Posttraumatic Stress Disorder (PTSD) and its influence on the Social Life of Victims of Armed Violent Conflict in Kumbo Municipality resident in Bamenda Municipality, Cameroon

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Abstract: Psychological distress from violence is harmful and the victims may experience a sense of helplessness and despair leading to posttraumatic stress disorder (PTSD). This study was designed to investigate how PTSD influence the social life of victims of armed violent conflict in Kumbo Municipality resident in Bamenda Municipalities. Specifically, the study was out to investigate how avoidance, flashbacks, panic attacks influence the social life of victims of armed violent conflict in Kumbo Municipality resident in Bamenda Municipalities. The study adopts a survey research design. Questionnaire and interview guide were used to collect data from internally displaced persons. The sample population of the study was made up of 152 internally displaced persons (IDPs) who are victims of the armed violent conflict from Kumbo resident in Bamenda Municipalities. The IDPs were selected using the purposive and snowball sampling techniques. The instrument used for data collection was a self-constructed questionnaire and interview guide with the reliability of 0.948. Data were analyzed using descriptive and inferential statistical tools. The findings showed that avoidance significantly influences the social life of victims of the armed violent conflict (r= 0.222**, P=0.006, < 0.05). Findings equally affirmed that flashbacks significantly influence the social life of victims (r= -0.193*, P=0.018, < 0.05). Similarly, the findings equally revealed that panic attacks significantly influence the social life of victims (r= -0.354**, P=0.000, < 0.05). The findings indicated that Posttraumatic Stress Disorder negatively affects the social life of victims of the armed violent conflict in Kumbo Municipality resident in Bamenda Municipalities. Based on the findings, some recommendations were made that victims should be given counselling on how to do self-rehabilitation and healing such as making more efforts to avoid thoughts, feelings, or conversations and flashbacks about the traumatic event, actively trying to avoid places or people that remind them of the traumatic events and keeping themselves too busy to have time to think about the traumatic events.

Keywords: Post-Traumatic Disorder, Social life, victims of violent, avoidance, Flashbacks and Panic attacks

Introduction

Many people experience strong physical or emotional reactions following the experience of a traumatic event (American Psychiatric Association, 2013). Most people will notice that these reactions dissipate over the course of a few days or weeks. However, for some individuals, the symptoms of trauma may be increasingly severe and last longer (Atwoli et al., 2015). This may be the result of the nature of the traumatic event, availability of emotional support, past and present life stressors, personality types and available coping mechanisms (American Psychiatric Association, 2013). It is natural to feel afraid during and after a traumatic situation. Research suggests nearly everyone will experience a range of reactions after trauma, yet most people will recover from those symptoms naturally (Bisson et al., 2015).

Those victims who suffer from PTSD have difficulties in their social life. This is due to the fact that PTSD is associated with emotional dysregulation ranging from heightened reactivity (intrusive memories, flashbacks, startle responses, hyper vigilance, and feeling as though the trauma is recurring) to emotional withdrawal and shutdown that is, numbing, alexithymia, and
dissociation (Dalgliesh & Power, 2004; Rasmussen & Shalev, 2014). It further involves physiological activation/hyperarousal and hyper vigilance, changes in cognitions and beliefs about self and others, including alienation and mistrust, spiritual and moral questioning and difficulty with meaning-making.

PTSD often results in secondary (mal) adaptations to the traumatization and/or as a means of coping with and blunting physical and emotional/existential pain. These can include increased risks to safety and well-being of self and others (that is, risk of suicide and self-injury, exposure to physical danger, violence and abuse to and from others, and sexual risk-taking); a range of substance and behavioural addictions; physical injury, medical conditions and illnesses (and their associated treatment burdens and medical costs); relational distress and discord (such as difficulty developing and maintaining intimate and trusting relationships and problems with parenting) as well as social disruption (Dalgliesh & Power, 2004; Rasmussen & Shalev, 2014). Many individuals with PTSD have decreased ability to function at work or school (although some are exemplary, with work serving as a means of keeping the trauma at bay or coping with their on going or intermittent trauma symptoms). As a result, they may have reduced educational and economic attainment due to underemployment, job loss, anger, difficulty with authority figures and criminal justice involvement.

Statement of the Problem

In normal life situation individuals are expected to go about their activities normally especially their interaction with others. When individuals feel stressed up or experience poor mental health, it is expressed in their day-to-day activities and interaction with others or their social life is affected. Since 2016 the Northwest region of Cameroon has been experiencing serious socio-political crisis and victims of these, have undergone a lot of psychological torture and are now dealing with economic hardship as a day-to-day reality. Many of them have been exposed to actual death or threatened death, serious injuries or sexual violence, lost their property and their loved ones. As a consequence, many of these individuals have been having poor societal behaviour and difficulty in their social life due to the traumatic events that they have gone through repeatedly (Carter, 2007).

