-demographic characteristics of the participants, we presented the various topics and their sub

Topic 1: Experiencing the loss of a parent

Topic 2: Situation of injustice

Topic 3: Complicated mourning

The first topic explore the orphans current living condition, relation with the loss parent, crisis situation, circumstances surrounding the disappearance of the deceased parent. The second consist of; responsibility of the murderers and child care. Finally the third on; experienced and felt, dynamic relationships and defensive strategies.

This data collection was carried out with four orphans who lost their parents as a result of the crisis. It was a two section interview with the orphans as well as their care takers to obtain their permission to carry out the research with these children. We began by presenting our research goal to the cares of these and in what way this could enable clinicians to effectively take care of children like these. After the presentation we explain and guaranteed the confidentiality of their personal data. They were free to make suggestion and equally ask questions for clarification. The cares give us their approve to work with their children and the next section was programed.

In the next section, we reassured the participants of confidentiality and that they were free not to answer any question they might not be comfortable with as well as could stop the

interview at any point they wanted. The interviews took place at the resident of the participant at the section of their home where they felt secured and free. During this section, we made use of a bloc-note pen, a bottle of water for the participant, a phone for recording for the purpose of data collection. This was done with the permission of the participant.

At the end of the interview, we proceeded to the next step which is the content analysis/discourse analysis.

#### **4.8 Method of Data Analysis: Thematic analysis**

This is a kind of qualitative data analysis in which themes or patterns are identified and analyzed in the data. It's a common approach in qualitative research, including interviews; focus groups, and observational data. This originated back from the work of Braun & Clarke in 2006, who proposed a six-phase approach to thematic analysis, which include familiarization, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. In other words, is a method for systematically identifying, organizing, and offering insight into, patterns of meaning across a dataset (Braun & Clarke, 2012). It is aimed at analyzing qualitative data through identifying, analyzing and reporting repeated themes in a set of data in details. It is equally use for describing data, but it also involves interpretation in the processes of selecting codes and constructing themes. The thematic analysis is distinguished in its flexibility and can be used within a wide range of theoretical and epistemological frameworks and to be applied to a wide range of study questions, designs, and sample sizes (Kiger & Varpio, 2020). According to Kiger and Varpio (2020),

*It is a method for describing data but, it also involves interpretation in the process of selecting codes and constructing themes. A distinguishing feature of the thematic analysis, its flexibility to be used within a wide range of theoretical and epistemological frameworks and to be applied to a wide range of study questions, designs and sample sizes (p2).*

Thematic analysis involves number choices which are often not made explicit but which need explicitly to be considered and discussed.

Topic	Terms and conditions	Indicators	Indices	Possible interpretation
Experiencing the loss of a parent	<i>Feelings and sensations</i>	Depressive affections	Anger, guilt, shame	Children who have lost their parent faced with complex emotional challenges that have affected their mental well-being, relationships, and connection with the deceased parent
		Somatization	Headache/stomachache, indigestion, ....	
	<i>Relationship dynamics</i>	Relationship with oneself	Altered: incapable / insignificant	
		Relationship with a deceased relative	Refusal to accept death, impossible disinvestment	
		Relationship with others	Detached, introverted	
Situation of injustice	<i>Impunity for those responsible for the death of a parent</i>	Nothing has been done		Children who feel injustice may display behaviors such as anger, grief or social withdrawal. These reactions are often linked to their inability to manage complex emotions, which can complicate the grieving process.
		Responsible for their actions	Desire for punishment	
	<i>Feeling of powerlessness</i>	Unable to take justice into his own hands	Blaming others for the loss	
		Unbalanced balance of power		
Complicated mourning	<i>Feeling empty and abandoned</i>	Emotional abandonment	Physical/emotional neglect	Children who feel a lack of affection or support can develop a fear of loneliness, a feeling of worthlessness and a sense of being unworthy of love.
		Problematic behaviour	Aggression/social withdrawal	Children with these behaviors may have difficulty establishing healthy relationships, often because of the fear of repeated abandonment.
	<i>Defense mechanisms</i>	Repression	Exclude unpleasant thoughts/emotions from consciousness	This can prevent a person from recognizing their own feelings or those of others, limiting their ability to mentalize effectively.
		Splitting	Divide experiences into opposing categories, often in terms of "all or nothing".	These two mechanisms can create a cycle in which the individual remains trapped in distorted perceptions of reality, which further complicates his or her ability to mentalize and therefore, the grieving process.
		Denial	Refusal to recognize the reality of a situation or emotion perceived as threatening	They may refuse to accept the death of their loved one, which results in an inability to break all ties with the person who has died: the child idealizes the deceased and maintains the illusion of an exclusive bond with him or her.

### 4.8.1 Discourse Analysis

According to Kiger and Varpio (2020), it is a method for describing data but, it also involves interpretation in the process of selecting codes and constructing themes. A distinguishing feature of the thematic analysis, its flexibility to be used within a wide range of theoretical and epistemological frameworks and to be applied to a wide range of study questions, designs and sample sizes (p.2).

Discourse analysis is a qualitative research method that examines the use of language, communication, and social practices within specific contexts. It focuses on the ways in which language constructs and is constructed by social, cultural, and historical factors. Discourse analysis aims to understand the meanings, ideologies, and power relations conveyed through language and communication (Gee, 2014). Key concepts in discourse analysis include:

**Contextualization:** Discourse analysis emphasizes the importance of understanding language and communication in relation to their social, cultural, and historical contexts. This means that the meaning and interpretation of language use are influenced by the specific situations, relationships, and broader societal factors in which communication occur. Contextualization considers aspects such as the participants involved, their cultural backgrounds, the setting, and the broader social structures that shape communication.

**Meaning-making:** Discourse analysis examines how language is used to construct and negotiate meanings, identities, and ideologies. It explores the ways in which individuals and groups use language to create, challenge, or reinforce social realities, beliefs, and values. Meaning-making in discourse analysis considers both the explicit content of the communication and the implicit assumptions, presuppositions, and ideologies that underlie language use.

**Power dynamics:** A central aspect of discourse analysis is the study of power relations within societies and cultures as they are reflected, shaped, and sometimes challenged through language and communication. Researchers analyze how language use can reproduce, maintain, or resist existing power structures, and how it can serve to either marginalize or empower specific groups or individuals. This includes examining who has access to certain discourses, whose voices are heard or silenced, and how power imbalances are both reflected and potentially transformed through language use.

Discourse communities: Discourse communities are groups of people who share common goals, values, and ways of communicating. They develop their own specialized language, genres, and communication practices, which can help to create a sense of belonging and identity among members. In discourse analysis, researchers investigate the ways in which people engage in shared language practices and understandings within specific discourse communities, and how these practices both reflect and shape the community's social structures, norms, and values.

Understanding these key concepts is crucial for conducting discourse analysis, as they help researchers to explore the complex interplay between language, communication, and social contexts. By examining these aspects, discourse analysis provides valuable insights into the ways in which individuals and groups construct, negotiate, and contest meanings, identities, and power relations through their use of language. Discourse analysis typically involves the following steps (Fairclough, 2013):

Data collection: This first step involves gathering relevant texts, conversations, or other forms of communication for analysis. Data sources may include interviews, focus group discussions, documents, media texts, or online interactions, among others. It is essential to select data that is rich in context and can provide meaningful insights into the research questions.

Transcription: If the data is in an audio or video format, it needs to be converted into written form for analysis. This process is called transcription. Transcription can be verbatim (word for word) or cleaned up to remove filler words and irrelevant content. The choice of transcription method should align with the research goals and the level of detail needed for analysis.

Coding and analysis: Coding is the process of identifying themes, patterns, and relationships within the data. Researchers may use a deductive approach, applying pre-existing codes or categories to the data, or an inductive approach, allowing themes to emerge from the data itself. Coding helps organize the data and allows researchers to explore key concepts, discourses, and relationships within the text.

Interpretation: After analyzing the coded data, researchers draw conclusions about the meanings, ideologies, and power relations expressed through language and communication. This involves examining the context, linguistic features, and social implications of the identified

themes and patterns. Interpretation aims to understand the underlying social, cultural, and historical factors that shape language use and meaning-making within the given context.

Discourse analysis is an iterative process, and researchers may cycle through these steps multiple times as they refine their research questions, explore emerging themes, and develop deeper insights into the data. The ultimate goal is to gain a nuanced understanding of the language practices, power dynamics, and cultural meanings that shape communication within specific contexts.

#### **4.9. Difficulties Encountered**

The main difficulty encountered was getting access to these children given the fact that there are in a conflict zone. The environmental insecurity and uncertainty of situations in North West has created a lot of restriction in meeting with these children since given the fact that nearly everyone is a suspect. This lack of trust made most of the children and caretaker hesitant to share their information and sometime children need to displace themselves when there was an attack at their area of resident. It was necessary for us to equally displace ourselves too and received them in different frameworks to carry out a good interview as such; conditions of a good interview were not always met. But in all we had to exercise ingenuity to adapt to these conditions. We equally encountered linguistic difficulty. Most of the children due to the crisis drop out of school for some time were unable to communicate well in neither English nor French language but could better communicate in their native language. More so, the fact that our participants were children, it was necessary to adapt in their language level. In addition adapting in such an environment of violent, gun short almost every day, meeting with some of the armed men on your way was something so terrible. Our lives were always at risk since we were not use to that environment and you could at time be kill or kidnap.

#### **4.10. Ethical considerations of the study**

As stated by Resnik (2020), ethics is “a method, procedure or perspective for deciding how to act and for analyzing complex problems and issues”. Thus, it is a guide for human behavioral conduct either as a research or an average person who lives in a given society. These

are set of norms that that guild a researcher from distinguishing what is right from what is wrong. It spears us from committing certain errors during a search. According to Mvessomba (2013):

*It is important to specify that all researchers must comply with ethical rules. Ethics touches on all aspects of scientific research. Several aspects are generally taken into consideration for the respect of ethics in research, such as the consent of the participant and the respect of individual freedoms*

In psychology, as in various other scientific disciplines, research focuses on aspects of human activity. It must be conducted with strict respect for human rights, regardless of the aspects studied. Ethical decisions are those that are based on the principles of respect for the person and beneficence (Fortin, 2006). That is research must protect the privacy and confidentiality of participants' personal information and data collected during the study.

Orphans should be provided with comprehensive information about the study's purpose, procedures, potential risks, and benefits. Since these are children who at one point have experience injustice and are still struggling with that feeling any further incident in relation to trust can aggravate their condition. Informed consent should be obtained from the participants before beginning the study (World Health Organization, 2021). Also, participants should not be coerced or pressured to take part in the study. The orphans should have the right at any point without repercussions.

The risk of emotional distress is possible because some orphans may experience emotional distress while participating in the study, particularly if they are asked to discuss sensitive or personal topics. It is important to put in measures to minimize the risk of emotional distress. According to Levine (2016) adequate support and resources should be provided in case participants experience distress during or after participation.

It is important to carefully consider the ethical implications of a study on the emotional response of an orphan who have experience injustice and to take steps to protect the rights and wellbeing of the nuns who participate in the study. Addressing these ethical considerations is crucial to ensure that the study is conducted responsible, protects participants' rights and well-being, and contributes to knowledge in a meaningful and ethical manner.

**CHAPTER 5: DATA PRESENTATION AND  
ANALYSIS**

This chapter present an essential part of our study, which is based on the presentation and analysis of the result we collected using the semi-structured interviews and the children's impact of event scale (13) cries-13. It is important for the researchers to explore profoundly into stories and safeguard what is unique in the life experience of each participant, the only means in which we can really understand the phenomenon that we studied. In order to maintain confidentiality and anonymity, these participants were nickname Lili, Vickey, Emma and Bright. We are going to make a brief presentation of each participant, to proceed with the thematic analysis of the interviews. However this part is segmented into two sections, with the first covering the presentation of each participant and the results and the second will be focused on analyzing the results itself. Interview extracts will be inevitably used for an in-depth analysis of the lived experience of orphans of armed conflict in North West region of Cameroon.

