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Internalised and Externalised Problems and Perspectives for Wellbeing During Emergency: Reflections on The Psychological Impacts of The Anglophone Crisis in Cameroon

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Abstract:

The socio-political crisis rocking the English-speaking regions of Cameroon has degenerated into a serious armed conflict, pitting government forces and separatists, and leading to severe human and material damage. It has also created an unprecedented humanitarian crisis where the civilian population bear the brunt of violence, with widespread displacement, destruction of essential infrastructure, and egregious violation of international humanitarian law, including attacks on medical facilities and schools. The psychological impacts on affected populations are neck-breaking. In consequence, many victims are dealing with either internalised or externalised psychological problems or both. Internalised problems, such as anxiety, depression, and post-traumatic stress disorder (PTSD), undermine emotional stability, cognitive functioning, and interpersonal relationships, trapping affected individuals in cycles of despair and social withdrawal. Conversely, externalised problems, including aggression and risk-taking behaviours, exacerbate substance abuse and violence, disrupt social cohesion, create conduct disorders, and perpetuate strained family dynamics. Together, these psychological challenges destabilise individuals and communities, eroding the foundational structures necessary for recovery, growth, and resilience. While internalised problems lead to cycles of persistent psychological distress, less productivity and strained relationships among people, externalised problems disrupt social harmony and contribute to increased violence and erosion of trust among people and within communities. Persistent incidents of fear, sadness, trauma, somatic symptoms, and social isolation lead to significant declines in emotional stability, cognitive functioning, and interpersonal relationships. Meanwhile, aggressive behaviours as well as risk-taking behaviours can fracture relationships and community cohesion, eroding social support systems. The long-term impacts are particularly severe for children and youth, whose disrupted emotional and cognitive development compromises their ability to meaningfully contribute to post-conflict rebuilding. While mental health and psychosocial support are often overlooked in humanitarian responses, they are essential for breaking these cycles. Addressing them is crucial for promoting mental health, enhancing individual wellbeing and quality of life, and fostering safer, more resilient people and communities. Promotive interventions require a nascent understanding of the root causes, manifestations, and impacts of these problems, as well as a collaborative approach involving key stakeholders in mental health care.

Key words: Internalised problems, externalised problems, wellbeing, emergency, psychological impacts, anglophone crisis, Cameroon

Introduction:

While emergency is largely associated with immediate physical threats or crises, extending into the realms of social and psychological states of being, it also seriously puts to question, the state of human wellbeing in contexts of emergency. Emergency situations may manifest in various forms but social and psychological emergencies stand out as major factors of wellbeing at the time of emergency. Social emergency may involve situations where societal norms, structures, or systems are challenged or disrupted, leading to collective distress or upheaval (Dynes, 2006; Dynes & Tierney, 1994; Lipsky & Smith, 1989). Examples may include natural disasters, political crises, economic collapses, conflicts or widespread social unrest. According to Ayres & Baxter (2020), natural disasters can disrupt communities, cause widespread damage to infrastructure, and displace populations, leading to social emergencies. Additionally, circumstances of political instability, government corruption, or authoritarian crackdowns can also trigger social emergencies (Bang & Balgah, 2022; Holsti, 2000) which typically arise as communities struggle to cope with the aftermath of crises, coordinate relief efforts, and address the needs of affected individuals and families. According to Beaujouan et al. (2020) and Carothers & Youngs (2015), they may also be a result of protests, demonstrations, and civil unrests that may erupt as citizens demand political reforms, human rights protections, or accountability from government institutions. Other instances of social emergencies are financial crises, recessions, or economic downturns during which people face financial hardship, housing insecurity, and limited access to essential services. Friedline et al. (2021) and Gärling et al. (2009) note that these circumstances can destabilize societies, intensifying poverty and inequalities, leading to social emergencies.

Health emergencies such as disease outbreaks or pandemics have been found to not only strain healthcare systems but also disrupt daily life and create fear and uncertainty among affected populations (Filip et al., 2022). As containment measures are being implemented, affected populations are likely to come face-to-face with emergency needs. Social emergencies may also occur as communities and people confront environmental disasters, resource scarcity, and the impacts of unsustainable development practices (UNEP, 2008; Mathew, 2008; Brown et al., 2006). In each of these cases, social emergencies challenge existing norms, structures, and systems, highlighting vulnerabilities, inequities, and inequalities in societies. According to Mathew (2008), they can strain resources, test leadership, and prompt rapid responses from stakeholders. Effective responses require collaboration and resilience across multiple sectors, including government, civil society, and local communities. On the other hand, psychological emergency refers to moments of severe psychological distress experienced by individuals or groups during crises (Bizri et al., 2022; WHO, 2022; CDC, 2019). It may involve traumatic events or existential challenges such as thoughts of suicide or self-harm. Abundant research asserts that individuals experiencing a traumatic event are likely to deal with severe distress, flashbacks, or dissociation (e.g., Tull, 2023; Kleber, 2019; van der Kolk, 2000; etc.). Other victims may present with depression, with symptoms such as profound sadness, hopelessness, and thoughts of self-harm. These emergencies often require psychological support and trauma-informed care for the recovery of victims. Intervention may involve removing immediate threats, providing a safe environment, and offering support and reassurance to help individuals regain stability.

It is not the end of service provision when a psychological emergency is resolved. Individuals may continue to require ongoing support and treatment to continue to address underlying mental health issues, prevent future crises, and promote recovery and resilience. During emergency, irrespective of their kind, perceptions, interpretations, and responses generated play a crucial role in how individuals and societies define

and understand the situation. This can definitely shape how people prepare for, respond to, and recover from such an emergency. Moreover, social and psychological factors can intersect, amplifying the impact of emergencies. For instance, Vestergren (2011) and IASC (2007) note that social inequalities may inflame psychological distress during crises, while psychological resilience can bolster collective responses to social emergencies. While strong social networks can provide emotional support, resources, and information during such trying times, helping individuals cope better, isolation can rather intensify stress and hinder access to help. Meanwhile, even cultural norms and beliefs can affect how people perceive and respond to emergencies. Some communities may rely on traditional practices, which might conflict with modern emergency response strategies.

Conceptualising emergency in troubled crisis regions:

An emergency is a sudden, unexpected, and often critical situation that requires immediate response to address potential harm, mitigate risks, and ensure the safety and well-being of individuals and communities. Emergencies can encompass a wide range of troubling events, including natural disasters, accidents, terrorist attacks, security threats, conflicts, and public health concerns (Ayres & Baxter, 2020; Bang & Balgah, 2022; Holsti, 2000). Emergencies can vary in scale and severity, ranging from individual incidents to large-scale disasters affecting entire communities and posing significant threats to life, property, or the environment. In its social and psychological form, and other wise, emergency often involves understanding how it impacts individuals, groups, and societies at large, and how these emergencies interact with broader social and psychological processes (CDC, 2019; Colliard et al., no date; IASC, 2007). For example, emergencies can induce stress on individuals and communities, triggering various psychological responses, such as anxiety, fear, depression and other mental health disorders such as posttraumatic stress disorder (PTSD) that may emerge or worsen following the emergency. Long-term recovery efforts often seek psychological well-being and promote resilience-building strategies. These strategies may involve preparing individuals, communities, and systems to anticipate, withstand, adapt to, and recover from adverse situations. Building resilience creates a buffer against the adverse effects of emergencies, enabling a more effective and sustainable approach to disaster management and recovery. For example, by being prepared and resilient, victims can reduce their impacts on lives, property and livelihoods, and affected persons can recover faster and return to normalcy, minimising long-term disruptions.

Emergencies can manifest in social and psychological forms, posing significant challenges and requiring specialized responses. Social and psychological emergencies are situations where the primary challenges, risks, or impacts are related to human behaviour, social dynamics, and psychological well-being (WHO, 2022; Colliard et al., no date; IASC, 2007). While these emergencies may not always involve immediate physical harm or danger, they can have profound psychological implications for individuals and communities. According to Dynes (2006), social emergencies occur when societal norms or structures are disrupted or challenged, leading to collective distress or upheaval. According to Ayres & Baxter (2020), they can encompass a wide range of events, including natural disasters, political upheavals, economic collapses, and public health emergencies. They can disrupt established patterns of livelihoods, leading to uncertainty and instability; and tend to disproportionately affect marginalised and vulnerable populations even more, intensifying the already existing inequalities and social disparities (Mezzina et al., 2022; Bang & Balgah, 2022). Effective emergency response and recovery efforts require that the needs of marginalised and vulnerable populations are addressed and efforts made towards promoting social equality. In this connection, governments, humanitarian organisations, and civil society groups must work together to ensure that relief

efforts are inclusive, equitable, and sensitive to the diverse needs of affected individuals and communities. Long-term strategies for building resilience and reducing vulnerabilities can also help mitigate the impact of future emergencies and foster more resilient individuals and societies.

Meanwhile, psychological emergencies refer to situations where individuals experience severe mental health problems or emotional distress that require immediate intervention and support to ensure their safety and well-being. According to Shah et al. (2023) and WHO (2022), they can encompass a wide range of mental health issues, including but not limited to suicidal ideation or behaviour, psychosis, severe anxiety or panic attacks, depression, mood disorders, acute substance intoxication or withdrawal, trauma, PTSD and acute psychosocial crises. These emergencies can arise from various factors, including trauma, untreated mental illness, substance abuse, interpersonal conflicts, overwhelming life stressors, and existential crises. People experiencing these crises may be at risk of self-harm, suicide, or harming others, necessitating immediate intervention and support. They can overwhelm individuals' coping mechanisms, leading to a loss of functioning and an inability to manage daily life stressors. Addressing psychological emergencies requires access to mental health services, crisis intervention, and support networks to stabilize individuals and facilitate recovery. In the process, it is crucial to prioritise safety, de-escalation, and access to appropriate mental health care services. According to SAMHSA (2020), mental health professionals, crisis hotlines, emergency departments, and mobile crisis teams play essential roles in assessing risks, providing crisis intervention, and facilitating appropriate treatment and follow-up care for individuals experiencing psychological emergencies. Early intervention and support can help prevent harm, stabilize individuals in crisis, and promote resilience and recovery from mental health challenges.