Psychological distress from violence is harmful and the victims may experience a sense of helplessness and despair leading to PTSD. Further, emotional suffering related to conflict may occur not only due to direct exposure to life-threatening situations and violence but also through indirect stressors, such as injury to or death of relatives or caregivers, economic hardships, geographic displacement, and continuous disruptions of daily living (Jensen & Shaw, 1993). The wounds from violent conflict are not confined to the battlefield. Displaced persons from violent conflict zones often continue to experience the traumatic stress from persecution, torture, sexual violence, malnutrition, illness, disability and resettlement for a long time (Jensen & Shaw, 1993). The terror and horror spread by the violence and conflict disrupts lives and severs relationships and families, leaving individuals and communities emotionally distressed. According to Kim et al., (2010), persons who experience homelessness also experience significant psychological trauma. This has probed me to carry out an investigation on how posttraumatic stress disorder affects the social life of these internally displaced persons, victims of the armed violent conflict in the Bamenda Municipality.

Literature Review

Social Life

Armed conflict violent victims with posttraumatic stress disorder (PTSD) may have trouble with their social life especially with close family relationships or friendships. According to the National Center for PTSD (2018), trauma survivors with PTSD often experience problems in their intimate and family relationships or close friendships. PTSD involves symptoms that interfere with trust, emotional closeness, communication, responsible assertiveness, and effective problem solving. These problems may affect the way the survivor acts with others. In turn, the way a loved one responds to him or her affects the trauma survivor (O’Donnell, et al., 2007). A
circular pattern can develop that may sometimes harm relationships.

The social life or an individual's interpersonal relationship with people within their immediate surroundings or general public is always being influenced by the way the individual feels. PTSD has a great influence on the social life of the internally displaced persons from Kumbo municipality, who are victims the armed violent conflict. After going through a traumatic experience, survivors may feel angry, detached, tense or worried in their relationships (Rasmussen & Shalev, 2014). In time, most are able to resume their prior level of closeness in relationships. Yet about 5% to 10% of survivors who develop PTSD may have lasting relationship problems. Survivors with PTSD may feel distant from others and feel numb. They may have less interest in social or sexual activities. Because survivors feel irritable, on guard, jumpy, worried, or nervous, they may not be able to relax or be intimate. They may also feel an increased need to protect their loved ones. They may come across as tense or demanding.

Individuals who experienced armed violent conflicts, torture or have lost some of their loved ones, with PTSD symptoms of re-experiencing and avoidance, coupled with cognitive changes and physical symptoms, can create issues with social activities and relationships (Rasmussen & Shalev, 2014). They may feel like the people around them have trouble understanding what they have gone through, and they might create distance between themselves and others. Or perhaps angry outbursts can alienate them from those they love over time. This might mean that a person withdraws from family and friends, stops attending social activities, becomes overprotective, or has difficulty expressing or managing emotions. Some social life aspects and emotions that are affected by PTSD may include the individual’s love relationship, anger and fear.

**Posttraumatic Stress Disorder (PTSD)**

Posttraumatic stress disorder (PTSD) is a serious psychological disorder that negatively impacts those whose suffer from its effects. Although the prevalence estimates vary, the suffering that an individual endures is undeniable and can include life interference, inability to work, and cognitive deficits related to neurological impairments. The causes of PTSD are heterogeneous and can include exposure to military trauma, personal trauma (physical and/or sexual abuse), exposure to natural disasters, and involvement in motor vehicle accidents, among others.

PTSD is a psychological response to the experience of intense traumatic events, particularly those that threaten life. As a matter of fact, trauma is a very personal thing because what traumatizes one person can be of less significance to others. This variation in peoples’ reactions occurs because of their individual personality, beliefs, personal values, and previous experiences, especially of other traumatic events in their life (Bisson et al., 2015). It also occurs because each person’s experience of the incident is unique.

People who have lived through a traumatic event can find themselves experiencing emotional challenges long after the event has taken place. Although it is common for people to experience emotional challenges after trauma, their symptoms can lessen in intensity over time as they continue to heal. However, people who struggle with PTSD find themselves experiencing symptoms that continue to cause them significant distress (Cooper, 1995; Nicholls et al., 2006). PTSD is a mental health condition that is triggered by a terrifying event, either experiencing it or witnessing it. PTSD occurs in response to a severe traumatic event and includes several core symptoms: re-experiencing the event accompanied by intense distress, persistently avoiding reminders of the traumatic event, and a state of hyper arousal (American Psychiatric Association, 2013). PTSD is associated with significant impairment of social as well as occupational functioning, which presents a severe burden for the affected individuals and society (Kessler, 2000). PTSD is a highly debilitating anxiety disorder that can consolidate into a chronic disorder that negatively impacts on the individual’s wellbeing and functioning (Walser, Tran, & Cook, 2012).

Most victims of war and armed violent conflicts who go through traumatic events may have temporary difficulty adjusting and coping, but with time and good self-care, they usually get better. If the symptoms get worse, last for months or even years, and interfere with a person’s
day-to-day functioning, the individual may have PTSD. PTSD is a serious psychological disorder that negatively impacts victims of armed violent conflict who suffer from its effects. Although the prevalence estimates vary, the suffering that an individual endures is undeniable and can include life interference, inability to work, and cognitive deficits related to neurological impairments.