## **5.1 Presentation of the participant**

In our study, we recruited some participant Lili, Vickey, Emma, and Bright. This section of this chapter will consist of a brief presentation of who these participant are consisting of; background, status, activities and whilst.

### **5.1.1 The case of Lili**

Lili is a 11 years old girl, from Wimbun (North West region of Cameroon). She is from a monogamous family of four children, an elder sister, two younger brothers occupying the second position. Currently living with her mother and her two younger brothers. She is presently in class five due to the crisis that cause her to stay at home for three years. Going to schooling was something Lili could not afford to miss. She is a child that grow loving her family union so much. She was so closed to her father then any of her siblings. Will always assist her parent in the farm and was so easy going. He father will always encourage her to do her best in school. With her zeal of becoming a medical doctor in feature she will work hard in school so that her dream will come to past. Since after the dead of father life has not been the best with her. Life has been very difficult with this little girl and her struggling mother who have been working so hard to see Lili and her other siblings are been cared for. She has had a difficult childhood living in an unsecured environment that keeps on triaging the circumstances surrounding the dead of her father.

### **5.1.2. Vicky**

Vicky is an 11 years old Winbum girl from the North West region of Cameroon, currently in class five. She is the first of three siblings and the oldest in her family, which includes her mother and two younger sisters. Sadly, Vicky's father passed away during the ongoing crisis, leaving her without a father figure in her life. With the death of Vicky's father life has been very difficult since the father who used to be the breadwinner of the family is no more. The traumatic loss of the father and the crisis situation characterized by violence has destabilized her normal functioning including her educational performance, and social withdrawal since she has no trust of her environment nor anyone.

### **5.1.3. Emma**

Emma is a 9 years old boy in class 4 from the North West region of Cameroon. He is the youngest of four siblings, with an elder brother, an elder sister, and a younger brother. Emma's family was happy and content before his father passed away during the ongoing crisis, leaving a void in their lives. Despite this tragic loss, Emma continues to live with his mother and siblings in their nuclear family. The mother in all the painful experience takes it upon her to see her children to school even though not easy. Emma who used to be friendly and gentle before the death of his father now stays away from friends especially those who provoked him, easily angered, can withstand the sound of a gun. In case of any gunshot he becomes silent and immediately thought of how his father was killed comes to his mind as though it was just happening. Lack of concentration in class, hardly does his assignment which has contributed to his poor performance in school.

### **5.1.4. Bright**

Bright is a 10 years old Ndu boy in class 5, from the North West region of Cameroon. He is the only child in a monogamous family, which was tragically affected by the ongoing crisis when both his parents were killed. Despite the constant fight between Bright and his father, he still wishes his parent were alive with him. Following the death of both parents he was accused of killing his parent and was sent out of the village by the villagers mean while the real murderers of his parent were left. He is currently living with the pastor that picks him on the way. Even though in a family he still feels useless and abandoned. Bright tries to stay away from things and

situations that might remind him of his lost parents and the treatment he received from the community despite his entire struggle his life becomes more miserable.

## **5.2. Thematic analysis**

We are going to do a thematic analysis of the interview's transcript. Our choice of using this technique is inspired by the capacity to categorize into themes the speech of the study's participants. The analysis of the interview's transcript reveals a lot of meaning summarized in the form of indicators. This technique is for us to better understand, in its entirety, the speech of all participants in this study. This analysis permits us to obtain the indicators that summarize several senses in the corpora of the participants' interviews. After the exploitation of the data, we have come out with the themes we are going to analyze as follow.

### **5.2.1. Experiencing the loss of a parent**

This section of the work focuses on exploring participants live experience in a family where one or both parents are dead through certain indicators like feelings and sensation surrounding the death of the parent(s) as well as feelings accompanying the participants during the mourning period to identify what might have led to the psychological distress of these orphans of armed conflict. This constitutes our main interest in this section, which is to understand the meaning these children give to their experience and why lack of justice had a great impact in their lives.

#### **5.2.1.1. Feelings and Sensation**

Children who witness the assassination of at least one of their parents develop certain depressive affections which can manifest in the form of anger. Children might feel angry at the situation, at the parent who passed away, or at the world in general as can be seen with participant Lili who used this phrase to express how bad and angry she felt;

*“I would like life to be like before. I had my mother and my father. I went to school like every child, I use to eat well (...) I miss my father so much. I wish he was here with me.... I don't understand why this had to happen to my family”* this same aspect can be seen in the speech of Vicky when she said *“this crisis is a bad thing. I hate it, they (...) almost in tears, hesitated then continue “have killed many people, kidnap many people and collected money from their family, even our school was destroyed, that day there was serious shooting we ran until my shoes came*

*out. That day was not easy people were just running to different direction many people were killed that day”.*

Bright in line with Lili and Vicky expresses his feeling by saying (Hesitation)

*I was happy with my parent even though not all the time but it was good when my father and mother were there. I could ask them of anything and they will give me. I eat as I wanted go to any school and do whatever I wanted but now” (...) turns and look at a different direction then added (...) “My parent were always there for me my mother will fight anyone who looked for my trouble but my father use to say my mother has spoiled me and that is why am too stubborn and never in the house.*

Some children do manifest self-anger or on others especially when the situation or people makes them feel helpless like the case of Bright when he said

*Sometime the teacher is teaching am not understanding, I don’t even want to continue school. They are times that my classmate are laughing at me that I don’t know anything. I don’t like playing with the children here because in case of anything they will be telling that is good as my parents abandoned me and that use to pain me. I don’t walk me with them I just want to be alone.*

Away from anger we sense a very high level of guilt in these children particularly in relation, to their feelings of not binning able to help their lost parent when killed at their present. This can be this can be identify in the speech of Vicky when she said “*I don’t want to bring everyone down, but I don’t (...) am just afraid of everyone(...)* Hesitation turn and look a different direction in frustration *At times I feel bad for not being able to help my father when they were killing him . I would have stop them from killing my father”* putting her head down. An orphan in crisis situation in the struggle to understand and give meaning to his/ her lost and can’t get a satisfactory answer might feel being punished like the case with Bright when he says “*I always think that the world is wicked to me and God is punishing for being stubborn to my father. That’s why they abandon me here to suffer (tears) why did they have to kill my parent and say I am the one”* (...) Hesitation “*I feel like I am a bad child and curse that’s why all these things are happening with me* “in guilt

Depressive affections can equally manifest itself in an orphan of armed conflict in the form of shame. An orphan who is manifesting shame will not want to talk about the lost parent(s) we can see this in the case of Emma when she said

*(...) I don't like to talk about my father"* Some of these children might struggle with their emotion so that no one should notice their pain an example is the case of Vicky when she said *"I sometimes feel alone at school. My friends don't understand what I'm going through, and I don't feel like I can talk to them about it. I don't want to bring everyone down, but I don't am just afraid of everyone"* Hesitation turn and look a different direction in frustration (...) *At times I feel bad for not being able to help my father when they were killing him . I would have stopped them from killing my father* (...) put her head down. Another case is that of Emma who said *": looked at the flow* (...) *I don't want to talk about it because I was sent out of the village that day because the people who killed my parents lied that I was the one who killed them and I was flog and I called an evil child that killed his parents and that nothing good can ever come out of me"* in tears at the same time struggling not to cry so that his tears will not be noticed.

#### **5.2.1.2. Somatisation**

Somatisation is a process where a child experiences physical symptoms in response to emotional or psychological distress. When the foundations of everyday life are disrupted, it profoundly shapes a child's future and their interactions with the world. In the context of a child who has experienced the loss of a parent, somatisation can manifest as physical symptoms such as headaches, stomach aches or indigestion. These physical symptoms are often related to the child's emotional or psychological distress, and may be a way for the child to express their grief or sadness. It's important to pay attention to changes in a child's behaviour, as this can be a sign of somatisation. In some children their educational performance will change like the case of Lili when she told us how her performance has become worst *"my life is not fine since my father died. I used to pass very well in school but now I cannot read again and some time in class I'm only thinking (sad). My friends some time laugh at me when I answer a question...."*

Somatization in some of the orphans of armed conflict might develop difficulty in concentrating. This difficulty in concentrating can physically manifest itself in the form

headache or fatigue that makes it difficult for the child to focus in class this can be seen when, Hesitation...

*my life in school is not really good sometimes I don't understand my book am writing but its not going, whenever I try to force it my head will be aching me and sometime the madam will insult me that am good for nothing even my mother is saying that I play too much that is why I cannot pass my exams. She will always tell me that if I fail I will just come back and sit in the house and be working in the farm with her" (...)* shy and angry (...) some time when I see other children with their father I am angry. eeh! If anyone looks for my trouble i will show the person pepper heem! (then sigh) nobody looks for my trouble.

Meanwhile in others the somatization of the painful experience of the death of a parent can manifest in the form of runny stomach a very good example of such is the case of Bright "When there are shooting gun I just start thinking about my parent when this happens I will suffer of runny stomach for someday"

#### **5.2.1.2. Dynamics relationship**

The loss of a parent(s) can disrupt the interactions and connections between individuals that changes over time within a family, as the remaining family members adjust to their new circumstances. With time children can struggle to adjust to the loss of their parent(s) with a range of emotions and behaviours, which can impact their relationships with other family members. A child may become more clingy or needy of the remaining parent, seeking constant reassurance and attention. This may be due to feelings of insecurity or fear of abandonment. This is what Lili describes when she relates:

*Life has been difficult with me, I pray to God to bring back my father; if my father comes back things will be fine. When I enter my father's room and see some of his dresses is like he is around and if I go outside I will see him".* The child expresses its desire of wishing to stay with the deceased parent.

Dynamic relationship can be viewed in one experiencing loss of a parent through two indicators which are; Relationship with oneself and relationship with a deceased relative.

Children experiencing the loss of parent(s) might feel a sense of loss of identity or purpose, as their role within the family has changed as it is the case within

Lili;

*It's just my mother and I struggling to take care of me and my younger ones. We are really suffering, life is very difficult since my father who used to provide for us is no more, no school fees, can't feed well".* Lili role as a child has change as she need to join and fill the gap of the father in order to prove for the family since the father who used to be the bread winner of the family is gone but the usual demands are still pending.

In some orphans they may experience a sense of disbelief or denial, unable to fully process the reality of the loss. They may refuse to believe their parent is dead and gone never to come back this can be view from Vicky who kept on presenting the father in the present,

*my father is my best friend. He is always playing with me and teaches me things. We watch movies together sometimes I play games with his phone. My father does everything for me and is always protecting from any danger"* She talks of the deceased father as thou he was still living. In similar, Emma presents a sense of unbelief of the deceased father as Vicky by saying he don't believe the father is dead, "*Hem! I don't still believe that my father is died*

At time these children sees them self as being incapable/ insignificant to do anything like is the case with Emma who feels he can do anything correct

*"I feel bad some times and some time I feel like I cannot do anything correct, I cannot go far in school since my father who use to provide my school fees is no more"* putting on a moody look. He further expresses it by highlighting that even those around him sees him as incapable of doing anything, hesitated "*my life in school is not really good sometimes I don't understand my book am writing but it's not going, whenever I try to force it my head will be aching me and sometime the madam will insult me that am good for nothing even my mother is saying that I play too much that is why I cannot*

*pass my exams. She will always tell me that if I fail I will just come back and sit in the house and be working in the farm with her.*

it's similar to the expression made by Bright to express his incapability and insignificant, *I feel like I am a bad child and curse that's why all these things are happening to me (in guilt) and I don't feel like doing anything anymore. I feel like no one understands what I'm going through. My body becomes weak whenever I want to do something" (...)* "life has been difficult. Sometime I prefer to die also" he further expresses that "Sometime the teacher is teaching am not understanding; I don't even want to continue school. They are times that my classmate are laughing at me that I don't know anything. I don't like playing with the children here because in case of anything they will be telling that is good as my parents abandoned me and that use to pain me. I dot walk me with them I just want to be alone". In the same feel Vicky said (...) "I feel like am all alone now. I think sometimes that I don't have anyone to love me or protect me again.