It is essential to recognise the interplay of individual experiences, social contexts, and broader structural factors when examining social and psychological emergencies, especially in troubled circumstances. Both social and psychological factors influence and interact with each other during emergencies. For example, social factors, such as social support networks, community cohesion, and socioeconomic conditions, can significantly impact individual's psychological well-being and resilience during emergencies. Meanwhile, as strong social support systems can buffer against the negative effects of stress and trauma, social isolation or lack of resources may exacerbate psychological distress. Emergencies that disrupt social structures, such as conflicts can elicit a range of psychological responses among populations experiencing such social disruptions. For example, people may experience fear, anxiety, grief, or uncertainty about their safety, relationships, and future prospects. Social support networks, including family, friends, neighbours, and community organisations, also play a crucial role in individuals' coping strategies and resilience building during crises. For instance, findings have shown that social support can provide emotional validation, practical assistance, and a sense of belonging, which can help individuals navigate stressors and adapt to changing circumstances (e.g., Sagi et al., 2021; Reblin & Uchino, 2008; Ozbay et al., 2007). By and large, trauma-informed approaches recognise the impact of trauma on individuals and communities and prioritise safety, empowerment, and cultural sensitivity in service delivery. Here, social services can adopt trauma-informed practices to address the social and psychological needs of diverse populations and individuals affected by emergencies.

The troubled English-speaking (Anglophone) regions of Cameroon, specifically the Northwest and Southwest regions, have been experiencing a complex socio-political crisis for several years, since 2016. According to Pelican (2022), the World Bank (2021), and the International Crisis Group

(2017), this crisis primarily stems from historical grievances related to colonial legacy and political marginalisation, economic disparities, and cultural and linguistic differences between the Anglophone and Francophone populations. In terms of colonial legacy and political marginalisation, people from the Anglophone regions have long felt marginalised by the central government, which is predominantly Francophone or French-speaking. Grievances include perceived neglect in terms of political representation, economic development, and access to resources and services. According to Jeter (2023) and Pelican (2022), these regions have historically received less investment in infrastructure, healthcare, education, and other economic sectors compared to Francophone regions; and the perceived unequal distribution of resources has led to disparities in economic development, limited job opportunities, and lower standards of living in the troubled areas. Consequently, many Anglophones often face challenges in accessing basic resources and services, and infrastructure development in the regions lags behind, leading to inadequate public services and quality of life for most people.

While the crisis primarily stems from political and cultural grievances, economic disparities intensify tensions and contribute to the instability in the region. For example, the Anglophone regions of Cameroon have historically received less investment fuelling feelings of neglect and marginalisation. These regions face higher levels of unemployment, underemployment, and limited economic opportunities, particularly for young people, intensifying feelings of frustration and disenfranchisement and contributing to social unrest and discontent. The conflict itself has disrupted agricultural activities, trade, and commerce, leading to loss of livelihoods. According to Ngalame (2019), the already climate-stressed farmers have been unable to cultivate their land due to elevated conflict and insecurity, while the World Bank (2021) reports that businesses have suffered from disruptions in supply chains and markets. Meanwhile, the humanitarian crisis resulting from the conflict has led to mass displacement of people from their homes, disrupting their livelihoods and aggravating economic vulnerability (Friedrich Ebert Stiftung, 2020). Displaced populations often struggle to access basic necessities such as food, clean water, and shelter, further deepening their economic hardships, social instability and difficult pathways to positive development.

One of the main issues that sparked the crisis was the perceived imposition of the French language and legal system in English-speaking regions, making many Anglophones to feel that their language, culture, educational, and legal traditions were and are under threat. The crisis eventually escalated in 2016 when lawyers and teachers in these regions organised protests against the use of French in common-law courts and Anglophone schools. The peaceful demonstrations were met with a heavy-handed response from security forces, leading to further unrest and eventual degeneration into a secessionist movement, with some groups in the regions calling for the restoration of the former British Southern Cameroons and the creation of an independent state called, Ambazonia (Bang & Balgah, 2022; Willis et al., 2019; International Crisis Group, 2017). The secessionist movement has led to an armed conflict between separatist fighters and government forces, causing a significant humanitarian crisis, with thousands of people either killed or displaced from their homes due to violence and insecurity. Consequently, many affected people have sought refuge in neighbouring Nigeria, while others are internally displaced within the country. Of course, displacement has further led to food insecurity, limited access to healthcare, and disrupted education for children and youth (Picco & Mutiga, 2022; OCHA, 2021). The World Report (2023) and Willis et al. (2019) observe that both government forces and separatist groups have been accused of human rights abuses, including extrajudicial killings, torture, arbitrary arrests, kidnap for ransom, forced disappearances, and the burning of villages. Civilians, including women and children,

have been caught in the crossfire and subjected to violence and intimidation.

Several types of trauma-related and psychological emergencies have arisen in this region, each posing significant challenges to affected populations. For example, the conflict has led to instances of violence, including armed clashes, skirmishes, and attacks on civilians. Many individuals in the regions have been directly exposed to shootings, arbitrary arrests, torture, and extrajudicial killings, leading to casualties, injuries (physical, social and psychological), displacement of populations and death. This has created a significant humanitarian emergency with hundreds of thousands of people forced to flee their homes to escape violence and persecution. Many internally displaced persons (IDPs) have sought shelter in host communities, facing challenges related to access to food, water, shelter, and healthcare. According to Bang & Balgah (2022), the International Crisis Group (2022), and the World Bank (2021), even if victims find shelter, displacement disrupts social networks, causes loss of livelihoods, and uproots individuals from their communities, leading to feelings of grief, helplessness, and despair. Many individuals have lost loved ones, separated from family members, or been forced to leave behind their communities. This breakdown of social support systems aggravates the psychological impact of the crisis.

Needless to mention that the humanitarian situation in the region is dire. For example, health challenges, including the spread of infectious diseases, inadequate access to healthcare facilities and medical supplies, and disruptions in immunisation and disease surveillance programmes have been intensified. Health emergencies also include trauma-related injuries, mental health issues, and reproductive health needs among affected populations. The pervasive atmosphere of fear and insecurity in the regions has a profound impact on mental health. Constant threats of violence, kidnap, arbitrary arrests, and harassment create a sense of constant danger and hypervigilance among residents, contributing to high levels of stress and anxiety. Displacement, loss of livelihoods, and disruptions in agricultural activities have contributed to food insecurity and malnutrition among affected populations. Many households struggle to access nutritious food, leading to increased rates of malnutrition, especially among children and vulnerable groups. Malnutrition, which encompasses both undernutrition and overnutrition, can have severe consequences for individual health, development, and overall well-being, particularly among children and vulnerable groups (GGI Insights, 2024; WHO, 2023). Efforts towards improving food security, increasing access to nutritious foods, strengthening healthcare systems, promoting education and awareness about nutrition, and addressing the root causes of the conflict that has led to these problems are limited, further inflaming the situation in many affected areas.

While the crisis has precipitated social emergencies, it has also led to significant psychological emergency needs among individuals and communities affected by it. For example, many people in the affected regions have experienced traumatic events, including violence, displacement, and loss of loved ones, some of which have led to a number of psychological problems, such as posttraumatic stress disorder (PTSD), characterized by symptoms such as flashbacks, nightmares, hypervigilance, sleep problems, and avoidance behaviours (NIH, 2023; Barnhill, 2023). The pervasive insecurity and uncertainty contribute to high levels of anxiety and depression among affected populations. The fear of violence, loss of livelihoods, displacement, and death compound pre-existing mental health conditions and lead to the onset of new psychological problems. Additionally, many individuals have experienced profound grief and loss due to the conflict. According to healthdirect (2022), loss of family members, friends, homes, and livelihoods can lead to intense feelings of grief, despair, and hopelessness, further worsening psychological distress. Unfortunately, children and youth in the region are particularly vulnerable to the

psychosocial impact of the crisis, with displacement, exposure to violence, and disruption of education having possible long-lasting effects on their development, psychological well-being, and future prospects. They are at increased risk of injury or death, malnutrition, spread of disease, displacement, trauma and stress, developmental delays, school disruption, loss of family, property and livelihoods, child labour, exploitation and radicalisation. Of course, radicalisation can have profound and multifaceted impacts on children and youth, often affecting their psychological, social, and developmental wellbeing.

Internalized psychological impacts:

Victims of armed conflict such as in the Anglophone regions of Cameroon often grapple with internalized psychological problems that stem from their traumatic experiences. These situations often expose affected individuals to extreme danger, stress, and loss, including profound psychological and emotional trauma. These internalized problems can have profound psychological impacts on suffering individuals, often causing a range of emotional, cognitive, and behavioural responses that deeply affect their emotional well-being, relationships, and overall quality of life (Uban et al., 2021; Pedrosa et al., 2020). These impacts can vary widely depending on the nature of the crisis, the extent of trauma inflicted, the victim's level of resilience, and the level of availability of support systems around the affected individual. For many victims of trauma, not only internalised psychological problems may be observed, but also externalised problems. If internalised, victims may suffer a series of psychological problems, ranging from posttraumatic stress disorder (PTSD), through anxiety and fear to depression. According to NIH (2023), PTSD is a well-known mental health condition that can develop in people who have experienced or witnessed a traumatic or life-threatening event such as an armed conflict. The condition can occur in individuals of all ages and backgrounds and can manifest in various ways, including flashbacks, nightmares, intrusive thoughts, hypervigilance, and avoidance of reminders of the traumatic experience. According to Brewin (2015), flashbacks are vivid, intrusive memories of the traumatic event that feel as if the event is happening again in the present moment. Flashbacks can be triggered by various cues or reminders that are associated with the trauma, such as certain sounds, smells, sights, or even internal sensations. During a flashback, people may feel as though they are re-living the traumatic experience, complete with intense emotions and physical sensations.

Of course, flashbacks can be profoundly unhealthy for victims, impacting their psychological, emotional, and even physical wellbeing. They can cause severe psychological distress, spawning anxiety, depression and other mental health issues. Re-living traumatic events can be psychologically burdensome as individuals often have to deal with intense, disturbing thoughts and feelings related to the trauma. Additionally, flashbacks can induce impaired functioning, with victims struggling with daily activities at work, with social interactions and personal relationships. They can cause victims to withdraw into isolation, consequently leading to other more serious psychological problems. In this connection, the emotional impacts of flashbacks may spawn mood swings, irritability, and emotional numbness with victims experiencing feelings of hopelessness and despair with significant impacts on overall quality of life. Flashbacks have also been found to lead to chronic stress, contributing to physical health problems such as headaches, gastrointestinal issues and cardiovascular problems (e.g., Mariotti, 2015; Salleh, 2008). Meanwhile, other victims often turn to substance use and abuse, using alcohol or drugs as a coping mechanism to numb the pain associated with flashbacks. They may also indulge in self-harm and suicidality as a way of escaping their suffering. If flashbacks disrupt cognitive functioning, it means that they may introduce impairments that disrupt concentration, memory, and decision-making abilities, making it difficult for victims to focus and appropriately complete

tasks. Finally, flashbacks have the capacity to re-trigger trauma, creating a vicious cycle of continuous trauma or re-traumatisation. This can be particularly challenging for victims living in environments that continually remind them of the event that ignited trauma.