**Avoidance**

Avoidance is a common reaction to trauma. It is natural to want to avoid thinking about or feeling emotions related to a traumatic event. These avoidant behaviours tend to increase over time subsequent to the incipient traumatic event and the degree of increased avoidance can differentiate between those trauma-exposed individuals who develop PTSD and those who recover (Foa et al., 2006).

The avoidance cluster of PTSD symptoms is categorized as the attempt to avoid distressing memories, thoughts, or feelings as well as external reminders such as conversations about the traumatic event or people or places that bring the event to mind. Avoidance behaviours are effectively an effort to withdraw from situations and feelings that produce trauma-related symptoms. Moreover, people engaging in avoidance may have emotional numbing symptoms such as feeling distant from others, losing interest in activities they used to enjoy, or having trouble experiencing positive feelings such as happiness or love. Avoiding emotional experiences is common among people who have PTSD (Pai, Suris & North, 2017).

Memories and reminders of traumatic events during violent conflict are very unpleasant and usually lead to considerable distress. Therefore, victims with PTSD often avoid situations, people, or events that may remind them of the trauma (American Psychiatric Association, 2013). They often try not to think about, or talk about, what happened, and attempt to cut themselves off from the painful feelings associated with the memories. In their attempts to do this, they often withdraw from family, friends, and society and begin to do less and less (Rasmussen & Shalev, 2014). This may help them to shut out the painful memories, but it can also lead to a feeling of not belonging to the rest of society and no longer taking part in activities they used to enjoy. In this way the person can become numb to their surroundings and not experience normal everyday emotions such as love and joy, even toward those close to them. Such reactions can lead to depression, feelings of isolation and problems within the family. They can also lead to severe problems with motivation.

People with PTSD often find it hard to make decisions and get themselves going. They may have difficulty making the effort to help themselves or even to do things that they would previously have found enjoyable or easy (Kim et al., 2010). This can be very hard for family and friends, who often think that the sufferer is just being lazy or difficult. Violent conflict victims may develop a range of other problems that can affect their quality of life, their ability to relate to other people and their capacity for work. With avoidance as a consequence of PTSD, the following can be observed: victims trying to avoid any reminders of the trauma, such as thoughts, feelings, conversations activities, places and people; Losing interest in normal activities; Feeling cut-off or detached from loved ones; Feeling flat or numb and difficulty imagining a future (American Psychiatric Association, 2013).

Avoidance symptoms include: Staying away from places, events, or objects that are reminders of the experience; Avoiding thoughts or feelings related to the traumatic event Avoidance symptoms may cause people to change their routines. For example, after a being assaulted by a gang of armed men, a person may avoid getting into a crowd of men. Victims of violence can become consumed or overwhelmed by their feelings. They may become preoccupied with survival in situations that they perceive as threatening. This may lead others to believe that individuals with PTSD are selfish, thinking only of themselves. This egocentric behaviour, together with the symptoms of PTSD, can impact on relationships with family and friends, as well as on the person’s ability to function at work, hobbies, or other life areas (Carter, 2007).
Flashbacks
There has been a growing awareness of PTSD as a consequence of armed violent conflict trauma. Central to this diagnosis is the flashback experience. Flashbacks are essentially memories which have not been integrated into everyday consciousness and return as intrusive symptoms, usually accompanied by dread and panic. Flashbacks can involve the recurrent and intrusive recollections of the event. They can also be experienced as recurrent dreams of the event, or be manifested in sudden acting or feeling as if the traumatic event were reoccurring (American Psychiatric Association, 2013).

One of the most recognizable features of PTSD is the experience of having a “Flashback”. A flashback is an extremely vivid re-experiencing of the traumatic event, with features that can make the individual believes that the event is happening all over again. In a flashback, individuals who are victims of war or various assaults during armed violent conflicts, can experience many of the elements of the original trauma (sights, sounds and smells) and their body responds with the same fear-based emotions that they experienced at the time of the event. Some triggers for flashback memories can be extremely subtle which can make the experience even more fear provoking for the individual, almost as if the flashbacks are coming from out of nowhere. With survivors or war victims especially those who have gone through some traumatic experiences it is not always easy.

Flashbacks are believed to be a consequence of traumatic memory. The work of a number of researchers supports a similar theoretical framework (Foa, Steketee, & Rothbaum, 1989; Horowitz, 1986). Traumatic events are experienced as overwhelming the individual’s ability to assimilate them as there exists no cognitive framework within which to place these events. This leaves the individual unable to make sense of an extremely frightening experience. The traumatic memory is therefore stored in a different manner than ordinary memory. It becomes disassociated from both conscious awareness and volitional retrieval. Fragments of these unintegrated experiences may then return as flashbacks in the form of images, nightmares, sensory intrusions, emotional reliving or behavioural re-enactments. The experiences underlying the flashback need to be reconciled with one’s inner understanding of oneself and one's world. Once processed the traumatic memory becomes part of the survivor’s narrative history (van der Kolk, 1987).