In relation to the deceased parent(s), a child may continue to feel connected to the deceased parent, talking to them or engaging in activities that remind them of the parent like the case with Emma "Is like my father is not dead when I feel this way, I immediately I will look around if I could see my father" Hesitation with a fake smile. Vicky also attest to this by saying "We watch movies together sometimes I play games with his phone. My father does everything for me and is always protecting from any danger". These expressions show that even though the child has lost their parent physically, they still feel a strong emotional connection and find ways to maintain that bond through memories, rituals, and connections with others.

In Relationship with others, they may be hesitant to interact with others or avoid social situations altogether, due to feelings of sadness or discomfort and at time they are susceptible to bullying or teasing from peers, who may not fully understand the loss and may not know how to respond in support to this affirmation Bright during the interview said ;

"I don't like playing with the children here because in case of anything they will be telling that is good as my parents abandoned me and that use to pain me. I dot walk me with them I just want to be alone" some may seek understanding and support from adults and peers who can listen and validate their feelings and experience. It's important for adult and peers to be

sensitive to the child's needs and emotions, and to be supportive and understanding of their experience. Emma in his search for an understanding of what is happening made this phase *"Many time I used to ask myself that why was it my father who have to die. I don't know what we have done that God have to punished us by taking our father away"*

Also Vicky similarly to Emma expresses her frustration of not understanding why her mother keep on disturbing her mean why she is trying her best to help her; *"At home I feel like I have to be strong for my mom and also help her but sometimes it's not going I just want to be left alone; I don't feel like doing anything but my mother will instead say the way I'm wicked and lazy. I always try my best but still is not going"*.

Ultimately, orphans of armed conflict are faced with complex emotional challenges that have affected their mental well-being, relationships, and connection with the deceased parent (s). They are exhibiting depressive affections such as anger, guilt, self-blame, and shame, influencing their emotional connection with the deceased parent (s). Somatization has also occurred in them as physical symptoms in response to their emotional distress, including difficulties concentrating or physical ailments. In adjusting to the altered family dynamics, they are struggling with self-identity, feelings of incapability, and social isolation, as they are seeking understanding and support from adults and peers. Their emotional connection to the deceased parent has persisted, as they maintaining the bond through memories and rituals. Overall, understanding and empathy from family, friends, and professionals are crucial in supporting these children as they navigate their grief and build resilience.

### **5.2.2. Situation of injustice**

When children perceive injustice surrounding their parent's death, they often display anger, grief, or social withdrawal. This experience can stem from the lack of accountability for perpetrators, fears of future harm, and feelings of powerlessness within the justice system.

#### **5.2.2.1. Impunity for those responsible for the death of a parent**

The absence of accountability for the perpetrators can reinforce feelings of injustice and frustration, especially if the child witnessed the violence or death of their parent. Lili express her frustration of what happen to her father in some words;

*“I feel like if I had the means, I will kill those men who killed my father (putting on an angry face with the hand the head moving) What is really disturbing me up till now is how they manage to get in to our house and took my father, killed him and left without anyone stopping them. I was not in the house when it happen I only comeback from my uncle house to meet my father dead. People are wicked here (wipe her nostrils)*

The child most often continue to live in fear, wondering if the perpetrators will return or harm him/her especially when the child come across places or situations that reminds him/her about the incident of the loss of it parent

Vicky affirms that;

*I don't want to bring everyone down, but I don't am just afraid of everyone (...)* Hesitation turn and look a different direction in frustration (...) *At times I feel bad for not being able to help my father when they were killing him. I would have stopped them from killing my father (...)* There are two aspect indicating the impunity for those responsible for the death of a parent; the feeling of nothing been done and those responsible for their actions Vicky in expressing her feeling of injustice said *“Nothing was done to the killers; some people were blaming him for being stubborn. These people are wicked no one cares.*

Emma on the other hand exclaim, *“I will look for those who kill my father and kill them too then run away where the will never see me. Even those people who are causing us trouble like that I will deal with them very well so that they learn that wickedness is not good. But now I cannot do anything since they are always having guns and can kill me too”*

When a child can identify those responsible for the dead of his parent and is aware that nothing has been done to the murderer, the child continue to live in fear, wondering if the killers will return or harm other family members. A case to prove this is that of (...) Bright who said *“Am always afraid that if they one day tell me to go anyway or tell “Aba’s” that I killed my parent may be they will kill me. When there are shooting gun I just start thinking about my parent when this happens I will suffer of runny stomach for some day”*.

### 5.2.2.2. Feeling of powerlessness

Children who have experienced the death of a parent (s) may feel powerless due to their inability to take justice into their hands and unbalanced balance of power. The feelings of powerlessness is manifested when a child/ children become frustrated with the legal system or with adults who they feel are not doing enough to bring justice for their parent's death.

Bright added on this theme by saying

*I always think that the world is wicked to me and God is punishing for being stubborn to my father. That's why they abandon me here to suffer (tears) why did they have to kill my parent and say I am the one" (...). These children at one point may develop a distrust of authority figures or institutions that they feel have failed to protect them or their parent, leading to a sense of disillusionment and cynicism.*

Emma emphasises on the aspect of unbalanced balance of power that;

*"one man that was owing my father money insulted my mother the other day until because my mother asked for the money to use it. Some have even taken our farms and nobody is saying anything because our father is not there they can treat us as the like" (...) struggling with his painful emotion with eyes looking a different direction".*

At the end, it appears clear that each participant in study has perceived some degrees of injustice related to their parent's death and are exhibiting anger, grief, and social withdrawal. This has result from the lack of consequences for those responsible, fears of future harm, and frustration with the justice system's failure to address the situation. Such experiences has impacted their emotional well-being and trust in authority figures.

Additionally, the age of our participants is around 9 to 11 years old. On the affective level, they are characterized by defense mechanisms such as denial, spitting, avoidance; These mechanisms lead to depressive affects, such as anger, shame, guilt, sadness, frustration. These reactions include crying, withdrawing behaviour, defiant behaviour or arguments with peers. This suffering is mostly supported by the lack of injustice, as they point out in their speeches. Because the situation of lack of justice for their killed relative has caused some of them a shock, and the difficulty of finding meaning in what is happening to them has intensified the feeling of

injustice. Through this lack of justice, we perceive in them a feeling of abandonment, the search for justice and a real need for support which generates difficulties in adaptation.

### **5.2.3. Complicated Mourning**

This is situations where an individual's response to loss becomes increasingly complex and difficult to manage, leading to significant distress, impairment in daily functioning, or mental health issues. Mourning the loss of a parent can be a complex process for children, and complications can arise when they feel empty and abandoned.

#### **5.2.3.1. Feeling empty and abandon**

Feeling empty and abandoned is a state of being in which a person feels as though they are alone, without purpose or connection to other. When children are experiencing emptiness and abandonment, this overwhelms them, and they may be in need of extra support and care to cope with these emotions. Providing a safe and supportive environment where they can express their feelings and seek comfort can help them navigate the mourning process

Bright express himself;

*“Why did they have to abandon me here to suffer (tears) why did they have to kill my parent and say I am the one?”*

These feelings are often associated with a sense of emotional abandonment and problematic behaviour.

#### ❖ Emotional abandonment

Children who feel a lack of affection or support can develop a fear of loneliness, a feeling of worthlessness and a sense of being unworthy of love. They manifest some level of Physical/emotional neglect.

Bright add to this concept when he said, (...) Hesitation *“I feel like I am a bad child and curse that's why all these things happening to me (in guilt) and I don't feel like doing anything anymore. I feel like no one understands what I'm going through. My body becomes weak whenever I want to do something”* Emma on the other hand supported this ideal of emotional

abandonment when he express his feeling toward their present economic condition;

*It's just my mother a lone struggling to provide our school fees, what we will eat or ware like a dress. This has not been easy for her a lone to do that. The other my sister and I were sent away from school because my mother has not even started our school fees. Things have been very difficult since our father died.*

#### ❖ Problematic behaviour

Children with these behaviours may have difficulty establishing healthy relationships, often because of the fear of repeated abandonment. A case is that of Bright

*“Am always afraid that if they one day tell me to go anyway or tell “Aba’s” that I killed my parent may be they will kill me. Or what if they come and also killed they people with whom am living with her”* this fear has hinder Bright from building another healthy relationship due to fear of experiencing the same situation as before.

Children who are grieving the loss of their parent (s) can be understood as a manifestation of their emotional and psychological distress. Grief can manifest in a variety of ways, including behavioral changes. Children may at times act out or engage in problematic behavior as a way of coping with their emotions. It can include aggression, defiance, withdrawal, or risky behaviors. These behaviors are often a symptom of deeper emotional struggles and to respond with empathy and support. In addition Bright attest to this aspect when he said,

*“Life has been difficult. Sometime I prefer to die also. Whenever I hear the sound of a gun I'm afraid and I start seeing how my mother and father both died. Something will come in my mind what if they come and shoot someone in this house they will still say I am the one. Most at time tears will just start coming out of my eyes”.*

#### **5.2.3.2. Defence Mechanisms**

Defence mechanisms are unconscious psychological strategies that individuals use to protect themselves from emotional pain or distress. In our study participant we were able to identify three kind of defence mechanisms namely; Repression, Spitting, Denial

❖ Repression

It involves unconscious blocking unpleasant or painful memories, feelings, or desires from entering one's conscious awareness. This can prevent a person from recognising their own feelings or those of others, limiting their ability to metalize effectively. This is manifested by excluding unpleasant thoughts/emotions from consciousness

Emma during the interview unconsciously struggle with repression like when he said

A moment of silence with eyes looking down (...) *“we were standing with our father outside one afternoon (...) Hesitation (...) I cannot remember what was happing again a bullet from... (Struggled with words) I don't know took my father on his back and my father failed down and died (struggling to smile) since they were still shooting I don't still remember if they took him to the hospital immediately and he had died” I don't still believe that my father is died...(...)*

In the cause of the interview he kept on struggling to avoid expressing his pain in the same line with Vicky (...) Hesitation *“this crisis has cause many people to die. They have killed many people”* (...) Turn and is looking a different direction, while moving his leg (...) *“I want that this crisis should stop it has cause many people to run away, separating family's”*

They find it easy talking about general aspect of the crisis but finds it difficult to talk about specific situations related to them.

❖ Spitting and Denial

These two mechanisms can create a cycle in which the individual remains trapped in distorted perceptions of reality, which further complicates his or her ability to metalize and therefore the grieving process. They may refuse to accept the death of their loved one, which results in an inability to break all ties with the person who has died: the child idealises the deceased and maintains the illusion of an exclusive bond with him or her. This aspect was brought up by Lili in the cause of the interview

*“Because he doesn't look for trouble and if anyone is in problem my father will always help the person. My father always does only what is go and right he has never done any bad thing. If I had the means to leave this village I will be happy. I have not seen anyone like my*

*father” (...) at time she will try not to believe that her father is dead “I know that my father has traveled and will come back when he is through with work. I tell myself like that but still”*

Emma in his struggling with coming to term with his father tries not to accept the fact that the father is no more; *“I don’t still believe that my father is died” (...) Hesitation, sigh then began to talk (...) “I felt like I was dreaming. I sometimes feels like my father is not dead when I feel this way, I immediately I will look around if I could see my father”*

Bright on the other hand tries to put all blames on his father for all the misunderstanding in his family when he was alive and never sees himself as a problem *“My parent were always there for me my mother will fight anyone who looked for my trouble but my father use to say my mother has spoiled me and that is why am too stubborn and never in the house. Sometimes they will quarry because of... (Hesitation) .... all of these things is because my father like to hear from people and when you don’t go to his own farm with him, he will just get angry with you for no go reason. Even with the crises I was not afraid of anything because my parents were always there for me”* (sigh, breath out then cross his hands across his chest).

These feeling overwhelm and hinder them from going through the normal process of mourning which favors the development of PTSD manifestations like when Bright said’

*“Whenever I hear the sound of a gun I’m afraid and I start seeing how my mother and father both died. Something will come in my mind what if they come and shoot someone in this house they will still say I am the one”*

He keeps on having flash backs of the incident of his parents dead whenever he hears the sound of a gun it act as a stimulus to this reaction.