If victims do not experience flashbacks, they may be exposed to an even more intense symptom of posttraumatic disorder known as nightmares. Nightmares related to the traumatic event often involve vivid and distressing imagery that reflects elements of the trauma. According to Suni & Singh (2023), they may occur frequently and interfere with sleep, giving rise to sleep disturbances and insomnia. Individuals may wake up feeling terrified, anxious, or overwhelmed by the emotions evoked by the nightmare. Whether flashbacks or nightmares, both can be profoundly distressing experiences for individuals with PTSD and can evoke intense feelings of fear, helplessness, and horror, contributing to hypervigilance, avoidance behaviours, and difficulties in maintaining daily functioning. Additionally, the fear of experiencing flashbacks or nightmares can lead to heightened anxiety and anticipation, further intensifying symptoms of PTSD. Particularly related to flashbacks and nightmares, is the condition of hypervigilance, the state of heightened alertness and sensitivity to potential threats in the environment (Guy-Evans, 2023). Victims of trauma who suffer PTSD may feel constantly on guard, recurrently scanning their surroundings for signs of danger, while experiencing increased arousal, rapid heartbeat, shallow breathing, and a sense of being "on edge" or easily startled. A symptom of PTSD that is related to hypervigilance is avoidance behaviour with which victims normally steer clear of reminders or triggers associated with the traumatic event. This can include avoiding specific places, people, activities, thoughts, or feelings that evoke distressing memories or emotions related to the traumatic experience. Avoidance behaviours can take various forms, such as avoiding certain social situations, numbing emotions through substance use or other means, withdrawing from relationships, or suppressing traumatic memories altogether. While hypervigilance and avoidance behaviours may provide temporary relief from distress, they can become maladaptive and interfere with daily functioning, ultimately perpetuating the cycle of PTSD.

In the Anglophone regions, highly hit by violence, arbitrary arrests, torture, kidnap and unwanton killings, residents are frequently dealing with these symptoms of PTSD. Many people are constantly dealing with flashbacks and nightmares. For example, many victims, especially IDPs and those who have lived the harsh realities of the conflict in one way or the other are frequently under attack by flashbacks and nightmares, spawning severe psychological problems. Anxiety, depression, disturbing thoughts, mood swings and emotional numbness are common characteristics of most affected residents. Daily reports of killings, kidnap and destruction of property have induced an almost general state of despair and hopelessness with severe impacts on overall quality of life. While the loss of hope can lead to stress, making it harder for people to cope with the impacts of the crisis, there is also evidence that persistent despair and hopelessness is leading to physical symptoms such as fatigue, insomnia, headaches, and cardiovascular problems among many victims of the crisis.

Many victims of the Anglophone conflict also experience exaggerated levels of anxiety, anger, irritability, fear, panic attacks, and aggression without necessarily meeting the full criteria for a PTSD diagnosis. The constant threat of danger and uncertainty in this area has led to persistent anxiety and worry about personal safety, the safety of loved ones, and the future. According to NIH (2023), victims of anxiety may constantly feel on edge and may experience symptoms such as restlessness, tension, racing thoughts, panic attacks, and difficulty concentrating. The pervasive atmosphere of fear and insecurity in this area contribute to heightened levels of fear and panic among residents who from time-to-time are dealing with

one terrifying incident or another. According to Cleveland Clinic (2023) and NIH (2022), panic attacks, characterized by sudden and intense feelings of terror, chest pain, shortness of breath, and dizziness, often occur in response to triggers associated with the traumatic event. As earlier noted, affected Anglophones living in fear also often develop hypervigilance and constantly scan their surroundings for signs of danger or potential threats. Of course, hypervigilance can lead to exhaustion and increased levels of stress. In many people, threats also evoke feelings of anger, frustration, and irritability, especially in those who feel powerless or victimised by the circumstances, with a likelihood of aggression and violence. In line with this, Huesmann et al. (2023) note that exposure to violence and trauma can increase the risk of aggressive behaviour and interpersonal conflict among individuals and communities, manifesting in acts of aggression, both verbal and physical, towards oneself or others. In the area, recurrent incidents of both verbal and physical aggression have been directed towards perpetrators of violence, authorities perceived as failing to protect civilians, or even towards oneself or loved ones. Depression can set in as people struggle to come to terms with their experiences but Miller & Rasmussen (2017) note that even though significant, depression is often overlooked as a psychological impact of armed conflicts and other traumatic events.

Many trauma victims often blame themselves for the traumatic event or believe they could have done something to prevent it. Many surviving residents in the English-speaking regions are dealing with issues of self-blame, persistently blaming themselves for either having survived or for not being able to protect those who did not survive. Consequently, many such surviving residents are dealing with intense feelings of guilt and shame, blaming themselves for the events or feeling ashamed of their reactions to them. In cases where others were harmed or did not survive the trauma, survivors are experiencing intense feelings of guilt and remorse for having survived. They wish they suffered too, got harmed or even died in the place of those who did not survive. Self-blame and guilt stem from a sense of powerlessness and a desire to regain a sense of control over the situation. According to Murray et al. (2021), survivor guilt or self-blame can be debilitating and lead to feelings of worthlessness, despair, shame and self-loathing in individuals that struggle to reconcile their survival with the suffering and loss experienced by others. Still in an adventure of self-blame and guilt, other survivors in the area engage in comparative suffering, often comparing their own experiences of trauma to those of others and feeling that their suffering is unworthy or insignificant compared to the suffering of others, further intensifying feelings of guilt and inadequacy. Coping with these can be challenging, but there are strategies that individuals can use to manage their feelings and promote healing and wellbeing. For example, seeking support from mental health professionals, support groups, and trusted loved ones can provide validation, empathy, and a sense of direction. According to Fort Behavioural Health (2020), engaging in self-care practices, such as mindfulness, relaxation techniques, and creative expression, can help suffering residents to process their emotions and cultivate self-compassion. Also, by cultivating mindfulness, victims can develop greater self-awareness and acceptance of their experiences, permitting them to respond to their emotions with kindness and compassion. Meanwhile, practicing self-compassion and self-forgiveness can help survivors release feelings of guilt and shame and move towards acceptance, healing and overall wellbeing. In addition, creative expression, including art therapy, writing, music, dance, and other forms of self-expression, has also been found to be a powerful tool for processing emotions and exploring inner experiences during emergencies (e.g., Shah, 2024; Rand, 2023; Li & Peng, 2022). Engaging in these creative activities allows people to externalize their thoughts and feelings, express themselves authentically, and tap into their innate creativity and resilience. Shah (2024) observes that creative expression can provide a safe and nonverbal outlet for exploring

difficult emotions, transforming pain into meaning, and fostering self-discovery and healing.

Some trauma survivors cope with their internalized problems by withdrawing from others and avoiding reminders of the trauma. According to the Centre for Substance Abuse Treatment (2014), many trauma survivors may perceive social withdrawal and isolation as a way to protect themselves from potential triggers or threats. To such individuals, being around others or engaging in social interactions may evoke memories and feelings of vulnerability, anxiety, or distress, causing them to retreat into solitude as a way of maintaining a sense of safety and control (Brown et al., 2021; Fimiani et al., 2022). This is not uncommon in the territory of English-speaking regions where as much as possible, affected residents go to great lengths to avoid reminders of the traumatic event, including people, places, objects, or situations that can trigger distressing memories or emotions associated with the trauma. By isolating themselves socially and emotionally, these survivors minimize exposure to potential triggers and reduce the risk of re-traumatization. They also largely use social withdrawal to manage overwhelming emotions and regulate arousal levels. In line with this, the Centre for Substance Abuse Treatment (2014) insinuates that trauma victims often find it difficult to express or process their emotions in the presence of others, consequently opting to rather retreat into solitude where they can cope with their feelings in their own way and at their own pace. In the Anglophone crisis, social withdrawal, for many people, is also a result of loss of trust where victims struggling to trust others and form meaningful connections in the aftermath of their traumatic experience. According to Evolve Therapy (2023), betrayal, abandonment, or lack of support from others during or after the traumatic experience can erode trust and contribute to feelings of isolation and loneliness. In this situation, survivors may find it challenging to trust friends, family members, or even professionals who may be trying to help them. They may also have difficulty forming new relationships or trusting the intentions of others, fearing that they will be hurt or betrayed again. Or, they may simply fear being judged, misunderstood, or rejected by others, further reinforcing their tendency to withdraw from social situations. A lot of these trust-related concerns have been and are still being expressed by many affected residents. Betrayal is rampant and nobody knows who is who, and many people have chosen to live their lives for themselves and by themselves. There have been reports of friends betraying friends, family braking faith with its member and vice versa, neighbours selling out others, and colleagues letting down others; to the extent that scepticism and social withdrawal have become phenomenal.

Trauma can also lead to cognitive distortions, distorting a person's thinking patterns, inducing irrational beliefs and negative interpretations of events, and ultimately affecting emotional well-being, and daily functioning (Huziej, 2023). Cognitive distortions are patterns of thinking that are irrational, biased, or inaccurate with which affected people perceive reality in a distorted or exaggerated manner. According to Buğa & Kaya (2022), these distortions can influence how these affected people interpret events, perceive themselves and others, and make sense of their experiences. Such people may engage in black-and-white thinking (all-or-nothing thinking), catastrophizing, personalisation, or mind-reading, which can all inflame their internalised psychological problems. In black-and-white thinking, Sravanti (2015) notes that victims might perceive situations or people in extreme, polarised terms, without recognising shades of grey or nuance. If victims catastophy, they inadvertently magnify or exaggerate the negative consequences of events, anticipating the worst possible outcomes, and underestimating their ability to cope (Braga et al., 2008). Meanwhile personalisation is taking responsibility for events or outcomes that are beyond one's control, attributing blame or fault to oneself for negative occurrences. In another situation of cognitive distortion, affected persons engage in mind-reading, and often assume that they know what others are thinking or feeling, even in

the absence of evidence or communication. These cognitive distortions are not strange among affected residents of the Anglophone crisis. Many victims tend to perceive people and situations in extreme, polarised terms with fewer or no instances of nuance. They catastophy, personalise, and even engage in mind-reading as they exaggerate negative consequences of situations around them, often anticipating terrible outcomes and underestimating their ability to manage situations and events in which they find themselves. These cognitive distortions generally perpetuate negative beliefs, emotions, and behaviours of all kinds. For example, black-and-white thinking may lead individuals to view themselves as inherently flawed or unworthy, while catastrophizing can intensify feelings of fear, helplessness, and hopelessness. Meanwhile, personalisation breeds self-blame, guilt, and powerlessness; and mind-reading leads to trust issues.