Re-experiencing symptoms may cause problems in a person’s everyday routine. They can start from the person’s own thoughts and feelings. Words, objects, or situations that are reminders of the event can also trigger re-experiencing. Memories, images, smells, sounds, and feelings of the traumatic event can intrude into the lives of individuals victims of violent conflict. Sufferers may remain so captured by the memory of past horror that they have difficulty paying attention to the present. People with PTSD report frequent, distressing memories of the event that they wish they did not have. They may have nightmares of the event or other frightening themes. Movement, excessive sweating, and sometimes even acting out the dream while still asleep may accompany these nightmares (Kim et al., 2010). They sometimes feel as though the events were happening again. They may become distressed, or experience physical signs such as sweating, increased heart rate, and muscle tension when things happen which remind them of the incident. Overall, these intrusive symptoms cause intense distress and can result in other emotions such as grief, guilt, fear or anger (Kim et al., 2010).

Panic Attacks
Panic attacks are sudden periods of intense fear that may include palpitations, sweating, shaking, shortness of breath, numbness, or a feeling that something bad is going to happen (American Psychiatric Association, 2013). Panic attacks are an exaggerated reaction to the body’s normal response to fear or excitement. The normal reaction to fear or excitement causes the body to produce the hormone adrenaline to prepare for fight or flight from the source of fear. If a person has a panic attack, apparently normal thoughts or images trigger the brain’s fight-or-flight centre, resulting in adrenaline racing around the body causing symptoms such as sweating, increased heart rate, and hyperventilation (Rasmussen & Shalev, 2014).
The DSM-5 describes a panic attack as an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes (American Psychiatric Association, 2013). Panic attacks are a type of fear response. They’re an exaggeration of your body’s normal response to danger, stress or excitement. These attacks are recurrent and unanticipated by the patient. Panic disorder can cause a variety of interpersonal and occupational problems. Individuals who have gone through war, torture aggression or experience others undergo assaults and violence, can have panic attacks. As such, with this recurrent panic, they may avoid social situation or going out in public altogether. These patients try to avoid a potentially embarrassing attack. This can lead to withdrawal from friends and family; and absence from work and school.

According to the DSM-5, recurrent unexpected panic attacks is the most prominent diagnostic criterion for panic disorder. Because the panic attacks are unexpected, they are impossible to predict, and the patient usually feels that they “come out of the blue.” This surge of fear can occur during a time of existing anxiety but can also begin during calm state, such as while relaxing, sleeping or while engaging in an enjoyable activity. Common features of panic attacks with victims of armed violent conflict who have developed PTSD may include an accelerated heart rate or pounding heart beats, chest pain, sweating, trembling, shortness of breath, a choking sensation, nausea, dizziness or light-headedness, numbness, chills or heat, a feeling of being detached from one’s self, fear of losing control and fear of dying (Bandelow et al., 2013). In addition to these attacks, the patient experiences persistent worry or fear of having a panic attack and often changes behaviours and routines to avoid panic attacks. These symptoms are not related to substance use, or other medical or psychiatric condition (American Psychiatric Association, 2013).

People who experience unexpected panic attacks often become fearful of experiencing a sudden panic attack at work, with friends, or in public. They are concerned that they may be judged for their behaviour or lose control; resulting in perceived embarrassment. These fears often lead people to change their habits in order to avoid a public panic attack. For example, an individual with recurrent panic attacks may stop taking public transportation, stop going to the gym and stop attending church. She may decline invitations to parties and other events. People who suffer from frequent panic attacks may miss work or school. This can lead to social isolation, causing feelings of sadness and problems within relationships. Friends and family members may be affected by these changes in social behaviour (American Psychiatric Association, 2013).

Panic attacks are also experienced by patients with post-traumatic stress disorder, social anxiety disorder and specific phobias. These are typically cued by exposure to or anticipation of specific anxiety-provoking situations. These attacks are not due to the direct physiological effects of a substance (For example, Caffeine Intoxication), a general medical condition (for example, hyperthyroidism), or they are not better accounted for by another mental disorder (for example, Specific or Social Phobia, Obsessive Compulsive). Panic attacks that occur with fewer than 4 of the 13 panic symptoms are termed limited symptom attacks (American Psychiatric Association, 2013).

A panic attack that is unexpected (spontaneous) is defined as one that is not associated with a situational trigger, it occurs “out of the blue.” For there to be a diagnosis of Panic Attack, at least two unexpected attacks must occur; however, most individuals have considerably more. Individuals may also have situationally predisposed attacks, those more likely to occur on, but not invariably associated with, exposure to a situational trigger. Less commonly occurring attacks are situationally bound attacks which occur almost invariably and immediately on exposure to a situational trigger. The frequency and severity of Panic Attacks vary widely from one a week to several a day and from frequent attacks separated by weeks or months or less frequent attacks over many years (Bandelow et al., 2013).