In sum, it is obvious that these orphans of armed conflict have experienced complicated grief, which involves emotional struggles such as emptiness, abandonment, and problematic behaviours. They have unconsciously adopted some psychological mechanisms like repression, splitting, denial, and blaming to cope with their pain. These unconscious strategies have hindered the grieving process and distort their perception of reality.

## **Conclusion**

The analysis of the experiences shared by our participants highlights the profound emotional challenges they face due to the loss of their parents. It appears that our participants are experiencing complex emotional challenges which are affecting their mental well-being, relationships, and connection with the deceased parents. These challenges include depressive affections such as anger and guilt, somatization, struggles with self-identity and social isolation, and a persistent emotional connection with their lost parent. Additionally, perceived injustice related to the parent's death results in anger, grief, and social withdrawal, impacting their emotional well-being and trust in authority figures. These orphans' exhibit complicated grief, characterized by emotional struggles, problematic behaviours, and some defence mechanisms like repression, spitting and denial. And as a result of these complications these participant have developed PTSD following their results of "The children's impact of event scale (13) cries-13, if a child score 17 and above when combine the score of Intrusion and Avoidance that means the child is suffering from PTSD. Using this scale it was found that the combined score (Intrusion + Avoidance) these participants were scoring above 17 as seen in the case of; Lili scoring 46; Vicky 32; Emma 30 and Bright 38, giving us a higher degree of PTSD in these orphans. These findings underscore the importance of tailored support and understanding to help these children navigate their emotions and develop healthy coping strategies within their specific family and social contexts.

## **CHAPTER 6: INTERPRETATION AND DISCUSSION OF RESULTS**

This chapter is focus on the interpretation and discussion of the results obtained from our four participants. It intervenes after the presentation and analysis of the data collected in the field. We proceed to the interpretation of data in the interpretation of the said data in light of the theoretical foundations of this study. Next we will discuss the results obtained in light of the previous work. Finally, we will present the implications as well as the prospects of this study. Above all, present in a summary form the result obtained in the previous chapter.

### **6.1. Summary of results**

The thematic analysis of data collected has highlighted three themes; experiencing the loss of a parent, situation of injustice, and lastly complications of mourning

It is clear from the first theme that, experiencing the loss of a parent (s) as we have analysed from the content provided by the orphans of armed conflict is one of the important event that led to some emotional challenges that have affected their mental well-being, relationships, and connection with the deceased parent (s). The witnessed of the killing of the parent (s) was so traumatizing in a way that these children could not absolve and give a constructing meaning to what was happening. This experience was characterize by a range of depressive affections, including anger, guilt, self-blame, and shame. These emotions show that witnessing the killing of their parent was unexpected and the degree of investment in the deceased parent (s). The kind of bond and security received from the deceased parents was that which the could never have imagine they will a day loss it even though living in an unsecured environment. The frustration, guilt, and emotional pain accompanying this lost is making it difficult for them to share their feelings or discuss their deceased parent which is now express through physical symptoms like headaches, stomach aches, and academics difficulty.

We equally observed that, the loss of their parents has disrupt family dynamics and relationships, as surviving family members navigate their new roles and adjust to the new life situation. In their struggles to adjust to the altered family dynamics we notice some behavioral problems such as self-identity, feelings of incapability, social isolation and seeking for understanding. Meanwhile their emotional connection to the deceased parent is persisting with them maintaining the bond through memories and rituals. It is therefore understood from the experience of our participants that, their experiences are made up of painful feelings and painful emotions such as anger, guilt and shame as well as organic pain (especially with Emma and

Bright with constant runny stomach and headaches). These are children living in a traumatic environment and are therefore already suffering a significant psychic suffering.

The second theme allows us to explore, in the speech of our participants, the situation of injustice which is the most important event that led to the psychological sufferings of these orphans of armed conflict. We observed that, these children have perceived injustice surrounding their parent's death, and have display anger, grief, and social withdrawal. We realized that it is as a result of lack of punishment for those responsible for the dead of their deceased parent(s), fears of future harm, and frustration with the justice system's failure to address the situation that has aggravated the emotional feelings and psychic sufferings that the participant of our study our experiencing. Equally, we notice that such experiences have impacted their emotional well-being as well as trust in the authority figures. We see Lili's desire for revenge and Vicky's disappointment in the community's response to the dead of her father. In addition, this percieveement of injustice has led a degree of anxiety and distress as Bright one of the participant's worries about potential harm from the same perpetrators. The frustration with the legal system and the pain of not being able to take justice into their own hands for their deceased parents has led to a sense of powerlessness and guilt which slow down the grieving process of these participants.

The third theme is complicated mourning. Mourning is the normal process of grieving a loss one. This encompasses various emotional, psychological, and social responses to the loss, including the feelings of sadness; anger, guilt, and loneliness identified from the analysis of our studied participants. It is clear that these orphans of armed conflict in their process of experiencing, expressing and adapting with the loss of their parents have encountered some playback in the cause of mourning their deceased parents. These complications are resulting from feelings of emptiness and abandoned, as well as the psychological mechanisms put in place to go through this process. Our participant's persistence emotional connection to the deceased parent(s) and perception of injustice surrounding the loss of their parents further shape the mourning process. Feeling of lack of support has created fear of loneliness, feeling of worthlessness and a sense of being unworthy of love has overwhelm these orphans preventing them from going through the normal process of mourning. The fear of being abandoned or

accused again as the case with Bright who was accused of killing his parents, and struggles with self-identity has limited their ability to mentalize effectively.

Moreover, we observed in the participant struggles to deal with the painful feelings and painful emotions accompanying their deceased parents has employed some defence mechanisms such as repression, splitting, denial which has intern limited their ability to mentalize effective. Furthermore, the participants of this study have been trapped in distorted perceptions of reality which further complicate their ability to mentalize. Their refusals to accept the death of their parents which result from in an inability to break ties with the deceased parents has further complicated the mourning process. And as a result of these complications these participant have developed PTSD following their results of “The children’s impact of event scale (13) cries-13, if a child score 17 and above when combine the score of Intrusion and Avoidance that means the child is suffering from PTSD. Using this scale it was found that the combined score (Intrusion + Avoidance) these participants were scoring above 17 as seen in the case of; Lili scoring 46; Vicky 32; Emma 30 and Bright 38, giving us a higher degree of PTSD in these orphans.

In conclusion, witnessing the killings has resulted in traumatic experiences and unresolved emotions, such as anger, guilt, self-blame, and shame. These intense feelings reflect the deep bond and security the children once had with their parents, now lost amid an insecure environment. Their struggles to process the loss manifest in physical symptoms and difficulties discussing their emotions. Moreover, the altered family dynamics following the loss exacerbate behavioural problems, such as self-identity issues, social isolation, and a sense of incapability. These children's emotional connection with their deceased parents persists, as they rely on memories and rituals to maintain the bond. The theme of injustice emerges as a significant contributor to the psychological suffering of these children. The community's and authorities' failure to provide support and address the perceived injustice compounds the pain of loss and hinders their ability to cope effectively. Consequently, these children experience of prolonged emotional distress and struggle to adapt to their new reality which complicated their mourning process has resulted them into the developed PTSD following their results of “The children’s impact of event scale (13) cries-13, if a child score 17 and above when combine the score of Intrusion and Avoidance that means the child is suffering from PTSD. Using this scale it was found that the combined score (Intrusion + Avoidance) these participants were scoring above 17

as seen in the case of; Lili scoring 46; Vicky 32; Emma 30 and Bright 38, giving us a higher degree of PTSD in these orphans. This highlights the need for targeted interventions and support systems to help these children navigate their emotions, find a sense of justice, and build resilience amid the traumatic environment.

## **6.2. Application of the theory of lack of justice in order to understand the result.**

This section therefor, allows us to read the results of this study from the theory of the Haas et al (2012). As a reminder, it postulates that “when there is lack of trust in the criminal justice system with limited resources to adequately solve crimes, community members becomes morally outraged and this in turn produces a desire for punishment of the murderer which triggers a demand for justice to be done in order to gain a sense of relief for the individual, family and community at large no matter how the justice is been realized” (Huggins & Hinkson, 2020). This theory is applied here for better understanding.

### **6.2.1. Application of the theory of lack of justice in order to understand the development of PTSD in orphans of armed conflicts**

The application of the theory of lack of justice provides a valuable framework for understanding the development of PTSD in orphans of armed conflict. In order to achieve this two levels of manifestations have been highlighted by this theory of lack of trust in the understanding of the developments of PTSD in orphans of armed conflicts which are lack of trust in the criminal justice system as well as blaming others for the loss of a love one.

#### **6.2.1.1. Lack of trust in the criminal justice system**

Haas et al (2012) affirms that “*when there is lack of trust in the criminal justice system with limited resources to adequately solve crimes, community members becomes morally outraged and this in turn produces a desire for punishment of the murderer which triggers a demand for justice to be done in order to gain a sense of relief for the individual, family and community at large no matter how the justice is been realized*”. Justice, for the victims of crime, is therefore an imperative to begin the work whose goal is to elaborate the suffering related to the crime. To do this, the State is putting resources into play to ensure that citizens are protected and, in the event of obstruction and therefore crime, that justice will be done for the victims. But sometimes the state, for one reason or another, lacks the means to ensure this justice for victims.

This is particularly the case in the context of the armed conflict in the North-West region of Cameroon. In this case, armed people murder citizens with impunity, and the victims of these assassinations live powerlessly. And in the absence of justice, victims lose confidence in the justice system. They thus develop a functioning that prevents them from coping with the loss related to this crime.

It's the same thing observed in these children who as well, faced by injustice have developed manifestations such as; anger, bitterness and sadness. Their perception of injustice has created sense of insecurity and fear of been hunted and murder as was the case with their parent. When justice is not given to the loss of a love one, in other to find justice they individual through blames. These participants from their manifestations we saw that they have loss trust in the criminal justice system because justice was not shown to them toward the dead of their parents. Given the fact that those who killed their parents has continued to live their lives without the legal authority doing anything as if nothing happened mean while they have killed their parents..

Ultimately, we notice in our participant that their sense of injustice has produced the desire for punishment toward the murderers of their parent no matter how it will be achieved in relation to what the theory stipulate

*“community members becomes morally outraged and this in turn produces a desire for punishment of the murderer which triggers a demand for justice to be done in order to gain a sense of relief for the individual, family and community at large no matter how the justice is been realized”*

These desires for punishment by our participants for their loss on the other hand have triggers the wish for revenge in order to gain a sense of relief as the participants reviews during the interview

*“I feel like if I had the means, I will kill those men who killed my father (...) putting on an angry face with the hand and head moving (...) What is really disturbing me up till now is how they manage to get in to our house and took my father, killed him and left without anyone stopping them”(...) if I had the means I will kill them too for killing my father for no cause (speak with a lot of passion) I some time think of revenging Papa dead and whenever I think of that, I immediately think of taking a knife and kill somebody”.*

In building this desire to revenge and gain reliefment has been block preventing from doing the normal work of mourning and has cause them to be stagnant and are unable to move forward thereby leading to their development of PTSD.

#### **6.2.1.2. Blaming others for the loss of a love one**

Blaming other especially in the concept of bereavement is a means in which people use to cope with the loss of a loved one. Brent et al cited by Huggine & Hinkson (2020) identified that assigning blame is a common reaction to the death of a love one, especially in the case where the death is caused by another person. By blaming someone for the death of a love one, the bereaved one may feel a sense of control over an otherwise uncontrollable and painful situation. Meanwhile in some cases the bereaved person may feel guilty about their loved one's death. On the other hand blaming others for the loss of a love one manifest itself as an outlet for expressing intense emotions such as anger and frustration.