Trauma can also affect cognitive functioning, leading to cognitive difficulties. These difficulties may stem from the physiological and neurological effects of trauma on the brain, as well as the psychological and emotional toll of coping with traumatic experiences. Among the many cognitive processes that may be impacted by trauma, hurting cognitive functioning are memory, attention and communication, executive functioning, processing speed, language, emotion regulation, learning and academic performance, hyperarousal and hypervigilance as well as cognitive distortions (e.g., Villalobos, 2021; McKinnon et al., 2016; Hayes et al., 2012). Memory impairment can affect both short-term and long-term memory with people experiencing flashbacks or intrusive memories of the traumatic event, while also having trouble recalling other unrelated information. They easily get distracted and may also have difficulties to focus and maintain attention, concentrate on tasks. Executive functioning includes skills such as planning, decision-making, problem-solving and impulse control. It can impair these skills making the execution of daily living tasks more challenging. Trauma can also slow down the speed at which an individual processes information, and if this is the case, victims can have problems with learning and even task completion, inadvertently affecting academic performance, for those who may be studying. Finally, cognitive functioning is also linked to emotional regulation, hyperarousal and hypervigilance, and cognitive distortion. For example, among victims of the Anglophone crisis in Cameroon, trauma has led to heightened emotional responses, making it more difficult for victims to manage emotions and complete cognitive tasks. People are constantly in a state of alertness, with the brain consistently on the lookout for potential threats or danger. Consequently, this state of hyperarousal and hypervigilance make it difficult for victims to relax and focus on tasks. In their daily cognitive functioning, distorted thinking patterns such as negative self-perceptions or irrational fears are also observed. While these trauma effects are common among victims, Agaibi & Wilson (2005) note that the degree and extent of harm can vary widely among individuals, depending on factors such as the nature and duration of trauma, the individual's resilience, and the presence of support systems.

Trauma can also shatter the victim's sense of self-worth since victims may internalize negative messages from their abusers or from society, leading to persistent beliefs that they are unworthy or undeserving of love and support. This is even more so since trauma often involves a violation of personal safety and boundaries, leading to feelings of vulnerability and powerlessness, which deeply hurt one's self-esteem and sense of security. Consequently, victims of it often engage in self-destructive behaviours such as substance abuse, self-harm, or reckless behaviour as a way of coping with the emotional pain of trauma (Center for Substance Abuse Treatment (US), 2014). Substance abuse, including alcohol, drugs, prescription medications, and other addictive substances, is a prevalent coping mechanism among trauma victims. According to Volpicelli et al. (1999), substances may be used to numb emotional pain or detach from it, alleviate

symptoms of anxiety and depression, or dissociate from traumatic memories. However, substance abuse can lead to addiction, physical health complications, and further intensify mental health challenges. If victims indulge in self-harm, they engage in deliberate and non-suicidal acts of self-injury. For some, self-harm serves as a way to cope with emotional pain, regulate overwhelming emotions, or regain a sense of control over their bodies (Center for Substance Abuse Treatment (US), 2014). However, self-harm is a harmful and dangerous coping strategy that can lead to serious physical injuries, infections, and long-term consequences. Other victims may engage in reckless or impulsive behaviours such as reckless driving, unsafe sexual practices, gambling, or thrill-seeking activities to cope with distressing emotions or seek stimulation and excitement. Meanwhile, common among adolescents, eating disorders, such as anorexia nervosa, bulimia nervosa, and binge-eating disorder, can be used as coping mechanisms for managing feelings of powerlessness, control, and self-worth. Like other self-destructive behaviours, Bravender et al. (2010) found that eating disorders can have serious physical and psychological consequences, including malnutrition, dehydration, organ damage, and impaired social functioning. Whether substance abuse, self-harm, reckless behaviour or eating disorders, these behaviours are maladaptive coping mechanisms that provide temporary relief or escape from overwhelming emotions, but ultimately perpetuate the cycle of trauma and intensify psychological distress.

Trauma-related stress can also manifest in physical symptoms such as headaches, stomach aches, fatigue, and muscle tension during emergencies like those in Anglophone Cameroon. According to Guglielmetti et al. (2020), persistent or recurring headaches are a common physical manifestation of trauma-related stress. These headaches may range from mild to severe and can be accompanied by other symptoms such as sensitivity to light or sound or current experiences that remind people of those that caused them pain. They may present as tension headaches, migraines, or cluster headaches. The intensity of the headache can fluctuate over time and may be influenced by factors such as stress levels, environmental triggers, and overall health (Nicholson et al., 2007). Their duration can vary from relatively short episodes to persistent and chronic patterns of headache. In fact, some individuals may experience episodic headaches that come and go, while others may experience headaches that are more persistent and long-lasting. Relatedly, trauma-induced stress can also increase muscle tension and lead to gastrointestinal symptoms such as stomach aches, abdominal cramps, nausea, vomiting, and digestive disturbances (Oroian et al., 2021). According to Konturek et al. (2011), stress triggers the release of certain hormones and neurotransmitters that can affect the functioning of the gastrointestinal tract, including the stomach and intestines and leading to discomfort and gastrointestinal distress. Meanwhile Afzal (2023) observes that nausea and vomiting are common responses to stress and can be triggered by the activation of the body's "fight or flight" response. No doubt, these are common experiences among affected residents in the affected areas in English-speaking regions of Cameroon where people are constantly stressed by situational and environmental triggers that remind them of their horrible past experiences. Many people suffer recurring headaches and momentarily have to deal with muscle tensions especially during violent attacks, panic, aggression, and other traumatic experiences that have the strength to induce physical symptoms such as discomfort and gastrointestinal distress.

Other trauma-induced stressors may include fatigue, muscle tension, sleep difficulties, changes in appetite and immune system dysfunction. According to the Centre for Substance Abuse Treatment (US) (2014), chronic stress and trauma often result in fatigue and exhaustion, even after adequate rest or sleep. Affected people may experience feelings of tiredness, low energy, and lethargy, which can interfere with daily activities and overall quality of life. It can also manifest in

physical tension and muscle stiffness, particularly in the neck, shoulders, and back. If it occurs, chronic muscle tension may lead to discomfort, pain, and reduced mobility, intensifying feelings of stress and discomfort. Besides this, it is a known symptom that trauma victims can experience disturbances in sleep patterns, including insomnia, nightmares, and restless sleep (e.g., Nobakht & Dale, 2019; Koffel et al., 2016; Babson & Feldner, 2010). According to Fortier-Brochu et al. (2010), sleep disturbances can further contribute to fatigue, irritability, and difficulty functioning during the day. Some individuals may experience changes in appetite as a result of trauma-related stress, leading to either increased or decreased food intake and with significant impacts on nutritional status and overall health. Meanwhile, prolonged exposure to stress hormones, such as cortisol, can weaken the immune system and increase susceptibility to illness and infection. That may be why trauma victims in the affected regions experience frequent illnesses, slow recovery from illness, or aggravation of pre-existing health conditions. These physical symptoms are often interconnected with the psychological and emotional impacts of trauma, reflecting the complex interplay between the mind and body. As earlier shown, mind-body connections can be particularly observed in stress responses, neuroplasticity and somatic symptoms. For example, the body's fight-or-flight response can be triggered by trauma, leading to a cascade of physiological changes such as increased heart rate or adrenaline release. Also, trauma can change the structure and function of the brain, particularly areas involved in emotion regulation and memory. Finally, psychological distress can manifest as physical symptoms such as headaches, fatigue, and muscle tension. Addressing these, therefore, requires a holistic approach that considers both the physical and psychological aspects of well-being. Interventions such as mindfulness-based stress reduction, relaxation techniques, physical activity, and other sustainable stress management techniques can help individuals manage the physical symptoms of trauma-related stress in order to promote overall health and resilience. It is important for trauma victims to seek support from healthcare professionals and mental health providers who are trained in trauma-informed care and can provide comprehensive treatment and support tailored to their individual needs.

Externalized psychological impacts:

Externalised psychological problems are a range of behaviours and symptoms, often outwardly expressed and directed towards the external environment or other individuals. Unlike internalized psychological problems, which are characterised by inward-directed thoughts and emotions, externalised problems involve outward manifestations of distress, dysfunction, or maladaptive coping mechanisms (Babicka-Wirkus et al., 2023). During emergencies, externalised psychological problems can become more evident due to heightened stress, uncertainty, and disruption of daily life. According to the CDC (2019), affected individuals may struggle to cope with the overwhelming stressors, emotions, and challenges brought about by the emergency situation, leading to externalised behaviours that not only impact them but also others. Therefore, in the conflict situation in Anglophone Cameroon, externalised psychological problems often manifest as a consequence of intense stress, trauma, and disruption of daily life. Characterised by violence, displacement, and insecurity, the conflict has created a volatile environment that can inflames pre-existing psychological distress, leading to the emergence of these externalised problems. For example, the stress and tension of emergency situations has increased the likelihood of aggressive and violent behaviour among individuals in the region. This manifests in many victims as verbal aggression, physical altercations, domestic violence, or community unrest.

The armed conflict in this region has led to increased instances of aggression and violence, characterised by recurring clashes between armed groups, attacks on civilian populations, and reprisal killings. Some affected individuals in these regions have become desensitised to violence and have resort to aggression as a means of self-preservation

or retaliation. Others resort to property crime as a means of expressing frustration, venting anger, or attempting to exert control over their environment. Property crime often involves intentionally damaging or destroying objects, possessions, or property belonging to oneself or others (Eskandari, 2019; Drapikovskyi & Ivanova, 2023). This is often driven by anger, frustration, impulsivity, or a desire for retaliation or revenge; and often also include vandalism, looting, and destruction of public or private property. In the English-speaking regions of Cameroon, property destruction and looting are recurrent, resulting from momentary armed confrontations, forced evictions, or opportunistic actions by armed actors. Homes, businesses, and infrastructure have been targeted in many circumstances, leading to increased instances of widespread destruction and displacement of communities. Normal routines and social structures have been disrupted, leading to increased instances of disruptive and anti-social behaviour. Common among the nonconforming externalised problems are noncompliance with emergency protocols, refusal to follow instructions from authorities, defiance, rule-breaking, oppositional behaviour, disruptive outbursts and disregard for safety guidelines. Residents commonly resist curfews, defy norms that may be intended to protect them and oppose instructions even though they may be meant to ensure their safety. Safety guidelines and protocols are perceived to be domineering, especially as affected residents do not participate in resolving on the need to implement them.