**METHODOLODY**

This study made use of the survey research design and the population was made up of all the internally displaced persons with the characteristic of post-traumatic stress disorders who were
identify with posttraumatic test disorder who left Kumbo Municipality and resident Bamenda Municipalities. The target population was made up of 320 internally displace persons who have had traumatic experiences due to the armed violent conflict and left Kumbo and are resident in Bamenda I, II and III Sub-Divisions. The accessible population comprised 250 internally displaced persons who have gone through serious traumatic experiences, randomly drawn from the target population resident in Bamenda I, II and III Sub-Divisions. The sample of this study was made up 152 internally displaced persons with posttraumatic stress disorder from Kumbo Municipality who are in Bamenda I, II and III Sub Divisions. The sample size was calculated using Krecjie and Morgan (1970) table of sample size calculation.

Questionnaire and interview guide were the instruments used to collect data for this study. The instruments were specially designed for people with PTSD. The questionnaire was used for data collection because it is less time consuming, it was less expensive and was appropriately used to collect the desired data from the sample. The interview guide was used to collect indebt information from respondents who could not read nor write. The questionnaire was constructed following the likert scale–with options ranging from strongly agree (SA) to strongly disagree (SD).

Method for Data Analysis
The quantitative and qualitative methods were used in analyzing the data for the study as questionnaire and interview guide were the instruments used for data collection. The descriptive statistical tools used were frequency count, percentages and multiple responses set which aimed at calculating the summary of findings for each variable where applicable. The hypotheses of the study were tested using the non-parametric Spearman’s rho test because the data significantly deviate from the normal distribution pattern. The qualitative data from opened ended questions were analyzed using the thematic analysis approach with the aid of themes, groundings/frequency and quotations.

Findings
The findings were presented in accordance with the research questions and hypotheses tested

In aggregate, findings from the multiple responses set on social life showed that 50.3% of the victims’ social life is not affected while 49.7% of the victims’ social life is affected by the armed violent conflict which is presented on the figure below.

![Figure 1: The armed violent conflict on victims’ social life](image-url)

In aggregate, findings from the multiple responses set (MRS) on avoidance showed that 91.7% of the respondents agreed that they avoid post-traumatic stress disorder while 8.3% of them are not. This is also presented on the figure below.
Figure 2: Distribution showing respondents by avoidance of post-traumatic stress disorder

Table 1: Victims opinion on how the conflict has affected their social life

<table>
<thead>
<tr>
<th>Themes</th>
<th>Groundings</th>
<th>Sampled quotation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less interaction with people</td>
<td>14</td>
<td>“I prefer to avoid many people who are involved in one way or another”. “This crisis has affected me so much that I hate interacting with people”. “I find it difficult to interact freely with people”. “People are wicket and they don’t have human feeling. They burnt my house and properties and my life is miserable and now, I don’t like to associate with anybody”. “It is difficult for me because I have been suffering because of the crisis as such. I will always avoid some people because of shame and anger” “Because of the fact that others accuse others for nothing, I prefer not to associate with much people”</td>
</tr>
<tr>
<td>Staying alone</td>
<td>7</td>
<td>“I like to be alone at times” “At times, I am angry, disappointed and I prefer not to associate and be myself” “Truly speaking, I have become intolerant to people. I get quickly angry and withdrawn so often from group”. “I prefer to be just myself”.</td>
</tr>
<tr>
<td>Feel angry</td>
<td>3</td>
<td>“I am angry with myself”. “I have developed hatred for people especially those who cause the conflict” “I feel angry and see some people as very wicket”.</td>
</tr>
<tr>
<td>Feel frustrated</td>
<td>1</td>
<td>“I feel frustrated because of this crisis I have seen people being tortured by heartless people”.</td>
</tr>
<tr>
<td>Lack trust in people</td>
<td>1</td>
<td>“I find it difficult to trust others”</td>
</tr>
</tbody>
</table>
Finally, based on the victims’ opinion on how the conflict has affected their social life, findings showed that many of them they now interact less with people as depicted in their statements.

**Testing of Hypothesis One (H01): Avoidance has no significant influence on the social life of victims of armed violent conflict.**

<table>
<thead>
<tr>
<th>Test</th>
<th>Statistical parameters</th>
<th>Avoidance</th>
<th>Social life of victims of violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spearman’s rho test</td>
<td>R-value: 1.000</td>
<td>.222**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>P-value: .006</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N: 152</td>
<td>152</td>
<td></td>
</tr>
</tbody>
</table>

**Correlation is significant at the 0.01 level (2-tailed).**

Statistically, findings show that avoidance significantly influences the social life of victims of armed violent conflict (r = 0.222**, P=0.006, < 0.05). The positive sign of the correlation value implies that the social life of victims of the armed violent conflict is more likely to get better when they try as much as possible to avoid circumstances that would make them to think of their post-traumatic experiences in connection of the armed conflict. Therefore, the null hypothesis was rejected and the alternative hypothesis that states that avoidance significantly influences the social life of victims of armed violent conflict was accepted.