We equally observed that, in the struggles of our participants to gain reliefment for their loss parents, throw the blame on the crisis, guns men, legal authority and themselves to an extern for killing their parents and not doing anything about it. These constant blames for their loss for four years now has aggravated their mental health condition. These blames are accompanied with some sense of guilt that overwhelms our participant from going through the process of mourning. Brent et al (1992)

*“Blaming others for the death of a love one can increase the duration and severity of depression and complicate grief”*

When an individual is engage in blaming others, it can potentially prolong the severity of depression as stipulated by Brent et al (1992). This outcome is mainly due to several interconnected factors. Putting blames on others can create feelings of grief. This fixation on negative emotions can impede the individual's ability to work through their loss effectively (Neimeyer, 2016). Equally these attitudes lead to a preoccupation of perceived injustice and the desire for retribution, making it difficult for the individual to accept the loss. These struggles prolong the grieving process and hinder emotional healing which explain why these participants even though years have gone as the incident occurred are still behaved as though it just happen.

The result of the research reveals that our participants prolong persisting and pervasive blames has limited them from going through the normal process of mourning that has finally led their development of PTSD.

### **6.3. Discussion**

The objective of this study is to understand the place of lack of mourning work in the development of posttraumatic stress disorder in orphans of armed conflict in North West Region. The results obtained and analyzed suggest that, blaming others for the loss of parents is an unconscious psychic process used to achieve relief from the emotional pain and frustration brought about by the loss. However it may not be the case with every individual. Depending on the individuals expectations. Some might expect the community or legal authority to ensure justice to their deceased parents as well as might wish to personal seek justice for their deceased parent as is the case with our participants. It is observed that, whatever might be their expectations they are all directed toward gaining a sense of relief for themselves as well as the family. And in that way they keep on building the desire for revenge.

In this new section, it will therefore be a question of comparing these results of our study with those from previous studies. This will be done through a comparison that will allow us to bring out both the convergences and the divergences, if any, and by trying to justify each time, in the light of theoretical, methodological and contextual approaches, the divergent aspects. This discussion is organized around the following points:

#### **6.3.1. The development of PTSD in orphans of armed conflicts**

The result of these study shows that, the development of PTSD is significantly influenced by perceived injustice as revealed that our participants has intensified emotional distress, complications in their process of mourning, fostering a sense of powerlessness, eroding trust, perpetuating unresolved anger. The combination of these psychological mechanism has overwhelm these participants limiting their ability to effectively mentalize leading to fixation on the circumstance's surrendering the loss of their parents which overwhelmed their ego capacity to mentalize thereby producing fear and anxiety toward objects that the murderers used in killing their parents which intern lead to their development of PTSD. Contrast to the result obtain by El-kkhodary & al (2020) on their study on the prevalence of war traumatic events and PTSD on

children and adolescents following Israel attacks on Gaza, came to the conclusion that personal traumatic experience, demographic characteristics of a child such as; age, gender, type of residence including family order, size and socio-economic status, are factors which leads to the development of PTSD. This differences in result obtain could be as a result that these authors are working with children who may be having their parent with them or whose parent most have been killed accidentally in the cause of the war, since the war is between two countries but in the cause of our participant their parent were intentional killed by the same people they have once trusted and at the end of the unfair brute killing not is done instead they are face with blames from the community.

From our participants we came to realized the development of PTSD is not only from a traumatic experience but can also be as a result of overwhelmed distressing emotions as is the case with our participants.

Further, we observed that this participant keep having flashback, nightmares and hallucination of what happened to their parents, some of which were identified from the scale administer to them. This manifestations is due to the fact that this children are presently living in places where the crisis are seriously going on and are frequently exposed to traumatic incidents which keeps on reminding them of aspect of their parent. Relative to this Haj-yahia & Saw (2003), children living in villages showed more internalizing and externalizing symptoms of PTSD as a result of locating in strategy areas of war than those living in cities or refugee camps. This is because they are too exposed to traumatic incident that can promote PTSD. The more a child is been exposed to violent the more likely will the child develop psychological problem.

### **6.3.2. Complicated mourning**

The results of the research demonstrate that complicated mourning is a prevalent issue among orphans of armed conflict, with significant implications for their mental health and psychosocial wellbeing. From this research we realized that many elements can promote complication mourning. It is clear that these orphans of armed conflict in their process of experiencing, expressing and adapting with the loss of their parents have encountered some playback in the cause of this process of mourning their deceased parents. These complications are resulting from feelings of emptiness and abandoned, as well as the psychological

mechanisms not forgetting sense of injustice which is the main cause of this complications in our participants.

This research shows that this participants have developed the wish to see the murdered killed by all cause and in building this this desire to revenge and gain reliefment has blocked and prevent themselves from doing the normal work of mourning and has cause them to be stagnant and are unable to move forward thereby leading to their development of PTSD.

Our participant struggles to achieve all this desires in other to be relief from their emotional pains unconsciously directed all energy that wound's been use for the work of couple to the fact that they are children with little energy to do the work of mourning hence limiting them from doing the work of mourning. Similarly to the result obtained from this studies Bacque et Hanus (2020) highlighted that; The psychological work needed for mourning for children demands strength, energy, the suffering and intense fatigue of mourning bear witness to this, are now no longer available for growth. This then cause the child not to be available for the work of mourning therefore leading to deferred.

### **6.3.3. Lack of justice**

From the result obtain we noticed that our participant are preoccupied by the desire of finding justice for the loss of their parent whom they perceived were killed for no cause. This feeling of injustice has stimulated their desire for revenge by all cost. Relative to this Mill (1991) said *“we are often touched by cases of injustice in a much deeper form which further stimulate the desire for revenge, sanctions, and punishment”*. This emotional reaction shows we regard the unjust person as someone acts against absolutely crucial rules conduct and as such deserves to be punished for the crime committed.

In addition, the participants of this study presented that lack of support and the conscious awareness of the event surrounding the dead of their parent has developed two kinds of manifestations in orphans of armed conflict. These two kinds of manifestations are lack of trust in the criminal justice system and blaming the community and the legal authority as well as themselves favoring their development of behaviors such as anger, guilt, grief and social withdrawer. Their inability to manage these reactions in the long run has complicated the work of mourning and has increased their development of PTSD. In the same way, Lloy et Borrill

(2019) in their work on “examining the effectiveness of restorative justice in reducing victims’ post-traumatic stress”, point out that, crime victimization is a significant life event that can lead to the development of post-traumatic symptomology. According to this authors when victims are able to hear the offender’s account of the incident and the event that led to their victimization it gives them that opportunity to express their feelings.

#### **6.4. Implications and Perspectives**

In this last section, it a call to discussions about the potential consequences of this study. First, there's a look at the possible consequences; and, second, some perspectives on it.

##### **6.4.1. Implications**

Death by mass violence is a traumatic event that causes serious psychological distress and can lead to severe mental health problems, such as PTSD or major depressive disorder (MDD), or it can otherwise complicate and/ or prolong grief (Bryant, & al 2012). Brown and Goodman (2005), in addition said, *“a child who witness the killing of a love one cannot accomplish mourning tasks* “because they are overwhelm by the traumatic images of the death that interfere with the child’s ability to experience pleasant or comforting memories of the loved one. On the other hand, Lloyd. & Borrill. (2019), in their work on “examining the effectiveness of restorative justice in reducing victims’ post-traumatic stress”, point out that, crime victimization is a significant life event that can lead to the development of post-traumatic symptomology. Therefore, a child loss of a parent in armed conflict bring about serious psychological on the child.

In psychology, this study has two principle important implications in order to practice and research.

In practice, this study shows the importance of considering aspects relative of justice in the follow-up of a child who has lost their parent in armed conflicts. This permits us to understand that children who have loss his/her parent in situations of injustice will develop mechanism which will hinder the elaboration of the suffering which will in effect cause stagnation in the suffering. This study can basically serve in putting in place an instrument of sensibilization in the clinical milieu in taking into consideration support system to children who

have lost their parents in armed conflict. It can equally include therapeutic approaches that promote emotional healing and address complicated mourning. In general, it is a study that gives a tool of reflection on the support of all sufferings brought about by loss of close relative in general.

At the research level, this study shows the necessity for further research to deepen our understanding of the psychological experiences of orphaned children in armed conflict, including their perceptions of injustice, emotional struggles, and the development of mental health issues such as PTSD. This knowledge can inform the development of tailored interventions to support these children's resilience and emotional well-being. Also, this research encompasses an integration of multiple theoretical frameworks. By exploring the psychological implications of lack of justice, this study has the potential to integrate theoretical frameworks such as Blaming theory, complications of mourning, and PTSD theory.

Overall, the implications of these studies highlight the urgency of addressing the psychological needs of orphans of armed conflicts and underscore the importance of a multifaceted approach that involves practice and research to effectively support these vulnerable children. In the clinical plan it's necessary of taking into consideration aspect link to justice in the mourning work of a child. Once a child at the clinical plan, does not sense been granted justice this can affect his/her mourning work

#### **6.4.2 Perspectives**

This study has looked how lack of justice through complicated mourning has led to the development of PTSD in orphans of armed conflicts. It has clearly brought out that the perceived injustice by these children has a direct influence on the development of PTSD by these children.

The result of this study gives room for possible future research. It will be necessary to carry out a long term study on these children to observation their evolution and see the long term effect of lack of justice in the work of mourning in orphans of armed conflict.

Also we could use a mixed methodology in combination of a quantitative method which permits the copy of a large number of aspects in these orphans and the qualitative approach to

study certain processes link to mentalization, elaboration as well as of symbolization in the understanding of psychic sufferings.

In addition, a comparative study comparing the experiences of orphans of armed conflict who are in crisis situations and witness the assassination of their parent (s) with other groups, such as orphans who did not witness the assassination of their parent or who are not in arrears of conflicts, can offer valuable insights. Comparative studies can help identify unique factors specific to the context of injustice and mourning, as well as common psychological themes related grieving in a conflicting zoon.

**GENERAL CONCLUSION**

Our study entitled: “lack of justice, complicated mourning and the development of post-traumatic stress disorder in orphans of armed conflict: The case of children in North West region”, was studied from a clinical psychology lens. The aim of this study was to question the contribution of complicated mourning in the development of posttraumatic disorder in orphans of armed conflict in North West Region. This inspired the statement of problem of this research which is the contribution of lack of justice in the development of PTSD in orphans of armed conflict. In this regard we then ask ourselves the question of “How does, lack of justice contribute to the development of PTSD in orphans of armed conflicts? Base on the theory of Haas et al (2012) theoretical approach of lack of justice, the objective of this study was to understand the place of complicated mourning in the development of posttraumatic stress disorder in orphans of armed conflict in North West Region.

We proceeded in this quest by investigating of the notion of lack of justice, its corresponding subject matter, its symbolical forms and subsequent representations. The term of PTSD was discussed with its generalities, what PTSD actually is, how it evolved overtime, causes and risk factors, symptoms and diagnostic criteria, prevalence and epidemiology, the common comorbid conditions associated with PTSD, such as depression, anxiety disorders and substance abuse. We further looked at the neurobiology and pathophysiology involved in the development and persistence of PTSD, assessment and diagnosis, treatment approaches as well as prevention and early intervention in mitigating the long-term impacts of this pathology. In addition, covering the psychological consequences of it permitted us to know how it affects an individual’s mental health and overall well-being. This equally permits us recognize the long-term impacts of trauma, such as difficulties in interpretational relationships, reduced quality of life, and increased vulnerability to other mental health issues like depression, anxiety, and substance abuse. Moreover, the different theoretical understandings on lack of justice, the different aspects of mourning were evoked. These explorations however directed us towards theories that could better guild our study.

The section reserved for the theoretical integration of this study allowed us to address both the psychoanalytical and cognitive behavioral approach on the notion of PTSD and theoretical approach of Mourning as well as complicated mourning, through authors like Freud (1928), Klein (1975), Brewin & Holmes (2003), Foa & Kozak (1986), Lang (1979). On the

aspect of mourning which began with Ross (1968) five stage model, Bowlby (1982) who postulate that the quality of our early relationships with parents can influence our ability to form healthy relationships later in life, Worden (2008) who suggested the mourner's task in the process of mourning, Kaplow et al (2013) who postulates that complicated mourning is as a result of maladaptive reactions within three content domain, Cohen et al (2002) who focused on the difficulty an individual have progressing through the normal stages of mourning. Subsequently, we expanded on the notion of injustice of Haas et al. (2012) as well as Brent et al (1992).