Above all these, displaced victims of the crisis face significant challenges when adapting to new environments while trying to resettle. These challenges can include cultural and ethnic differences, language barriers, and limited access to resources such as housing, employment, and education. Adapting to new cultural and traditional norms and practices can be challenging since language barriers, different social customs, and unfamiliar traditions can create feelings of isolation and stress. Many fleeing victims of the Anglophone crisis have either sought refuge in neighbouring Nigeria or have internally displaced themselves to Francophone regions where they encounter quite new cultural and ethnic traditions, language, and customs. Settling in and adapting to these new traditions and lifestyles is not always easy as IDPs and refugees have to deal with new ways of life, with several dimensions of culture shock and conflict. Also, displaced people struggle to find employment and secure a stable income, often facing discrimination in the job market and lacking the necessary skills or certifications recognised in the host environment. In other parts of Cameroon, especially in major city centres like Bafoussam, Bamenda, Buea, Limbe, Douala, and Yaounde, IDPs from the Anglophone regions of Cameroon roam the streets in search of jobs. Many of them are in the informal sector, doing menial jobs just to earn a living. Sad enough, many others, especially women and girls, have adopted promiscuous lifestyles just to make ends meet. The loss of jobs, businesses and income has led to increased poverty and economic instability. Many such people in these cities rely on humanitarian aid for survival, even though this is often inconsistent and insufficient.

Furthermore, accessing essential services such as healthcare, education, and social services is too overburdensome since people are not equipped to handle the specific needs of displaced populations. Finally, the trauma of displacement, loss of home, and uncertainty about the future often lead to mental health issues such as anxiety, depression, and PTSD. Even if these challenges are minimised, sometimes, there are rift tensions between displaced victims and their host communities. For example, it is not uncommon that host communities and persons perceive displaced people as competitors for jobs, housing, and social services, leading to hate, resentment and hostility. Differences in cultural practices and values also often lead to misunderstandings and conflicts between displaced people and host community members. Finally, host communities might lack the infrastructure or resources to effectively integrate displaced populations, resulting in profound effects

on the lives of victims. Because of limited access to healthcare services in the regions, untreated illnesses, higher mortality rates and the spread of infectious diseases have become rife. Insufficient food supply and poor nutrition have led to prevalent reports of malnutrition, especially among more vulnerable children. At the onset of the crisis, education was highly targeted with disruptions in schooling which have long-term negative impacts on children's development and future opportunities. It is not also uncommon how lack of infrastructure induces higher rates of violence, exploitation, and abuse, particularly against women and children.

In addition, the stress and trauma of living in a conflict-affected area or displaced environment can also increase the risk of substance abuse and addiction as victims of crises seek to cope with their experiences. Alcohol, drugs, and other substances may be used as a means of escape or self-medication, leading to dependency, and intensifying risky behaviours and other psychological problems. In fact, many displaced individuals in these regions use substances to temporarily escape from their traumatic experiences, overwhelming stress, and harsh living conditions. They use them to self-medicate symptoms of anxiety, depression, PTSD, and other mental health issues due to limited access to appropriate medical and psychological care. Unfortunately, regular use of alcohol and drugs can lead to dependency and addiction, creating an additional layer of physical and mental health problems. Using them can lead to increased engagement in risky behaviours, such as unsafe sexual practices, violence, and criminal activities, which can further jeopardize the safety and well-being of displaced persons. These behaviours inflame the already vulnerable conditions faced by displaced populations. For example, unsafe sexual practices elicit increased risks of STIs and unplanned pregnancies among IDPs. Violence predisposes them to physical injuries as well as increased levels of anxiety, depression, PTSD, and other mental health disorders. Meanwhile criminal activities elicit higher risks of substance abuse and involvement with the criminal justice system, often disrupting lives, separating families, and increasing vulnerability. Educating displaced individuals about these risks and the importance of seeking help can prevent and reduce not only substance use but also its impacts. Establishing community-based programmes that offer social support, recreational activities, and vocational training can provide healthier alternatives and reduce the need for substance use as a coping mechanism. For example, peer support groups where victims share experiences and offer mutual support can be helpful. Also, engaging in community events and activities to build social connections and support networks can help victims deal with their problems in more healthy and sustainable ways.

Meanwhile, the breakdown of governance structures and erosion of trust in authorities may lead to defiance of legal norms and authority figures in emergency situations. Common in these situations are acts of civil disobedience, protest, or resistance against perceived injustices or abuses of power (Beaujouan et al., 2020; Carothers & Youngs, 2015). Where emergency measures are implemented, such as evacuation orders or curfews, Nouri et al. (2020) maintain that some affected residents may defy or resist them due to fear, frustration, distrust, or a desire to maintain control over their own circumstances. Defiance can manifest in different ways, such as disobeying evacuation orders, ignoring curfews, conflicts with law enforcement, or attempting to circumvent restrictions put in place by authorities. Instances of defiance or resistance can create challenges for law enforcement and emergency response personnel tasked with maintaining order and ensuring public safety. Since January 2017, separatists have imposed "ghost towns" every other Monday and these have been accompanied by recurrent lockdowns during which movement, business and economic activity are halted. Several residents have suffered arrest, kidnap, property destruction, torture or death as a consequence of violating these calls to "ghost towns" and lockdowns. There have

also been recurrent curfews declared by State actors that have also witnessed violations which have also led to similar consequences like those imposed by separatists. These situations require careful handling to mitigate potential conflicts and prevent escalation of tensions. Effective communication, community engagement, and the establishment of trust between authorities and affected populations are crucial in managing defiance during emergencies.

Perspectives for human wellbeing and flourishing:

Promoting human well-being and flourishing in emergency situations requires a comprehensive approach that targets the unique challenges and needs of affected populations. Human wellbeing refers to the overall state of being healthy, happy, and prosperous even in the state of adversity (Ruggeri et al., 2020). It encompasses various aspects of life, including physical, mental, emotional, social, and spiritual dimensions that permit people to flourish and not flounder, even when they are deeply affected by crises. Flourishing represents the highest level of human wellbeing and encompasses a holistic state of thriving and optimal functioning across several dimensions. According to Ruggeri et al. (2020), flourishing goes beyond mere happiness or contentment, a sense of vitality, fulfilment, and growth. When individuals or communities are flourishing or experiencing a state of wellbeing, they experience a deep sense of satisfaction and purpose in life, actively engage with their surroundings, and contribute positively to their environment and society. In fact, flourishing involves cultivating positive emotions, engaging in meaningful activities, nurturing supportive relationships, pursuing personal growth, and contributing to the greater good (Fredrickson, 2001). Striving for flourishing, therefore, not only benefits individuals but also promotes the wellbeing of families, communities and societies as a whole. While flourishing refers to a state of optimal well-being, floundering is its antonym, representing a state of languishing, stagnation or emptiness that is characterised by struggle or difficulty and a lack of vitality, enthusiasm, purpose, and progress. According to Zucker (2022), people who are floundering may feel overwhelmed, confused, or unsure about how to move forward in a given situation. Languishing individuals may also experience feelings of apathy, boredom, and disconnection from their surroundings, without motivation and interest in engaging with activities or pursuing goals.

Achieving wellbeing and flourishing involves a balance and integration of physical, mental, emotional, social, and spiritual dimensions of life. As such, ensuring the physical safety and security of individuals is paramount in Anglophone Cameroon. Displaced persons and families in this region face challenges related to access to shelter, food, water, healthcare, and education. The conflict here has created a humanitarian crisis, with significant humanitarian needs among displaced persons. Various aspects of socio-economic and cultural activities are seriously hit, with schools, businesses, and markets, at times, forced to close due to insecurity. These circumstances have led to disruptions in schooling, livelihoods, and economic stability. Humanitarian organisations and agencies are working to provide assistance and support to affected persons and communities, but resources may be insufficient to meet the growing needs. In these challenging situations, prioritising civilian protection, demilitarisation of civilian areas, and adherence to international humanitarian law can help mitigate risks, deter languishing and stagnation, and promote well-being as well as perspectives for flourishing (UNHCR, 2024). These actions may also include relief efforts such as providing access to essential services such as healthcare, nutritious food, clean water, adequate shelter, and opportunities for physical activity. Humanitarian organisations and local authorities could collaborate to ensure the delivery of these and related humanitarian relief aid to those in need, especially vulnerable persons such as children, women, and the elderly in order to better their lives.

Engaging with affected communities and empowering local leaders may be crucial components of effective emergency response and resilience-building efforts during emergencies. By involving affected individuals and communities in decision-making processes, resource allocation, and response efforts, emergency responders can foster a sense of ownership and solidarity and become more effective in their emergency response efforts. Affected individuals and communities feel valued and empowered when they are actively engaged in shaping the response to emergencies that directly affect them (Aldrich & Meyer, 2015). According to Piltch-Loeb et al. (2021), local leaders and community members possess invaluable knowledge of the community's needs, resources, and capacities and when this local expertise is leveraged, emergency responders are able to design more contextually relevant and effective interventions that are tailored to the specific needs and dynamics of the individual or community. The need for local knowledge and expertise may be also related to questions of cultural sensitivity and respect. Communities in emergency situations thrive when they know that their cultural norms, values, and traditions are respected (Gerlach, 2023; Rahmani et al., 2022). Acknowledging and incorporating cultural and customary knowledge into emergency response efforts build trust and rapport with the community, which is essential for effective collaboration. Moreover, when local leaders and community members are empowered to participate in emergency response efforts, this fosters community resilience and they become better equipped to adapt and recover from adversity.

Certain groups, such as children, elderly individuals, people with disabilities, and marginalised communities, may be more vulnerable to the impacts of emergencies. Recognising and addressing these vulnerabilities through targeted interventions, such as specialised medical care, resource allocation, psychosocial support, and evacuation assistance, can help mitigate harm and promote resilience among at-risk populations. Emergency situations can also exacerbate pre-existing disparities and inequalities and adopting inclusive approaches to address systemic barriers and ensure that vulnerable populations have access to the resources and support they need to recover and rebuild in the aftermath of emergencies can mitigate these disparities. According to Szilagyi (2020), empowering marginalised groups, promoting social cohesion, and fostering community solidarity are essential components of resilience-building efforts that can help communities withstand and recover from crises. Therefore, addressing the needs of individuals and communities, no matter how diverse, is essential for promoting well-being during crises especially when inclusive approaches are adopted. At individual level, access to medical services, treatments and medications, mental health support and counselling, basic necessities such as food and clean water, shelter and safe housing, clothing and personal hygiene products as well as safety and security measures such as protection from violence and exploitation, and information on emergency procedures and safe locations can be extremely important to support efforts towards wellbeing and flourishing. Meanwhile at community level, healthcare infrastructure, leadership, resource distribution, public health measures, community engagement, and resilience building can be important support measures towards collective wellbeing in an embittered community struck by conflict.