In overall, findings from the multiple responses set (MRS) on flashbacks showed that 83.7% of the respondents suffer from flashbacks while 16.3% of them do not and this is also presented on the figure below.

**Figure 3: Distribution showing victims of the armed conflict by flashbacks**

**Table 3: The experiences of victims when they hear sounds of gun or see someone that attacked them**

<table>
<thead>
<tr>
<th>Themes</th>
<th>Groundings</th>
<th>Sampled quotation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel frightened</td>
<td>11</td>
<td>“When I see military or get sounds like that of guns, I get immediately frightened”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“When I hear a strong sound, it frightens me especially that of a gun”.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“I feel frighten when I meet people especially the military”.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“I feel frightened when I see them”.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Strong sounds often also frighten me”.</td>
</tr>
</tbody>
</table>
Based on the experiences of victims when they hear sounds of gun or see someone that attacked them, findings showed that some of them feel frightened as depicted in their statements.

**Testing of Hypothesis Two: (H02): Flashbacks have no significant influence on the social life of victims of armed violent conflict.**

*Table 4: The influence of flashbacks on the social life of victims of violent conflict.*

<table>
<thead>
<tr>
<th>Test</th>
<th>Statistical parameters</th>
<th>Flashbacks</th>
<th>Social life of victims of violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spearman’s rho test</td>
<td>R-value</td>
<td>1.000</td>
<td>-.193*</td>
</tr>
<tr>
<td></td>
<td>P-value</td>
<td>.018</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>152</td>
<td>152</td>
</tr>
</tbody>
</table>

*. Correlation is significant at the 0.05 level (2-tailed).

Statistically, findings show that flashbacks significantly influence the social life of victims of armed violent conflict ($r= -0.193^*$, $P=0.018$, < 0.05). The negative sign of the correlation value implies that the social life of victims of the armed violent conflict is more likely to get worse when they keep thinking of the events, they experience in the armed conflict. Therefore, the null hypothesis was rejected and the alternative hypothesis that states that flashbacks significantly influence the social life of victims of the armed violent conflict was accepted.

In overall, findings from the multiple responses set showed that 76.0% of the respondents always panic as a result of the conflict while 24.0% of them do not.
Figure 4: Distribution showing victims of the conflict by panic attacks

Table 5: Victims opinion on the effect of the terrible things they witnessed on their relationship with others

<table>
<thead>
<tr>
<th>Themes</th>
<th>Groundings</th>
<th>Sampled quotation</th>
</tr>
</thead>
</table>
| Feel angry                  | 9          | “What I have witnessed disturbs me from time to time. I become angry when I meet French speaking people because of what the soldiers did in my village”. “There are days that I feel so angry and sad when I remember my love ones who have died”. “When I remember them, especially their memories, I may feel sick and sad”.
|                             |            | ‘I feel angry for every small joke about the crisis”.
|                             |            | “They affect me in that when I think of the scene and what happened before I left the village, I find it difficult to forgive many people. As such I closed up and avoid many people”.
|                             |            | “I am not myself; I prefer to be in the house instead of going to be meeting and visiting people”.
|                             |            | “Because of these experiences I am always very afraid to associate with many people because of my anger about the crisis”.
| Face difficulty in interacting with others | 8          | “I just feel as being alone and I am very angry with many people especially those involved with the crisis”
|                             |            | ‘I hate interacting with people because I belief they collaborated in the death of my husband and this hatred make my to stay away from people”.
|                             |            | “At times, it affects my way of relating because I always behave a type”.
| Prefer being alone          | 7          | “I became very suspicious and lack trust with some people”. “I don’t trust people any longer”.
|                             |            | “I feel lost at times because of pain and losses that I have incurred”.  
| Lack trust for people       | 2          | “They make me to feel frustrated and lack confidence in relating with others”.
| Feel lost                   | 1          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Frustration                 | 1          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

Based on the victims’ opinion on the effect of the terrible things they witnessed on their relationship with others, findings showed that some of them said they feel angry, face difficulties interacting with others and prefer being alone.
Testing of Hypothesis Three (H03): Panic attacks have no significant influence on the social life of victims of armed.

Table 6: The Influence of Panic Attacks on the Social Life of Victims of Violent Conflict

<table>
<thead>
<tr>
<th>Test</th>
<th>Statistical parameters</th>
<th>Panic attacks</th>
<th>Social life of victims of violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spearman’s rho test</td>
<td>R-value</td>
<td>1.000</td>
<td>-0.354**</td>
</tr>
<tr>
<td></td>
<td>P-value</td>
<td></td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>152</td>
<td>152</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).