From a methodological point of view, we opted for the qualitative approach, in particular the clinical method, based mainly on multiple case studies. This method was chosen on the fact that it is capable of providing a profound analysis of a phenomenon in their emerging state. According to our inclusion and exclusion criteria, we used an interview guide that allowed us to collect our data particularly the semi-structured interview, carried out with four participants: Lily, 11 years old; Vicky, 11 years old, Emma, 10 years old and Bright, 10 years old. With each of the participants, we had two meetings, one at Cameroon Baptist primary School Mbort, and the other in their respective homes. The analysis technique necessary for the analysis of the results was that of content, specifically the analysis of thematic content.

The results of this study show that lack of justice for a loss places the patient into certain psychological suffering. It appears that our participants are experiencing complex emotional challenges which are affecting their mental well-being, relationships, and connection with the deceased parents. These challenges include depressive affections such as anger and guilt, somatization, struggles with self-identity and social isolation, and a persistent emotional connection with their lost parent. Additionally, perceived injustice related to the parent's death results in anger, grief, and social withdrawal, impacting their emotional well-being and trust in authority figures. These orphans' exhibit complicated grief, characterized by emotional struggles, problematic behaviours, and some defence mechanisms like repression, spitting and denial. And as a result of these complications these participant have developed PTSD following their results of "The children's impact of event scale (13) cries-13, if a child score 17 and above when combine the score of Intrusion and Avoidance that means the child is suffering from PTSD. Using this scale it was found that the combined score (Intrusion + Avoidance) these

participants were scoring above 17 as seen in the case of; Lili scoring 46; Vicky 32; Emma 30 and Bright 38, giving us a higher degree of PTSD in these orphans. The results of this study therefore give clinical relevance to our initial hypothesis. In this way this study highlights the need to take into considering aspects relative of justice in the follow-up of a child who has lost their parent in armed conflicts. In perspective, it would be interesting and relevant to continue to question the role of lack of justice in the development of PTSD. This will permit us to look at the long-term effect of complicated mourning in orphans of armed conflict. Such a study would be more interesting if it took into account many other variables to better discriminate the psychic sufferings of orphans of armed conflict on one hand and on the other hand personality that will allow us evaluate the individual psychic processes as well as lack of justice .

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**APPENDICES**

Data collection authorisation



Since 1937

**Child Evangelism Fellowship® of Cameroon Inc**

P.O Box 25067, Messa, Yaoundé  
Association N° 00384/RDA/J06/BAPP Taxpayer's N° M129411586326F  
Tel: 677 69 77 42; e-mail: cefcameroon2020@yahoo.com

Date: 15/01/2024

TO WHOM IT MAY CONCERN

**PERMISSION TO COLLECT DATA.**

I, the undersigned **Mrs NEMFOR AGNES NFOKA**, National Director of **Child Evangelism Fellowship** of Cameroon, grant permission to **Miss. Mbigha Chelsea Mabuh**, student- researcher in Psychology at the University of Yaoundé I, to collect and use data on the theme "**Lack of Justice, Complicated Mourning and the Development of PTSD in Orphans of Armed conflicts: The Case of Children in North West Region**" after her field work as CYIA (Christian Youth in Action) in and around Nkambe.

The person concerned is bound to strictly comply with the internal regulations of **Child Evangelism Fellowship** of Cameroon. and undertake to submit to the management of the said ministry, a copy of the said memorandum after correction.


In witness whereof, this permission is hereby issued to her to serve and be valid as is right.

National Director

*Nemfor Agnes Nfoka*  
*Nemfor Agnes Nfoka*

'Even so, it is not the will of your Father which is in heaven that one of these little ones should perish.' *Mat 18:14*

**Attestation de recherche**

<p>REPUBLIQUE DU CAMEROUN Paix-Travail-Patrie ***** MINISTERE DE L'ENSEIGNEMENT SUPERIEUR ***** UNIVERSITE DE YAOUNDE I ***** FACULTE DES ARTS LETTRES ET SCIENCES HUMAINES ***** DEPARTEMENT DE PSYCHOLOGIE ***** P.O Box 7011 Yaoundé (Cameroun)</p>		<p>REPUBLIC OF CAMEROON Peace-Work-Fatherland ***** MINISTRY OF HIGHER EDUCATION ***** UNIVERSITY OF YAOUNDE I ***** FACULTY OF ARTS, LETTERS AND SOCIAL SCIENCE ***** DEPARTMENT OF PSYCHOLOGIE ***** P.O Box 7011 Yaoundé (Cameroun)</p>
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**ATTESTATION DE RECHERCHE**

Je soussigné, coordonnateur du laboratoire de psychologie du développement et du mal développement, atteste MBIGHA CHELSEA MABUH, matricule 18H565 a libellé son mémoire de Master en psychologie, option psychopathologie et clinique : « The Work of Mourning and Post-traumatic Stress Disorder in Children affected by Armed Conflict In North West Region » .

Ce travail de recherche, qui s'effectue sous la direction du Professeur NDJE NDJE MIREILLE, Maitre de Conférence au Département, nécessite une investigation sur le terrain, en vue de la collecte des données indispensables à sa finalisation.

En foi de quoi la présente attestation lui est délivrée pour servir et valoir ce que de droit.

Fait à Yaoundé le 8/01/2024.....

**Coordonnateur du laboratoire de  
psychologie du développement et du mal  
développement**

*P.O le Coordonnateur Adjoint*

*Nguimfack Léona*  
Professeur Titulaire des Universités

## **Presentation of participant**

Participant code: participant Lili

Sex : Female

Age : 11 years

Siblings position: 2<sup>nd</sup>/4

Ethnic group: Winbum

Family type: Nuclear Family

Region: North West Region

Family members: Mother, two younger brothers and a younger sister, Father died

Educational level: Class Five (5)

Caretaker: Mother

Deceased parent: Father

### **Interview with participant “Lili”**

**Researcher:** Good morning Lili

**Participant:** Good morning aunty (a bit timid)

**Researcher:** How are you doing today?

**Participant:** Heem am fine (with a little smile)

**Researcher:** I see; remember I told you last time that we are going to talk today about something very important that concern your life. I wish to find out if its okay by?

**Participant:** yes, it's okay

**Researcher:** Thanks you are a nice girl. In the cause of our discursion if there is anything you don't feel like talking about it, its okay by me just indicates to me. But it will be of great help to

me if you share with me does important things about you. Lili, can you please tell me more about yourself?

**Participant:** heem (stretches her body then try to smile) I don't know what to tell you about me (then she pose)

**Researcher:** Just anything about yourself am okay by whatever you will say like your name, class those you are living with

**Participant:** okay ooh. My name is Lili, I'm in class 5. Am living with my mother and younger ones, (Hesitation) eeh I don't know what to say

**Researcher:** Okay. Where do you live?

**Participant:** Our house is just down there when you pass that small market you just go down straight to the left where you see that pear tree the next house is our own (a bite relax)

**Researcher:** Wow! Your house is not far from here if I want to come there I will not get missing. So Lili, with whom do you live with?

**Participant:** (quickly completed the list) my small brother and sister

**Researcher:** what about your father, where is he?

**Participant:** He is no more (with a panicking voice, with her face looking the ground)

**Researcher:** Ah, he is gone.

**Participant:** (yes without opening her mouth)

**Researcher:** hem! (silent). Ok, I need you to tell me about your current living situation before that day your father was gone, will you?

**Participant:** (hesitation) I would like life to be like before. I had my mother and my father. I went to school like every child, I use to eat well (Hesitation) I miss my father so much. I wish he was here with me.... I don't understand why this had to happen to my family (silence)

**Researcher:** I can see that your father was really strong and lovely. Then, will you like to tell me more about your father when he was still alive with your family, how he used to be with you

**Participant:** (sigh then silent before stated talking) Even when this trouble started, I felt secure with my father. He was so strong, he used to save us, me, my brother and my sister. My father used to work at the cancel to take care of us. He was good to everyone here. Whenever my father goes to work and is coming back he will bring something to me and my younger ones. Then my father don't like when you play too much (made a sine, heem with the mouth twisted on one side then continuing) aunty my father can be quiet but when he gets angry (eeeeh with a small smile) you will hear your own in his hands. My father is always happy with me because am always passing my exam. He use to promise me a lot of things (sigh then breath out then silent) I was never lacking anything when my father was there. We used to be among the first children to pay school fees but now hem! (stop talking with her eyes full of tears)

**Researcher:** I can imagine how much your father loved and cared about you. Now, how did you people live before the death of your father?

**Participant:** Before he died, we were happy, not really, but I liked the way we lived before he died. (daydreaming...). Do you know my father used to work at the cancel? Sometime him and the other people will go out and clear the road, carry dirt and clean the market. When he is coming back he will buy us something nice to eat. My family was fine before my father died. When we come back from the farm with our mother if we have finished farm, my father will promise to buy us chicken on market day. We used to enjoy very well when my father was there.

**Researcher:** I think I have an idea of your life before your father died. Now, could you please tell me about the death ceremony of your father?

**Participant:** many people came to our house in the morning. The was serious crying especially when they open the door for people to go in and see my father body. One of my aunty came and said we should go and carry water from Sonia their house so that they can cook with. They beg my mother to stop carrying but she did not. They came and asked my mother were they could dig the grave. My father dress was change because the one he was having was all dirty with blood they went an brought a coffin and put him inside before burring him (almost in tears).

**Researcher:** I know it's not easy with you. We can take a break if that is ok by you. Ok?

**Participant:** (hesitation) No, we can continue.

**Researcher:** Ok, thanks. You are brave. So could you tell me about what happen to your father before he died?

**Participant:** It was in the night when my father came back from work and was sitting in the parlor with my mother, when some men with guns came to the house and took him outside someway at the road there (pointing it with her finger struggle to clear her throat) my father beg them to let him go but they told him to stop talking when they have not ask him to speak, so one of them stamp him on the face ( in tears and struggled not to cry ) then shut him with the gun and he died ( in tears).

**Researcher:** heem that was really painful. I can imagine. Can you please tell me about your life after your father dead?

**Participant:** Life has been difficult with me, I pray to God to bring back my father; if my father comes back things will be fine. When I enter my father and see some of his dresses is like he is around and if I go outside I will see him.

**Researcher:** I see. So what do you think about the dead of your father?

**Participant:** I know that my father has traveled and will come back when he is through with work. I tell myself like that but still (Hesitation).

**Researcher:** I see. How do you feel about yourself now that your father is dead?

**Participant:** I feel bad that my father is not there. But I know that I can still make it without my father (struggled with words).

**Researcher:** Ok. How is your life since your father died in school, in the house with your mother and siblings, and with your friend?

**Participant:** (silence) my life is not fine since my father died. I used to pass very well in school but now I cannot read again and some time in class I'm only thinking (sad). My friends some time laugh at me when I answer a question. Am fine with my mother and brother and sister.

**Researcher:** How do you feel moving here?

**Participant:** Am so afraid moving here. Especially whenever I'm passing where my father was killed I feel like those who killed my father might be hiding there in the bush to kill me.

**Researcher:** okay. How do you feel about those who killed your father?

**Participant:** I feel like if I had the means, I will kill those men who killed my father (putting on an angry face with the hand the head moving) What is really disturbing me up till now is how they manage to get in to our house and took my father, killed him and left without anyone stopping them. I was not in the house when it happen I only comeback from my uncle house to meet my father dead. People are wicked here (wipe her nostrils)

**Researcher:** I see. Why do you say people are wicked here?

**Participant:** Because he doesn't look for trouble and if anyone is in problem my father will always help the person. My father always does only what is go and right he has never done any bad thing. If I had the means to leave this village I will be happy. I have not seen anyone like my father.

**Researcher:** Heem. So what was done to those who killed your father?

**Participant:** Nothing. Nobody came out and some people who hate my father were saying that it because my father was stubborn that they killed him (projecting anger in her torn and physical look). The people who killed my father are still there living their lives as if nothing happened (angry).