Building the capacity of individuals, communities, and institutions to prepare for and respond to emergencies can enhance overall well-being and resilience in affected people. During emergencies, if training in emergency preparedness, first aid, disaster response, and risk reduction strategies are provided. According to Torani et al. (2019), this empowers individuals to take proactive measures to protect themselves, their families, and their communities. In fact, when people have the knowledge and skills to effectively respond to crises, they feel more confident and empowered to

take necessary action. Training in risk reduction strategies also enables people to identify potential hazards and vulnerabilities, and take steps to mitigate them. This includes implementing measures such as securing buildings, developing evacuation plans, creating emergency supply kits, and establishing communication networks to enhance resilience and reduce the impact of crises. Meanwhile, according to Wilks & Pendergast (2017), training individuals in first aid, CPR, and other emergency response techniques equips them with the skills needed to provide immediate assistance to those in need in times of emergencies. This can help save lives and reduce the severity of injuries while waiting for professional medical assistance to arrive. Institutionally, building institutional capacity to respond to emergencies can foster coordination and collaboration among different stakeholders. Establishing clear roles, responsibilities, and communication channels can permit institutions to effectively work together to address the needs of affected communities and minimize the impact of crises. The knowledge and skills gained through emergency preparedness training are valuable assets that people can carry with them throughout their lives. Whether at home, in the workplace, or in public settings, the ability to respond effectively to emergencies enhances personal safety, promotes community resilience, and contributes to overall well-being.

Investing in long-term recovery and rebuilding efforts is also essential for restoring well-being and rebuilding communities that have been hit by emergencies. Long-term recovery efforts should prioritise sustainable development initiatives that address the underlying social, economic, and environmental factors contributing to vulnerability and risk. This may include investing in resilient infrastructure, promoting environmentally sustainable practices, and fostering inclusive economic growth that benefits all members of the community. In this regard, supporting livelihood restoration is critical for enabling people and communities to recover from the economic impacts of emergencies. This may involve providing financial assistance, vocational training, and employment opportunities to help people sustainably rebuild their lives, businesses, farms, and livelihoods. Also, rebuilding critical infrastructure, such as schools, hospitals, roads, bridges, and utilities, may be essential for restoring essential services and enabling communities to function effectively in the aftermath of emergencies. Investment in resilient infrastructure that can withstand future hazards and disasters can also be key to reducing vulnerability and promoting long-term resilience. Meanwhile, strengthening social cohesion and community resilience can be essential for promoting well-being and recovery. This may involve fostering trust, solidarity, and mutual support among affected populations, as well as promoting inclusive decision-making processes that empower all stakeholders to participate in rebuilding efforts. Psychosocial support services may also be critical for addressing the emotional and psychological impacts of emergencies especially those that induce trauma and other related psychological problems. In this direction, psychotherapy, counselling, mental health services, peer support groups, and community-based interventions can help people cope with trauma, grief, and stress and rebuild social cohesion.

Conclusion:

The Anglophone crisis in Cameroon has had profound psychological impacts on individuals and communities, both internally and externally. Many people directly affected by the crisis experience or have experienced trauma and stress and their related conditions as a result of violence, displacement, and loss of property and loved ones. The psychological toll of these difficult experiences manifests in various forms, including anxiety, depression, and post-traumatic stress disorder (PTSD). People living in conflict-hit areas, more often have to deal with pervasive fear and insecurity, which strongly undermine their sense of safety and well-being. Constant exposure to violence, fear and uncertainty exposes victims to hypervigilance, sleep disturbances, and a

diminished sense of control over one's life. The crisis has also resulted in significant loss of life, property, and livelihoods, leading to profound grief and mourning in affected communities. Survivors are not left without physical and psychological injuries. There are those currently living with physical handicapping conditions that resulted from the conflict. Among others, explosions and gunfire have led to severe burns, amputations and hearing loss, bullet injuries have caused paralysis, while blasts have caused brain injuries, blindness or severe eye damage in some victims. But many other victims have suffered and are still suffering from psychological impacts, either internalised or externalised, or both, such as trauma, flashbacks, emotional numbing, sleep disturbances, aggression and hypervigilance. Dealing with the loss of family members, homes, and belongings has aggravated feelings of sadness, helplessness, and despair among victims. The breakdown of social networks and community cohesion due to displacement and violence also contributes to feelings of isolation and loneliness. Displaced individuals often struggle to maintain connections with family and friends, intensifying feelings of alienation and disconnection.

Consequently, many Anglophones have been forced to flee their homes and seek refuge in neighbouring countries as refugees or other regions and localities within Cameroon as internally displaced persons (IDPs). The challenges of displacement, including inadequate shelter, limited access to healthcare, and uncertainty about the future, can intensify psychological distress and strain coping mechanisms. Reports of human rights abuses, including arbitrary arrests, torture, and extrajudicial killings, have been documented throughout the crisis period and in across localities in the region. Such violations not only cause immediate physical harm but also inflict lasting psychological harm on victims and witnesses. Some individuals and communities hit by the crisis suffer stigmatisation and discrimination based on their ethnic or linguistic identity. For instance, while residents who have tended to be republican have been branded sympathisers of the regime or "black legs" by non-state actors, the state machinery has inadvertently stigmatised the Anglophone public in demeaning ways. For example, negative stereotypes have been promoted and perpetuated about them, laws and policies have been implemented that seem to disadvantage or marginalise them, derogatory language has been used to demean victims, and as earlier shown, subjecting victims of the crisis to physical violence, threats and ongoing harassment has been on the rise. Prejudice and discrimination can intensify feelings of marginalization and undermine social cohesion, further compromising well-being and resilience. Furtherance to these, limited access to mental health services and resources poses a significant barrier to addressing the psychological impacts of the crisis on victims. Many affected victims do not have access to trained mental health professionals, psychosocial support services, and evidence-based treatments for trauma-related conditions. Where they exist, they may be scarce, difficult to access and sometimes very expensive.

Addressing the psychological impacts of the Cameroon Anglophone crisis, therefore, requires comprehensive interventions that prioritise mental health support, trauma-informed care, and efforts to promote peace, reconciliation, and social cohesion. This includes providing access to mental health services, psychosocial support, and community-based interventions aimed at building resilience and fostering healing among individuals and communities affected by the conflict. Adopting trauma-informed approaches to service delivery can help address the complex needs of individuals and communities affected by the crisis. This involves creating safe and supportive environments, promoting trust and empowerment, and recognizing the role of trauma in shaping people's experiences and responses. Engaging victims and communities in the design and implementation of psychosocial support interventions can help build social support networks, strengthen resilience, and promote healing at the grassroots level. Community-based

approaches empower local stakeholders to identify culturally relevant coping strategies and resources that promote well-being. Increasing humanitarian assistance and funding for mental health and psychosocial support programmes is essential for addressing the psychological impacts of the crisis. This includes training local health workers, providing psychosocial support services in refugee camps and displacement settings, and integrating mental health into primary healthcare systems. Dealing with the underlying drivers of the crisis, including political grievances and structural inequalities, is essential for promoting long-term peace, justice, and reconciliation. Meanwhile, efforts to address root causes of the conflict, promote inclusive dialogue, and uphold human rights can contribute to healing and reconciliation in the affected area.

References:

1. Afzal, M.Z. (2023). *Nausea: Definition, types, causes, symptoms, and effects*. https://welzo.com/blogs/health/nausea accessed 15 Feb 2024.
2. Agaibi, C. E. & Wilson, J. P. (2005). Trauma, PTSD, and Resilience: A review of the literature. *Trauma, Violence & Abuse*, *6*(3), 195–216. http://www.jstor.org/stable/26636658
3. Aldrich, D. & Meyer, M.A., (2015) Social Capital and Community Resilience. *American Behavioral Scientist*, 59(2) 254 – 269
4. Ayres, Jon G. & Baxter, P.J. (2020). Disasters: Earthquakes, hurricanes, floods, and volcanic eruptions. In Firth, J., Conlon, C. & Cox, T. (eds), *Oxford Textbook of Medicine*, 6 edn (Oxford, 2020; online edn, Oxford Academic, 1 Jan. 2020), https://doi.org/10.1093/med/9780198746690.003.0211, accessed 12 Feb. 2024.
5. Babicka-Wirkus, A., Kozłowski, P., Wirkus, Ł., & Stasiak, K. (2023). Internalizing and externalising disorder levels among adolescents: Data from Poland. *International Journal of Environmental Research and Public Health*, *20*(3), 2752. https://doi.org/10.3390/ijerph20032752
6. Babson, K. A. & Feldner, M. T. (2010). Temporal relations between sleep problems and both traumatic event exposure and PTSD: A critical review of the empirical literature. *Journal of Anxiety Disorders*, *24*(1),1–15. https://doi.org/10.1016/j.janxdis.2009.08.002
7. Bang, H.N. & Balgah, R.A. (2022). The ramification of Cameroon's Anglophone crisis: conceptual analysis of a looming "complex disaster emergency". *International Journal of Humanitarian Action*,**7**(6). https://doi.org/10.1186/s41018-022-00114-1
8. Barnhill, J.W. (2023). Posttraumatic stress disorder (PTSD). *MSD Mannual*. https://www.msdmanuals.com/professional/psychiatric-disorders/anxiety-and-stressor-related-disorders/posttraumatic-stress-disorder-ptsd accessed 14 Feb. 2024.
9. Beaujouan, J., Bell, C., Epple, T., & Wilson, R. (2020). *State responses to social unrest: Pathways out of crisis.* The University of Edinburgh: Global Justice Academy: Political Settlements Research Programme (PSRP)
10. Bizri, M., Kassir, G., Tamim, H., Kobeissy, F., & Hayek, S. E. (2022). Psychological distress experienced by physicians and nurses at a tertiary care center in Lebanon during the COVID-19 outbreak. *Journal of Health Psychology*, *27*(6), 1288–1300. https://doi.org/0.1177/1359105321991630
11. Braga, L.L., Fiks, J.P., Mari, J.J. *et al.* (2008). The importance of the concepts of disaster, catastrophe, violence, trauma and barbarism in defining posttraumatic stress disorder in clinical practice. *BMC Psychiatry*, 8, 68. https://doi.org/10.1186/1471-244X-8-68