Statistically, findings show that panic attacks significantly influence the social life of victims of the armed violent conflict ($r= -0.354^{**}$, $P=0.000$, < 0.05). The negative sign of the correlation value implies that the social life of victims of the armed violent conflict is more likely to get worse when they keep experiencing panic attacks. Therefore, the null hypothesis was rejected and the alternative hypothesis that states that panic attacks significantly influence the social life of victims of the armed violent conflict was accepted.

Discussion

Avoidance and the social life of victims of armed violent conflict

Statistically, findings showed that avoidance significantly influences the social life of victims of the armed violent conflict. The positive sign of the correlation value implied that the social life of victims of the armed violent conflict was more likely to get better when they tried as much as possible to avoid circumstances that could make them to think of their post-traumatic experiences in connection of the armed violent conflict. In order words, avoidance behaviour negatively influence the social life of victims of the armed violent conflict. This supported by O’Donnell, et al., (2007) who argued that avoidance behaviour such as distressing memories, thoughts, or feelings about or closely associated with the traumatic event always influence individual’s interaction negatively.

The findings revealed that the people always avoid distressing memories closely associated with traumatic event(s) and they equally put efforts to avoid thoughts and conversations associated with the trauma. This is in line with Dalgliesh and Power (2004) who argued that that people always avoid situations that will lead to distressing memories. They argued that that distressing memories will lead to difficulties in their social life. This is due to the fact that PTSD is associated with emotional dysregulation ranging from heightened reactivity (intrusive memories, flashbacks, startle responses, hypervigilance, and feeling as though the trauma is recurring) to emotional withdrawal and shutdown i.e., numbing, alexithymia, and dissociation (Rasmussen & Shalev, 2014). It further involves physiological activation/hyperarousal and hyper vigilance, changes in cognitions and beliefs about self and others, including alienation and mistrust, spiritual and moral questioning and difficulty with meaning-making.

Findings revealed that those who experience violence always avoid objects and situations that will make them stressful and they don’t like hearing sounds due to their stress which affect their day-to-day functioning. This is in congruence with Monson, Friedman and La Bash (2014) as the opined that victims of war and armed violent conflicts who go through traumatic events may have temporary difficulty adjusting and coping, but with time and good self-care, they usually get better. If the symptoms get worse, last for months or even years, and interfere with a person’s day-to-day functioning, the individual may have PTSD. PTSD is a serious psychological disorder that negatively impacts victims of armed violent conflict who suffer from its effects. Although the prevalence estimates vary, the suffering that an individual endures is undeniable and can include life interference, inability to work, and cognitive deficits related to neurological impairments.

Furthermore, finding equally revealed that those who experience traumatic experience due to conflict always like to stay away from physical symbols that can bring them stress. This makes
them not to like seeing some particular people due to their traumatic experiences. This is supported by Asberg and Ormstad (1998) who said that living with PTSD can be an overwhelming, frightening, isolating and debilitating experience. People with PTSD may feel intense fear. They may feel that their world has fallen apart, that everything is black and that nothing makes sense. Worse still, they can often lose hope or the belief that they can recover and leave a worthwhile life. PTSD can affect people of any age, gender or culture. It’s more common among soldiers, internally displaced persons who have lived the armed violent conflict event and refugees who have endured major traumas, adults or teenagers who have experienced childhood sexual or physical abuse may also experience PTSD. Children may be more vulnerable to PTSD than adults who have experienced the same stress or trauma. Their response to trauma may also be different.

**Flashbacks and the social life of victims of the armed violent conflict**

Statistically, findings showed that flashbacks significantly influence the social life of victims of violent Anglophone conflict. The negative sign of the correlation value implied that the social life of victims of the armed violent conflict was more likely to get worse when they keep thinking of the events, they experience in the armed conflict. In order words, flashback negatively influences the social life of victims of the armed violent conflict. This is supported by Chandler (1990) who opined that individuals who experienced flashback due to war or various assaults during armed violent conflicts faced difficulties during social interaction. Individuals engaging in flashback experiences due to war and conflict can experience many of the elements of trauma (sights, sounds and smells) and their body responds with the same fear-based emotions that they experienced at the time of the event.

Findings revealed that people who escaped as a result of conflict are always having night mares and flashbacks that brought them a lot of stress. This is in line with Sivard (1993) who confirm that exposure to war trauma and terror has clearly been found to cause high levels of stress which has been associated with the development of a wide range of psychological problems. However, it is impossible for victims to go through upheavals of this kind without showing their effect in difficult behaviour and in variations from normality. Studies found that, in some individuals, abnormal withdrawal from the world has been noted. Some become emotionless like an automaton. Some emotional outbreaks of hysterical type have also been reported. However, in general, sooner or later some individuals return to good relations with the outer world (Sivard, 1993). The recovery time depends on some factors like extent of damage, treatment in post-traumatic period, the coping capabilities of the individual which is further dependent on the age.