**Researcher:** Has anyone ever come or help you since your father died?

**Participant:** No one. It's just my mother and I struggling to take care of me and my younger ones. We are really suffering, life is very difficult since my father who used to provide for us is no more, no school fees, can't feed well.

**Researcher:** I see. What do you think you can do to change your living condition?

**Participant:** (Silence with her face looking down) I don't know

**Researcher:** Remember you told at one point that you can still make it without your father. That's right you can still work hard and help your family. Even if you can't see your father know that he is always watching at you and will be proud of you as you work hard and one day you will get to meet him in heaven. Is there any other thing that is disturbing you that you will want me to know?

**Participant:** No aunty that's all

**Researcher:** okay. Thank you for trusting and sharing important things about your life, I really appreciate that and in case you get back and something comes up and you need someone to share with know that I am always willing to listen to you. You can always ask Pastor Michael to call or flash me

**Participant:** Yes aunty, thanks (response in a relax manner) bay

**Researcher:** Bayeeeeee Lili

### **Participant two**

Participant code: participant Vicky

Sex : Female

Age: 11 years

Siblings position: 1 /3

Ethnic group: Winbum

Family type: Nuclear Family

Region: North West Region

Family members: Mother, a younger brothers and a younger sister, Father died

Educational level: Class Five (5)

Religion: Christian

Caretaker: Mother

Deceased parent: Father

### **Interview with participant “Vicky”**

**Researcher:** Hey Vicky

**Participant:** Hey (no smile on the face)

**Researcher:** How are today?

**Participant:** Fine

**Researcher:** wow! I love the shoe you are putting on (she smiling look at the shoes again) who bought it for you?

**Participant:** My mother

**Researcher:** I see. Remember I told you last time that I will like to discuss something important with you; I don't know if it's okay by you?

**Participant:** It's fine.

**Researcher:** wow! Thanks. You are a nice girl. In the cause of our discussion if there is something you don't like to talk about it, just indicate to me that you don't want to talk about. Can you please tell about your living situation before the dead of your father?

**Participant:** (Hesitation) My father is always there for me, and we did everything together. Now I miss him so much. Even though sometimes he will shut at me but it was good with him because the next minute he will buy me something nice.

**Researcher:** This tells me that your father was a strong and caring father. Can you tell me more about your father when he was still alive with your family?

**Participant:** (Hesitation) hem, my father is my best friend. He is always playing with me and teaching me things. We watch movies together sometimes I play games with his phone. My father does everything for me and is always protecting from any danger (daydreaming).

**Researcher:** Ah! Your father loves you so much. How did you people used to live in your family before your father died?

**Participant:** Before my father my family was one (struggling with words). We had everything we needed, we were always doing things together and I was never scared of anything even in this crisis. I miss my father (sad face).

**Researcher:** I can imagine. Please can you tell me about your situation in this crisis?

**Participant:** heem! (Sigh then post stretching out her body) this crisis is a bad thing. I hate it, they have killed many people, kidnap many people and collected money from their family, even our school was destroyed, that day the was serious shooting we ran until my shoes came out. That day was not easy people were just running to different direction many people were killed that day. We came back to our house but the next day that the thing has stop.

**Researcher:** I can imagine. So how do you live here?

**Participant:** Life is so difficult with me (silent with tears in her eyes) no school fees for me and my siblings to go to school, even to eat sometime its difficult. There are times that when they are too much shooting and killing people we run and sleep but in the farm and only comeback when we hear that the thing has come down.

**Researcher:** I see. Can you please tell me how your father burial happened?

**Participant:** The burial (struggled with words to avoid talking about it) was so sad. Everyone was crying, and I didn't understand why. It was so hard to say goodbye to my father I was just confuse what was happening. I don't think my father is dead (in tears)

**Researcher:** Heem! I can imagine how sad it is to you. You can drink some water before we continue.

**Participant:** (took the water) am okay now

**Researcher:** Good. You are a strong girl. Can you please share with me how your father died?

**Participant:** I don't want to talk about it (angrily)

**Researcher:** It's okay if you don't want to talk about it. I guessed it was a painful experience

**Participant:** Heem! If you saw what they did to my father oh God! You will just hate and not talks to anybody here (sigh then wipe out tears from her eyes was silent)

**Researcher:** so you hate does who kill your father?

**Participant:** yes, I hate them

**Researcher:** It's okay to feel bad the way you are feeling now because it most have been a terrible situation.

**Participant:** (she cried for some time. The researcher gave her a tissue which she clean her tears with then began to talk) what happen was that; when we came back from the farm after doing everything and had bath, my father and mother were discussing in the parlor, I have forgotten what my sister and I were doing because my other younger brother was already sleeping in the room.

**Researcher:** eemm! (With the head to show that she is listening to the child)

**Participant:** We heard someone hit the door and they enter with guns in their hands we want to shut but they ask us to stay quiet if not they will short us. They took my father outside that they have asked my father many times to stop working with the cancel but he wouldn't listen. They remove his eyes with a knife then killed him and left (burst into tears) it is so terrible my mother almost die crying

**Researcher:** heem (a moment of silent, gave the child a cup of water which she drunk)

**Participant:** That's why I don't like to talk about my father because it cause pain in my heart

**Researcher:** I see. can you please tell your life after your father dead?

**Participant:** (hesitation) after my father died, everything changed. I'm really sad and I missed him a lot. It is very hard for me to understand why he is not there anymore.

**Researcher:** I see. So how do fell about yourself?

**Participant:** (clear her throat) I feel good. I want to learn to do things without him, at time its really scary. I think some times that I will not be able to make it in life. Whenever I see someone with a knife I become too afraid and immediately everything that happened that day comes back like it was just happening that time.

**Researcher:** That means any time you see someone with a knife you are afraid he/ she will kill you with it?

**Participant:** yes and immediately it will come into my mind to take a knife an also kill somebody too.

**Researcher:** I see. What do you do when the thought comes into you mind?

**Participant:** I will go somewhere a lone and struggle not to be thinking about it but it still come back.

**Researcher:** I see. What do you think about the dead of your father?

**Participant:** I feel like am all alone now. I think sometimes that I don't have anyone to love me or protect me again

**Researcher:** Okay. How is your life since your father died in school, at home and your friends around?

**Participant:** I sometimes feel alone at school. My friends don't understand what I'm going through, and I don't feel like I can talk to them about it. I don't want to bring everyone down, but I don't am just afraid of everyone (Hesitation turn and look a different direction in frustration) At times I feel bad for not being able to help my father when they were killing him. I would have stopped them from killing my father (put her head down) .

**Researcher:** Ah! I see. What about in the house?

**Participant:** at home I feel like I have to be strong for my mom and also help her but sometimes its not going I just want to be left alone, I don't feel like doing anything but my mother will instead say the way am wicked and lazy. I always try my best but still is not going .

**Researcher:** Okay. So tell me, what did they do to those who killed papa?

**Participant:** Nothing was done to the killers, some people were blaming him for being stubborn. These people are wicked no one cares. If the military people here were standing at the road this boys them won't have come and kill my father (Angry)

**Researcher:** How do you feel toward those men who killed Papa?

**Participant:** if I had the means I will kill them too for killing my father for no cause (speak with a lot of passion) I some time think of revenging Papa dead and whenever I think of that, I immediately think of taking a knife and kill somebody.

**Researcher:** what do you do when that happens?

**Participant:** I become very angry and anyone who looks for my trouble will get it hot from me.

**Researcher:** I see. Have you ever received any help from anyone since your father died?

**Participant:** No. no cares about me and siblings just my mother has been struggling to take care of us.

**Researcher:** If I understood you very well your mother is the only one working to see that you people have the things you having.

**Participant:** Yes aunty, I also help her in the farm

**Researcher:** Wow! Your father will be too proud of you for all the help you are giving your mother and one day you are going to meet him in heaven. In case something comes up and you are looking for someone to talk with know that am always available we can always talk through uncle phone. You just need to tell him you want to talk with and he will connect you with.

**Participant:** okay aunty, thanks

**Researcher:** Thank you more for trusting and sharing precious things about your life with me it's not easy that's what many might not be able to do. Hoping to hear from you again.

**Participant:** Yes. Aunty baye

**Researcher:** Thanks, bayeeee

### **Participant three**

Participant code: participant Emma

Sex : Male

Age: 9 years

Siblings position: 3<sup>rd</sup>/4

Ethnic group: Tibam

Family type: Nuclear Family

Region: North West Region

Family members: Mother, an elder brother, elder sister and a younger sister, Father died

Educational level: Class Four (4)

Religion: Christian

Caretaker: Mother

Deceased parent: Father

### **Interview with participant “Emma”**

**Researcher:** Good morning Emma

**Participant:** Good morning

**Researcher:** How was your night?

**Participant:** Fine

**Researcher:** Good! Did your madam tell why you are here?

**Participant:** (hesitation) I have forgotten

**Researcher:** I see. I will like us to discuss something important about you and your family you might not want to talk with me about it, its okay. But I will really helped me if you share with me.

**Participant:** Its okay aunty

**Researcher:** Thanks Emma, that's kind of you. Please can you tell me a bit about yourself?

**Participant:** Like what? (Looking so vigilant)

**Researcher:** Anything you will like me to know about you, like your name where you live, your parent, your brother and sister and so on. I want to know my new friend

**Participant:** (he smiles). Ah, my name is Emma am living in this village with my brother and sister and my mother. My mother went to the farm.

**Researcher:** Okay.so Emma what class is you?

**Participant:** I am in class 4

**Researcher:** wow!

**Participant:** I was supposed to be in form one by now but this crisis made me to stop going to school for more than two years

**Researcher:** I see. Please can you tell me more about this crisis?

**Participant:** like what?

**Researcher:** like what this crisis has done and how you fell about the crisis

**Participant:** This crisis is something very bad, they are just killing people anyhow. Many people have been killed. The other day 7 people were killed, 3 were here in our village. They killed them and trough their body at the road with blood every way. By now this village would have grown but look at now is instead coming dawn but coming dawn. Many people have run away one can no more enjoy Bamenda again (with ager). I don't know how you can be fighting against your brother.

**Researcher:** heem! So how has this crisis affected you?

**Participant:** It has made life very difficult for me. The thing has killed (Hesitation) they killed my father (look changes to a sad face with head down, holding his cloth) may be it because of it that my family is not to gather.

**Researcher:** Can you share with me how your family used to live before the death of your father?

**Participant:** My family use to be fine and happy with a lot of enjoyment. There was never a day that my father will not bring us something from the market. I like the way my family used to be before my father died. If my family could be like it used to be I will be very happy.

**Researcher:** I can see that your father was really caring and good. Will you like to tell me more about your father when he was still alive with your family and how he used to treat you?

**Participant:** My father used to give us anything we needed, our school fees, Christmas dresses. He was always with us in house whenever he came back from the farm. Nobody could touch me even in school when my father was still alive. My father was always helping us with our assignment when we came back from school. I was secured when my father was alive nobody could look for my trouble but now to do that (eyes full with tears with trembling voice).

**Researcher:** I can imagine how much your father loved and treat you with a lot care. How did you people live before your father died?

**Participant:** It was good. We were very happy. I like my family to come back the way it was, with my father and mother and my other brother and sister. We were fine like that.

**Researcher: I see,** please can you tell me about your situation in this crisis?

**Participation:** (Hesitation) this crisis has caused many people to die. They have killed many **people** (Turn and is looking a different direction, while moving his leg) I want that this crisis should stop it has cause many people to run away, separating family's 8blaming

**Researcher:** I see. Please tell me how your father burial was?

**Participant:** (hesitation with the eyes looking at a different direction) people came to the house everyone was just cry in the compound. Some of the mothers beg us not cry and look at our mother my uncle told me not to cry because a was a man and so men don't cry like girls. He asks me to go look for chairs and give people who came. I did even see my father when they were putting him in the grave. The last time that I entered the house and saw my father was when that man came with what the will put my father inside and buried. We was dressed in his black and white dress. It like am dreaming that my father is dead (strengthen his body)

**Researcher:** I can imagine, it might have not been easy with you. You can go out and take some air before we continue if that is fine by you?