12. Bravender, T., Bryant-Waugh, R., Herzog, D., Katzman, D., Kriepe, R. D., Lask, B., Le Grange, D., Lock, J., Loeb, K. L., Marcus, M. D., Madden, S., Nicholls, D., O'Toole, J., Pinhas, L., Rome, E., Sokol-Burger, M., Wallin, U., Zucker, N., & Workgroup for Classification of Eating Disorders in Children and Adolescents (2010). Classification of eating disturbance in children and adolescents: proposed changes for the DSM-V. *European eating disorders review: the journal of the Eating Disorders Association*, *18*(2), 79–89. https://doi.org/10.1002/erv.994
13. Brewin, C. R. (2015). Re-experiencing traumatic events in PTSD: new avenues in research on intrusive memories and flashbacks. *European Journal of Psychotraumatology*, *6*, 27180. https://doi.org/10.3402/ejpt.v6.27180
14. Brown, V., Morgan, T., & Fralick, A. (2021). Isolation and mental health: thinking outside the box. *General psychiatry*, *34*(3), e100461. https://doi.org/10.1136/gpsych-2020-100461
15. Buğa, A., & Kaya, İ. (2022). The Role of Cognitive Distortions related Academic Achievement in Predicting the Depression, Stress and Anxiety Levels of Adolescents. *International Journal of Contemporary Educational Research*, 9(1), 103-114. https://doi.org/10.33200/ijcer.1000210
16. Carothers, T & Youngs, R. (2015). *The complexities of global protests.* Washington, DC: Carnegie Endowment for International Peace.
17. CDC (2019). *Psychology of a crisis*. https://emergency.cdc.gov/cerc/ppt/CERC_Psychology_of_a_Crisis.pdf accessed 12 Feb. 2024.
18. Chong, L.S., Gordis, E., Hunter, L., Amoh, J., Strully, K., Appleton, A.A., & Tracy, M. (2022). Childhood violence exposure and externalizing behaviours: A systematic review of the role of physiological biomarkers. *Psycho-neuroendocrinology*, 145, 105898. doi: 10.1016/j.psyneuen.2022.105898. Epub 2022 Aug 24. PMID: 36087419; PMCID: PMC9840871.
19. Cleveland Clinic (2023). *Panic attacks and panic disorder*. https://my.clevelandclinic.org/health/diseases/4451-panic-attack-panic-disorder accessed 14 Feb. 2024.
20. Cognitive Behavioural Therapy (2020). *Cognitive distortions in relationships*. https://cogbtherapy.com/cbt-blog/tag/Cognitive+Distortions Downloaded on January 6, 2024.
21. Drapikovskyi, O. & Ivanova, I. (2023). Property damage assessment methods and models due to armed aggression. *Real Estate Management and Valuation*, 31, 32-43. 10.2478/remav-2023-0019.
22. Dynes, R. (2006). Social capital: Dealing with community emergencies. *Homeland Security Affairs*, 2, Article 5 (July 2006). https://www.hsaj.org/articles/168
23. Dynes, R. & Tierney, K. (1994). *Disasters, collective behaviour, and social organization*. Newark: University of Delaware Press
24. Eskandari, F. (2019). Comparative study of property destruction crime case study: Iranian and British Law. *The International Journal of Social Sciences and Humanities Invention*, 6(11), 5698-5701
25. Evolve Therapy (2023). *Healing from betrayal trauma*. https://www.evolvetherapymn.com/post/healing-from-betrayal-trauma Downloaded on January 6, 2024.
26. Filip, R., Gheorghita Puscaselu, R., Anchidin-Norocel, L., Dimian, M., & Savage, W. K. (2022). Global challenges to public health care systems during the COVID-19 pandemic: A review of pandemic measures and problems. *Journal*

of Personalised Medicine, *12*(8), 1295. https://doi.org/10.3390/jpm12081295

27. Fimiani, R., Gazzillo, F., Dazzi, N. & Bush, M. (2022). Survivor guilt: Theoretical, empirical, and clinical features. *International Forum of Psychoanalysis*, 31(3), 176-190, DOI: 10.1080/0803706X.2021.1941246
28. Fort Behavioral Health (2020). Six strategies for handling survivor's guilt. *Mental Health*, January 14, 2020. https://www.fortbehavioral.com/addiction-recovery-blog/six-strategies-for-handling-survivors-guilt/ Downloaded on January 6, 2024.
29. Fortier-Brochu, E., Beaulieu-Bonneau, S., Ivers, H., & Morin, C. M. (2010). Relations between sleep, fatigue, and health-related quality of life in individuals with insomnia. *Journal of Psychosomatic Research*, *69*(5), 475–483. https://doi.org/10.1016/j.jpsychores.2010.05.005
30. Fredrickson, B. L. (2001). The role of positive emotions in positive psychology. The broaden-and-build theory of positive emotions. *The American Psychologist*, *56*(3), 218–226. https://doi.org/10.1037//0003-066x.56.3.218
31. Friedline, T., Chen, Z., & Morrow, S. (2021). Families' financial stress and well-being: The importance of the economy and economic environments. *Journal of Family and Economic Issues*, *42*(Suppl 1), 34–51. https://doi.org/10.1007/s10834-020-09694-9
32. Friedrich Ebert Stiftung (2020). *Vulnerability in Cameroon's conflict regions: Causes, manifestations and consequences on the population*. Younde: Presses Universitaires d'Afrique.
33. Gärling, T., Kirchler, E., Lewis, A., & van Raaij, F. (2009). Psychology, financial decision making, and financial crises. *Psychological Science in the Public Interest*, *10*(1), 1–47. http://www.jstor.org/stable/41038719
34. Gerlach, R. (2023). *Building resilience through diversity: The role of inclusion and equity in emergency management*. https://www.linkedin.com/pulse/building-resilience-through-diversity-role-inclusion-robert accessed 18 Feb 2024
35. GGI Insights (2024). *Malnutrition: Addressing nutritional deficiencies and their impacts*. https://www.graygroupintl.com/blog/malnutrition accessed 14 Feb.2024.
36. Guglielmetti, M., Serafini, G., Amore, M., & Martelletti, P. (2020). The relation between persistent post-traumatic headache and PTSD: Similarities and possible differences. *International Journal of Environmental Research and Public Health*, *17*(11), 4024. https://doi.org/10.3390/ijerph17114024
37. Guy-Evans, O. (2023). What is hypervigilance? A core symptom of PTSD. *SimplyPsychology*. https://www.simplypsychology.org/hypervigilance.html
38. Hamm, M.P., Osmond, M., Curran, J., Scott, S., Ali, S., Hartling, L., Gokiert, R., Cappelli, M., Hnatko, G. & Newton, A.S. (2010). A systematic review of crisis interventions used in the emergency department: Recommendations for pediatric care and research. *Pediatric Emergency Care*, 26(12), 952-62.
39. Hayes, J. P., Vanelzakker, M. B., & Shin, L. M. (2012). Emotion and cognition interactions in PTSD: a review of neurocognitive and neuroimaging studies. *Frontiers in Integrative Neuroscience*, *6*, 89. https://doi.org/10.3389/fnint.2012.00089
40. healthdirect (2022). *Grief and loss*. https://www.healthdirect.gov.au/grief-loss accessed 14 Feb. 2024.

41. Holsti, K. J. (2011). Political causes of humanitarian emergencies. In E. Wayne Nafziger, Frances Stewart, and Raimo Väyrynen (eds), *War, Hunger, and Displacement: VOLUME 1*, WIDER Studies in Development Economics (Oxford, 2000; online edn, Oxford Academic, 3 Oct. 2011), https://doi.org/10.1093/acprof:oso/9780198297390.003.0007, accessed 12 Feb. 2024.
42. Huesmann, L.R., Dubow, E.F., Boxer, P., Smith, C., Shikaki, K., Landau, S.F. & Gvirsman, S.D. (2023). Consequences of exposure to war violence: Discriminating those with heightened risk for aggression from those with heightened risk for post-traumatic stress symptoms. *International Journal of Environmental Research and Public Health*, *20*, 6067. https://doi.org/10.3390/ijerph20126067
43. Huziej, M. (2023). *All about cognitive distortions*. https://cpdonline.co.uk/knowledge-base/mental-health/cognitive-distortions/ Downloaded on January 6, 2024.
44. International Crisis Group (2017). Cameroon's anglophone crisis at the crossroads. *Africa Report N°250.* https://icg-prod.s3.amazonaws.com/250-cameroons-anglophone-crisis-at-the-crossroads_0.pdf accessed 14 Feb. 2024.
45. International Crisis Group (2022). *Rebels, victims, peacebuilders: Women in Cameroon's Anglophone conflict.* https://www.crisisgroup.org/africa/central-africa/cameroon/rebels-victims-peacebuilders-women-cameroons-anglophone-conflict accessed 14 Feb. 2024.
46. Jeter, M. (2023). *The civil war conflict between Anglophones/Francophones in the Northwest and Southwest Regions of Cameroon.* Unpublished Masters (MA) Thesis in Political Science & Geography in the Old Dominion University. DOI:10.25777/7nkp-js77 https://digitalcommons.odu.edu/gpis_etds/155
47. Kleber R. J. (2019). Trauma and public mental health: A focused review. *Frontiers in Psychiatry, 10*, 451. https://doi.org/10.3389/fpsyt.2019.00451
48. Koffel, E., Khawaja, I. S., & Germain, A. (2016). Sleep disturbances in posttraumatic stress disorder: Updated review and implications for treatment. *Psychiatric Annals*, *46*(3), 173–176. https://doi.org/10.3928/00485713-20160125-01
49. Konturek, P.C., Brzozowski, T. & Konturek, S.J. (2011). Stress and the gut: Pathophysiology, clinical consequences, diagnostic approach and treatment options. *Journal of Physiological Pharmacology*, 62(6), 591-599.
50. Li, Y., & Peng, J. (2022). Evaluation of expressive arts therapy on the resilience of university students in COVID-19: A network analysis approach. *International Journal of Environmental Research and Public Health*, *19*(13), 7658. https://doi.org/10.3390/ijerph19137658
51. Lipsky, M., & Smith, S. R. (1989). When social problems are treated as emergencies. *Social Service Review*, *63*(1), 5–25. http://www.jstor.org/stable/30011997
52. McKinnon, M.C., Boyd, J.E., Frewen, P.A., Lanius, U.F., Jetly, R., Richardson, J.D. & Lanius, R.A. (2016). A review of the relation between dissociation, memory, executive functioning and social cognition in military members and civilians with neuropsychiatric conditions. *Neuropsychologia*, 90, 210-234
53. ariotti, A. (2015). The effects of chronic stress on health: new insights into the molecular mechanisms of brain-body communication. *Future Science OA*, *1*(3), FSO23. https://doi.org/10.4155/fso.15.21
54. Mezzina, R., Gopikumar, V., Jenkins, J., Saraceno, B., & Sashidharan, S. P. (2022).