The findings equally revealed that people with traumatic experiences are always absent minded and experienced vivid dreams related to the assault(s) due to arm conflicts. This is in line with van der Kolk (1987) who opined that flashback has a negative influence on individual behaviour. The clarity of the memory in flashback is so vivid, the survivor loses touch in part, if not completely, with reality (Burstein, 1985). Mellman and Davis (1985) argued that flashbacks are nearly always accompanied by terror and dread and a desire to avoid the memory limiting individuals’ interaction. Flashbacks occur in a variety of forms and involve all of the senses (Briere, 1989; Putnam, 1989; Blank, 1985). Some examples of flashback experiences reported in the clinical literature with sexual abuse survivors include: seeing images of the perpetrator’s face or penis, voices calling one’s name, the smell of semen, and the sensation of hands on the body (Ellenson, 1986; Briere, 1989; Courtois, 1988).

Findings showed that people who escaped from Kumbo due to war always experienced imaginary thoughts and they often see images of the perpetrators of arm conflict in their dreams. This is in line with Putnam (1989) who said that Victims of war violent conflict also experience flashbacks in their dreams and thought. He opined that one of the most common types of flashbacks for victims of armed violent conflict are vivid dreams or nightmares related to the assault(s). These may linger in wakefulness, interfering with the individual’s contact with present reality. Flashbacks may be affective or dissociative in nature, such as unexplained feelings of depression, helplessness or panic (Briere, 1989).
Panic attacks and the social life of victims of the armed violent conflict

Statistically, findings showed that panic attacks significantly influence the social life of victims of the armed violent conflict. The negative sign of the correlation value implied that the social life of victims of the armed violent conflict was more likely to get worse when they keep experiencing panic attacks. In order words, panic attack negatively influences the social life of victims of the armed violent conflict. This is in line with Rasmussen and Shalev (2014) who argued that panic attacks will make people develop extreme fear leading to social disorder. According to the findings, people always experience panic attacks due to the armed violent conflict leading to a negative social life of the victims.

Rasmussen and Shalev (2014) equally argued that panic disorder can cause a variety of interpersonal and occupational problems. Individuals who have gone through war, torture aggression or experience others undergo assaults and violence, can have panic attacks. As such, with this recurrent panic, they may avoid social situation or going out in public altogether. These patients try to avoid a potentially embarrassing attack. This can lead to withdrawal from friends and family; and absence from work and school which was the case of those in Bamenda.

Findings revealed that people developed rapid heartbeat, sweating due to the conflict. This is similar to the view of Bandelow et al., (2013) as they opined that the common features of panic attacks with victims of armed violent conflict who have developed PTSD may include an accelerated heart rate or pounding heart beats, chest pain, sweating, trembling, shortness of breath, a choking sensation, nausea, dizziness or light-headedness, numbness, chills or heat, a feeling of being detached from one’s self, fear of losing control and fear of dying.

In addition to these attacks, some of the people experiences persistent worry or fear of having a panic attack and often changes behaviours and routines to avoid panic attacks. These symptoms are not related to substance use, or other medical or psychiatric condition (American Psychiatric Association, 2013). People who experience unexpected panic attacks often become fearful of experiencing a sudden panic attack at work, with friends, or in public. They are concerned that they may be judged for their behaviour or lose control; resulting in perceived embarrassment. These fears often lead people to change their habits in order to avoid a public panic attack. For example, an individual with recurrent panic attacks may stop taking public transportation, stop going to the gym and stop attending church. She may decline invitations to parties and other events. People who suffer from frequent panic attacks may miss work or school. This can lead to social isolation, causing feelings of sadness and problems within relationships. Friends and family members may be affected by these changes in social behaviour (American Psychiatric Association, 2013).

Conclusion and recommendations

The findings concluded that Posttraumatic Stress Disorder affects the social life of victims of the armed violent conflict in Kumbo Municipality resident in Bamenda municipality. Based on avoidance and its influence on the social life of victims of violent conflict, it is recommended that clinical psychologists or counsellors should give people with PSTD adequate counselling on how to do self-rehabilitation and healing such as making more efforts to avoid thoughts, feelings, or conversations about the traumatic event, actively trying to avoid places or people that remind them of the traumatic event and keeping themselves too busy to have time to think about the traumatic event. Victims with PTSD should seek for help on how to overcome flashbacks with memories of the present such as grounding techniques, carrying an object that reminds them of the present, positive self-talks on their safety.

Based on the influence of flashbacks on the social life of victims of violent conflict, the government should create forums and rehabilitation centers to educate those with PTSD on how avoid thinking of the events they experienced in the violent conflicts. These centers can help them to be occupied to avoid being absent minded and crowded with thoughts of their experiences during the crisis and their thoughts should be rehabilitated so as to avoid thinking about the negative experiences encountered during the violent conflict. Traumatized people often
feel a more general sense of detachment, feeling generally cut-off from other people, with such feelings; the families should keep them busy and give them activities that will keep them busy so that they should not be idle thinking about the past. The families should increase participation of family members with PSTD in activities and hobbies that they used to enjoy before the trauma.

REFERENCES


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