**Participant:** (hesitation) let just finished one time

**Researcher:** Ok. Thanks you are a very strong guy. Can you now tell me what happened before your father died?

**Participant:** (a moment of silence with eyes looking down) we were standing with our father outside one afternoon (Hesitation) I cannot remember what was happing again a bullet from... (Struggled with words) I don't know took my father on his back and my father failed down and died (struggling to smile) since they were still shooting I don't still remember if they took him to the hospital immediately and he had died.

**Researcher:** heem! That would have not been easy with you to deal with

**Participant:** Hem! I don't still believe that my father is died (angry face)

**Researcher:** will you please share with me about your life after your father died?

**Participant:** (Hesitation) my life has been difficult since he was not there to pay for my school fees. And my mother cannot pay for all our school fees her alone.

**Researcher:** okay. How do you see the dead of your father?

**Participant:** Many time I used to ask myself that why was it my father who have to die. I don't know what we have done that God have to punished us by taking our father away (angry)

**Researcher:** Heem! Its not easy with you. How did you fell about what happened to your father?

**Participant** :( Hesitation, sigh then began to talk) I felt like I was dreaming. I sometimes feels like my father is not dead when I feel this way, I immediately I will look around if I could see my father (Hesitation with a fake smile) My heart pains me whenever I hear the sound of a gun what happen that day to my father comes back in to my mind and is like it just happening but then

**Researcher:** I can imagine. When that is happening what do you do?

**Participant:** I'm so afraid and I tried not to think about it. (Elimination)

**Researcher:** I see. So how do you fell about yourself?

**Participant:** (Struggle with words to speak) I feel bad some times and some time I feel like I cannot do anything correct , I cannot go far in school since my father who use to provide my school fees is no more ( putting on a moody look) .

**Researcher:** I can imagine. So, how is your life now in school, in the house with your mother, your sister and brother and your friends since your father died?

**Participant:** (Hesitation) my life in school is not really good sometimes I don't understand my book am writing but its not going, whenever I try to force it my head will be aching me and sometime the madam will insult me that am good for nothing even my mother is saying that I play too much that is why I cannot pass my exams. She will always tell me that if I fail I will just come back and sit in the house and be working in the farm with her (shy and angry). Some time when I see other children with their father I am angry. eeeh! If anyone looks for my trouble i will show the person pepper heem! (Then sigh) nobody looks for my trouble

**Researcher:** I see. How do you fell when you fight back?

**Participant:** (Hesitation and guilty in behavior) I know it's bad to fight but I did not look for their trouble they are the one disturbing me all the time. I always struggle not to fight with them.

**Researcher:** How are you coping now with your needs?

**Participant:** It's just my mother a lone struggling to provide our school fees, what we will eat or ware like a dress. This has not been easy for her a lone to do that. The other day my sister and I

were sent away from school because my mother has not even started our school fees. Things have been very difficult since our father died.

**Researcher:** Those that mean you have never receive help from anyone?

**Participant:** Yes. Aunty am telling you the truth, since my father died no one has come to help us my mother is the only struggling. Is like some of this people here are instead happy with what happened because they are only causing us troubles (saying it angrily).

**Researcher:** How are they causing your family troubles?

**Participant:** (sigh and then struggle with words) one man that was owing my father money insulted my mother the other day until because my mother asked for the money to use it. Some have even taken our farms and nobody is saying anything because our father is not there they can treat us as the like (struggling with his painful emotion with eyes looking a different direction).

**Researcher:** (maintain a moment of silent) hem! I can image how bad you feel about everything happening. If you were given the opportunity to does something that will make you happy, what will you do?

**Participant:** (smile) hem! I will look for those who kill my father and kill them too then run away where the will never see me. Even those people who are causing us trouble like that I will deal with them very well so that they learn that wickedness is not good. But now I cannot do anything since they are always having guns and can kill me too

**Researcher:** I can imagine what you are going through? Its okay to feel that way but knows that your father loves you so much and will always be proud of you.

**Participant:** Aunty thanks (pitiful)

**Researcher:** Oka...y. Thanks too, Emma for trusting and sharing with me your things about your life. See you

**Participant:** hem (with a smile) bay Emma (laughing and going)

**Researcher:** yeah! bayeeee

### **Participant four**

Participant code: participant Bright

Sex : Female

Age: 10 years

Siblings position: 1<sup>st</sup> and the only child

Ethnic group: Ndu

Family type: Nuclear Family

Region: North West Region

Family members: Mother and Father both died

Educational level: Class Five (5)

Religion: Christian

Caretaker: A pastor

Deceased parent: Mother and Father

### **Interview with participant “Bright”**

**Researcher:** Ah! good morning Bright

**Participant:** Aunty good morning

**Researcher:** How are you today?

**Participant:** Fine

**Researcher:** Great. Remember I told you last time that we were going to talk more today if its fine by you?

**Participant:** Yes, we can.

**Researcher:** Thanks for accepting to talk with me that's kind of you. So last time you told me that this crisis has made life very difficult to you and you don't like this crisis. Am I right?

**Participant:** Yes (with a very low tone)

**Researcher:** okay. Will you now like to share with me how this crisis has made life difficult for you?

**Participant:** These are not my parent

**Researcher:** Okay! You told me last time that your parents are no more. Can you please tell me about how your living situation was before the death of your father?

**Participant:** (Hesitation) I was happy with my parent even though not all the time but it was good when my father and mother were there. I could ask them of anything and they will give me. I eat as I wanted go to any school and do whatever I wanted but now (turns and look at a different direction).

**Researcher:** I can see that your parents loved and cared about you so much. Can you tell me more about your relationship with your parents when they were still alive?

**Participant:** (clear his voice and sat well on the chair) My parent were always there for me my mother will fight anyone who looked for my trouble but my father use to say my mother has spoiled me and that is why am too stubborn and never in the house. Sometimes they will quarry because of me (Resilience). All of these things is because my father like to hear from people and when you don't go to his own farm with him, he will just get angry with you for no go reason. Even with the crises I was not afraid of anything because my parent were always there for me (sigh, breath out then cross his hands across his chest)

**Researcher:** I see that even if your father was not happy with something's you did him and your mother were always there to protect you from any danger. Can you please tell me about the death ceremony of your parent?

**Participant:** (silence, angry)

**Researcher:** Its okay if you feel bad talking about it. But it will instead help you if you talk about it so that it can leave your heart and not be paining you again.

**Participant:** (looked at in the face with an uncertain thought) I don't want to talk about it because I was sent out of the village that day because the people who killed my parents lied that I was the one who killed them and I was flog and I called an evil child that killed his parents and that nothing good can ever come out of me (in tears at the same time struggling not to cry)

**Researcher:** I see. Its okay to cry because you are feeling pain in your heart for what happened. I know its not easy with you, we can take a break if it okay by you?

**Participant:** (No respond)

**Researcher:** You can drink some water it will be good for you

**Participant:** (look at the water and said nothing)

**Researcher:** (5 minute break)

**Participant:** (looking around while moving his body on the chair)

**Researcher:** How do you fell now?

**Participant:** I'm okay

**Researcher:** Can we continue or we should continue another day?

**Participant:** Its okay we can continue

**Researcher:** Thanks you are a very strong guy. So can you tell me about what happened before your parents' death?

**Participant:** It was in the evening when I can back from playing and my father became angry I don't because is like my father was first of all angry with somebody. Because when I came I heard him complaining how someone will not come to his house and threaten his life. As him and my mother were talking is like someone came in the house and I only heard my mother crying and begging with my father when I came out I saw both of them lying dead on the flow and I did not know what was happing I saw blood and the man who killed them started calling

people that I have killed my parents and that is how I was biting and sent out of the village (struggling not to cry).

**Researcher:** Heem! This is so sad. How has your life been after your both parent died?

**Participant:** life has been difficult. Sometime I prefer to die also. Whenever I hear the sound of a gun I'm afraid and I start seeing how my mother and father both died. Something will come in my mind what if they come and shoot someone in this house they will still say I am the one. Most at time tears will just start coming out of my eyes.

**Researcher:** I see. What do you think about your parent death?

**Participant:** I always think that the world is wicked to me and God is punishing for being stubborn to my father. Why did they have to abandon me here to suffer (tears) why did they have to kill my parent and say I am the one?

**Researcher:** Heem! So how do you fell about yourself?

**Participant:** (Hesitation) I feel like I am a bad child and curse that's why all these things happening to me (in guilt) and I don't feel like doing anything anymore. I feel like no one understands what I'm going through. My body becomes weak whenever I want to do something

**Researcher:** How is your life in school, here in this house and with your friends?

**Participant:** Sometime the teacher is teaching am not understanding, I don't even want to continue school. They are times that my classmate are laughing at me that I don't know anything. I don't like playing with the children here because in case of anything they will be telling that is good as my parents abandoned me and that use to pain me. I don't walk me with them I just want to be alone

**Researcher:** I see. What about here in the house?

**Participant:** (Hesitation) fine at least they are sending me to school even though life would have been better with my parent.

**Researcher:** I see. How do you feel in this new environment that is when you are moving here?

**Participant:** Am always afraid that if they one day tell me to go anyway or tell “Aba’s” that I killed my parent may be they will kill me. Or what if they come and also killed they people with whom am living here with (Hesitation) When there are shooting gun I just start thinking about my parent when this happens I will suffer of runny stomach for some day (Fear as he speak)

**Researcher:** Okah. How do you feel toward those people who killed your parent?

**Participant:** Dad. If I have the opportunity to kill them too for what they did to my parent I will be very happy. They also deserve to die for all the bad things they have done (with a lot of seriousness) revenge

**Researcher:** Who is now taking care of you?

**Participant:** The pastor who picked me when I was sitting beside the road of another village. He is the one sending me to school and taking care of me

**Researcher:** I see. I want you to know that your mummy and daddy are always there with you even if you and I cannot see them, and one day you will be with them

**Participant:** Yes aunty (with a smile) aunty thank you

**Researcher:** Thank you too very much for trusting and sharing things about your life with me. In case of anything know that am always available to listen to you. You can always ask Uncle Fred or Pastor to call me in case of anything comes up and you need someone to share with.

**Participant:** Thank you very much aunty

**Researcher:** Ba...y

## The children's impact of event scale (13) CRIES-13

### Revised Child Impact of Event Scale

Below is a list of comments made by people after stressful life Event. Please tick each item showing how frequently these comments were true for you *during the past seven days*. If they did not occur during that time please tick the 'not at all' box.

Name: ..... Date: .....

						Child's use only		
		Not at all	Rarely	Sometimes	Often	in	Av	Ar
1.	Do you think about it even when you don't mean to?	[ ]	[ ]	[ ]	[ ]			
2.	Do you try to remove it from your memory	[ ]	[ ]	[ ]	[ ]			
3.	Do you have difficulties paying attention or concentrating	[ ]	[ ]	[ ]	[ ]			
4.	Do you have waves of strong feelings about it	[ ]	[ ]	[ ]	[ ]			
5.	Do you startle more easily or feel more nervous than you did before it happened?	[ ]	[ ]	[ ]	[ ]			
6.	Do you stay away from reminders of it (e.g. places or situations)	[ ]	[ ]	[ ]	[ ]			
7.	Do you try not talk about it	[ ]	[ ]	[ ]	[ ]			
8.	Do pictures about it pop into your mind?	[ ]	[ ]	[ ]	[ ]			
9.	Do other things keep making you think about it?	[ ]	[ ]	[ ]	[ ]			
10.	Do you try not to think about it?	[ ]	[ ]	[ ]	[ ]			
11.	Do you get easily irritable	[ ]	[ ]	[ ]	[ ]			
12.	Are you alert and watchful even when there is no obvious need to be?	[ ]	[ ]	[ ]	[ ]			
13.	Do you have sleep problems?	[ ]	[ ]	[ ]	[ ]			

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