Social vulnerability and mental health inequalities in the "Syndemic": Call for action. *Frontiers in Psychiatry, 13*, 894370. https://doi.org/10.3389/fpsyt.2022.894370

55. Miller, K. E., & Rasmussen, A. (2017). The mental health of civilians displaced by armed conflict: an ecological model of refugee distress. *Epidemiology and Psychiatric Sciences*, *26*(2), 129–138. https://doi.org/10.1017/S2045796016000172
56. Murphy, S., Irving, C.B., Adams, C.E. & Driver, R. (2012). Crisis intervention for people with severe mental illnesses. *Cochrane Database System Review*, 5(5), CD001087.
57. Murray, H., Pethania, Y., & Medin, E. (2021). Survivor guilt: A cognitive approach. *Cognitive Behaviour Therapist*, *14*, e28. https://doi.org/10.1017/S1754470X21000246
58. National Institute of Health (NIH) (2022). *Panic disorder: When fear overwhelms*. https://www.nimh.nih.gov/health/publications/panic-disorder-when-fear-overwhelms accessed 14 Feb 2024
59. National Institute of Health (NIH) (2023). *Anxiety disorders*. https://www.nimh.nih.gov/health/topics/anxiety-disorders accessed 14 Feb 2024
60. National Institute of Health (NIH) (2023). *Posttraumatic stress disorder*. https://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd accessed 14 Feb 2024
61. Ngalame, E.N. (2019). *Cameroon conflict turns climate-stressed farmers into "food beggars"*. Thomson Reuters Foundation, Tuesday, 30 July 2019. https://news.trust.org/item/20190730063859-9uxv7/ accessed 14 Feb. 2024
62. Nicholson, R. A., Houle, T. T., Rhudy, J. L., & Norton, P. J. (2007). Psychological risk factors in headache. *Headache, 47*(3), 413–426. https://doi.org/10.1111/j.1526-4610.2006.00716.x
63. Nobakht, H. N., & Dale, K. Y. (2019). The mediational roles of sleep disorders and nightmares in the relationship between trauma and dissociation. *Dreaming, 29*(1), 79–90. https://doi.org/10.1037/drm0000095
64. Nouri, F., Khorasani-Zavareh, D., & Mohammadi, R. (2020). Factors affecting safe emergency evacuation of subways in Iran: findings of a qualitative study. *Journal of Injury and Violence Research*, *12*(2), 117–134. https://doi.org/10.5249/jivr.vo112i2.1259
65. OCHA (2021). Humanitarian needs overview: Cameroon. https://cameroon.un.org/sites/default/files/202107/Cameroon%20Humanitarian%20Needs%20Overview%202021%20%28issued%20Mar%202021%29.pdf accessed 9 Feb. 2024.
66. Oroian, B.A., Ciobica, A., Timofte, D., Stefanescu, C., Serban, I.L. (2021). New metabolic, digestive, and oxidative stress-related manifestations associated with posttraumatic stress disorder. Oxidative *Medicine* and *Cellular Longevity, 2021*, 5599265. doi: 10.1155/2021/5599265
67. Ozbay, F., Johnson, D. C., Dimoulas, E., Morgan, C. A., Charney, D., & Southwick, S. (2007). Social support and resilience to stress: from neurobiology to clinical practice. *Psychiatry (Edgmont (Pa. : Township))*, *4*(5), 35–40.
68. Pedrosa et al. (2020). Emotional, behavioural, and psychological impact of the COVID-19 pandemic. *Frontiers in Psychology*, 11, https://doi.org/10.3389/fpsyg.2020.566212
69. Pelican, M. (2022). The Anglophone conflict in Cameroon – historical and political background. Freiburg: Arnold-Bergstraesser-Institut (Working Paper No. 20). https://www.arnoldbergstraesser.de/sites/default/files/field/pubdownload/_abi_worki

ngpaper_20_the_anglophone_conflict_in_cameroon_historical_and_political_background_0.pdf accessed 14 Feb. 2024.

70. Picco, E. & Mutiga, M. (2022). Cameroon's Anglophone conflict: Children should be able to return to school. *The Africa Report*. September 20 2022. https://www.theafricareport.com/241506/cameroons-anglophone-conflict-children-should-be-able-to-return-to-school/#continue-reading accessed 9 Feb. 2024.
71. Piltch-Loeb, R., Bernard, D., Vallejo, B., Harriman, N. & Savoia, E. (2021). Engaging community leaders in sharing local knowledge for emergency preparedness to leverage communication and trusted assets for vulnerable populations. *Disaster Medicine and Public Health Preparedness*, 16. 10.1017/dmp.2021.103.
72. Rahmani, M., Muzwagi, A., & Pumariega, A. J. (2022). Cultural factors in disaster response among diverse children and youth around the world. *Current Psychiatry Reports*, *24*(10), 481–491. https://doi.org/10.1007/s11920-022-01356-x
73. Fimiani, R., Gazzillo, F., Dazzi, N. & Bush, M. (2021). Survivor guilt: Theoretical, empirical, and clinical features, *International Forum of Psychoanalysis*, DOI: 10.1080/0803706X.2021.1941246
74. Rand, G. (2023). *How creative expression can boost mental health and reduce anxiety*. https://www.linkedin.com/pulse/how-creative-expression-can-boost-mental-health-reduce-rand-
75. Reblin, M., & Uchino, B. N. (2008). Social and emotional support and its implication for health. *Current Opinion in Psychiatry*, *21*(2), 201–205. https://doi.org/10.1097/YCO.0b013e3282f3ad89
76. Ruggeri, K., Garcia-Garzon, E., Maguire, A. *et al.* (2020). Well-being is more than happiness and life satisfaction: A multidimensional analysis of 21 countries. *Health Quality Life Outcomes* 18(192) (2020). https://doi.org/10.1186/s12955-020-01423-y
77. Sagi, L., Bareket-Bojmel, L., Tziner, A., Icekson, T. & Mordoch, T. (2021). Social support and well-being among relocating women: The mediating roles of resilience and optimism. *Revista de Psicología del Trabajo y de las Organizaciones*, 37(2), 107-117.
78. Salleh, M. R. (2008). Life event, stress and illness. *The Malaysian Journal of Medical Sciences*, *15*(4), 9–18.
79. Shah, H., Somaiya, M., Chauhan, N., & Gautam, A. (2023). Clinical practice guidelines for assessment and management of children and adolescents presenting with psychiatric emergencies. *Indian Journal of Psychiatry*, *65*(2), 159–174. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_494_22
80. Shah, K. (2024). *Art and creativity as expressions of the soul: Exploring therapeutic approaches*. https://www.linkedin.com/pulse/art-creativity-expressions-soul-exploring-therapeutic-karishma-shah--uvazf?trk=public_post
81. Sravanti, L. (2015). Black & white thinking: A cognitive distortion. *Indian Journal of Psychiatry*, 57(1), 94. Doi: 10.4103/0019-5545.148535
82. Suni, E. & Singh, A. (2023). *Nightmare*s. https://www.sleepfoundation.org/nightmares accessed 14 Feb. 2024.
83. Szilagyi, B. (2020). Humanitarian action to empower the most vulnerable social groups in disasters and complex emergencies. *Safety and Security Sciences Review*, 2(1), 61-75.
84. Torani, S., Majd, P. M., Maroufi, S. S., Dowlati, M., & Sheikhi, R. A. (2019). The

importance of education on disasters and emergencies: A review article. *Journal of Education and Health Promotion*, *8*, 85. https://doi.org/10.4103/jehp.jehp_262_18

85. Tull, M. (2023). *Flashbacks and **d**issociation in PTSD*: *How to **c**ope.* https://www.verywellmind.com/coping-with-flashbacks-2797574 accessed 12 Feb. 2024.
86. Uban, A., Chulvi, B. & Rosso, P. (2021). An emotion and cognitive based analysis of mental health disorders from social media data. *Future Generation Computer Systems*, 124, 480-494. https://doi.org/10.1016/j.future.2021.05.032
87. UNHCR (2024). *Protection in armed conflict. Emergency handbook*. https://emergency.unhcr.org/protection/protection-mechanisms/protection-armed-conflict accessed 18 Feb 2024
88. van der Kolk B. (2000). Posttraumatic stress disorder and the nature of trauma. *Dialogues in Clinical Neuroscience*, *2*(1), 7–22. https://doi.org/10.31887/DCNS.2000.2.1/bvdkolk
89. Villalobos, D., Pacios, J., & Vázquez, C. (2021). Cognitive control, cognitive biases and emotion regulation in depression: A new proposal for an integrative interplay model. *Frontiers in Psychology*, *12*, 628416. https://doi.org/10.3389/fpsyg.2021.628416
90. Volpicelli, J., Balaraman, G., Hahn, J., Wallace, H., & Bux, D. (1999). The role of uncontrollable trauma in the development of PTSD and alcohol addiction. *Alcohol Research & Health: The Journal of the National Institute on Alcohol Abuse and Alcoholism*, *23*(4), 256–262.
91. WHO (2022). *Mental health in emergencies*. https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies accessed 12 Feb. 2024.
92. WHO (2023) *Malnutrition*. https://www.who.int/news-room/fact-sheets/detail/malnutrition accessed 14 Feb. 2024.
93. Wilks, J. & Pendergast, D. (2017). Skills for life: First aid and cardiopulmonary resuscitation in schools. *Health Education Journal*,76.001789691772809. 10.1177/0017896917728096.
94. Willis, R., McAulay, J., Ndeunyema, N. & Angove, J. (2019). *Human rights abuses in the Cameroon Anglophone crisis: A submission of evidence to UK Parliament*. Oxford: University of Oxford (Faculty of Law). https://www.rightofassembly.info/assets/downloads/Cameroon_Anglophone_Crisis_Report.pdf accessed 9 Feb. 2024.
95. World Bank (2021). *The socio-political crisis in the Northwest and Southwest Regions of Cameroon: Assessing the economic and social impacts.* Washington, DC: International Bank for Reconstruction and Development / The World Bank
96. World Report (2023). *Cameroon: Events of 2022*. https://www.hrw.org/world-report/2023/country-chapters/cameroon accessed 14 Feb. 2024.
97. Zucker, R. (2022). *How to move forward when you're overwhelmed by uncertainty*. Forbes. https://www.forbes.com/sites/rebeccazucker/2022/11/02/how-to-move-forward-when-youre-overwhelmed-by-uncertainty/?sh=34735189bad1 accessed 18 Feb 2024