Nusantara Journal of Behavioral and Social Science. 2026; 5(3): 133-146
ISSN 2828-1039 (print), ISSN 2828-0733 (online)
https://doi.org/10.47679/njbss.202617453

RESEARCH ARTICLE

Negative Life Events, Childhood Trauma, Defense Mechanisms, and Post-Traumatic Stress Symptoms Among Internally Displaced Persons in Cameroon: An Exploratory Mixed-Methods Clinical Study

Hassan Njifon Nsangou[1], Martial Nguegno Fouadjo[*2],
Ntjam Ewane Epote Marie-Chantal[3]

Published online: 30 August 2026

Abstract: Internally displaced persons (IDPs) affected by prolonged armed conflict are exposed not only to conflict-related violence but also to cumulative adversities that may extend across the life course. This exploratory mixed-methods clinical study examined the associations among childhood trauma, cumulative negative life events, psychological defense mechanisms, and post-traumatic stress symptoms among IDPs affected by the socio-political conflict in the North-West and South-West regions of Cameroon. Ten purposively selected adults residing in an informal resettlement site in the Littoral Region participated in the study. Quantitative data were collected using the Impact of Event Scale-Revised (IES-R) and the Childhood Trauma Questionnaire-Short Form (CTQ-SF), while qualitative data were obtained through semi-structured clinical interviews. Quantitative findings were analyzed descriptively, and interview transcripts underwent thematic analysis informed by psychoanalytic and cumulative trauma perspectives. All participants scored above the IES-R clinical screening threshold, indicating high levels of post-traumatic stress symptoms. Seven participants (70%) reported at least one moderate-to-severe form of childhood maltreatment, particularly emotional and physical abuse. The qualitative analysis identified three overarching themes: cumulative traumatic experiences across the life course, adaptive and chronic psychological defense mechanisms, and persistent post-traumatic manifestations. Participants frequently described intrusive memories, nightmares, avoidance, hypervigilance, emotional instability, sleep disturbances, and social withdrawal. The findings suggest that childhood adversity, conflict-related trauma, and post-displacement stressors are interconnected rather than isolated experiences and may jointly reinforce psychological vulnerability. These results support a cumulative trauma perspective and highlight the importance of trauma-informed psychosocial care, routine psychological screening, community-based support, and accessible referral pathways for severely affected IDPs.

Keyword: negative life events; childhood trauma; cumulative trauma; post-traumatic stress symptoms; internally displaced persons; defense mechanisms; Cameroon.

INTRODUCTION

Since 2016, the socio-political conflict affecting the North-West and South-West regions of Cameroon has generated one of the country's most severe humanitarian crises. Initially rooted in political and socio-professional grievances, the conflict rapidly escalated into armed confrontations between separatist groups and government security forces, exposing civilians to killings, kidnappings, torture, destruction of property, and repeated human rights violations. According to the United Nations High Commissioner for Refugees (UNHCR, 2024), more than one million people have been affected, and hundreds of thousands have been internally displaced. Unlike refugees, internally displaced persons (IDPs) remain within their own country while facing prolonged insecurity, disrupted livelihoods, poverty, limited access to healthcare, and uncertainty about the future, all of which increase vulnerability to trauma-related psychological disorders.

According to the United Nations Guiding Principles on Internal Displacement (Deng et al., 2001), IDPs are individuals forced to flee their homes because of armed conflict, violence, human rights violations, or disasters

[1] Research Unit in Philosophy and Applied Social Sciences, University of Dschang, Cameroon.
Clinical Psychoanalysis and Development Laboratory, Paris Nanterre University, France

[2*), 3] Laboratory of Psychology and Behavioral Sciences, University of Douala, Cameroon

*) *corresponding author*

Martial Nguegno Fouadjo
Laboratory of Psychology and Behavioral Sciences, University of Douala, Cameroon

Email: martialnguegno@gmail.com

Submitted: 05 March 2026 Revised: 07 August 2026 Accepted: 25 August 2026

without crossing an internationally recognized border. Beyond geographical relocation, internal displacement disrupts family relationships, social networks, economic stability, and access to essential services, often resulting in prolonged psychosocial hardship.

Traumatic events are defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) and the International Classification of Diseases (ICD-11) as exposure to actual or threatened death, serious injury, or sexual violence (American Psychiatric Association [APA], 2022; WHO, 2022). However, contemporary trauma research increasingly emphasizes that psychological reactions cannot be explained solely by exposure to a single catastrophic event. Rather, trauma reflects the interaction between previous vulnerabilities, developmental experiences, characteristics of the traumatic event, and post-trauma environmental conditions.

Within this perspective, negative life events refer to stressful experiences occurring before, during, or after trauma that significantly disrupt psychological and social functioning, including childhood abuse, neglect, parental loss, chronic poverty, domestic violence, forced displacement, bereavement, and prolonged insecurity (Brewin et al., 1996). These events are better understood as cumulative and interconnected experiences that progressively shape psychological vulnerability.

A distinction should therefore be made between childhood trauma, conflict-related trauma, and post-displacement stressors. Childhood trauma includes emotional, physical, or sexual abuse and neglect that affect emotional regulation, attachment, and stress-response systems (Bernstein & Fink, 1998). Conflict-related trauma refers to direct exposure to armed violence, killings, torture, kidnapping, or destruction of property, whereas post-displacement stressors encompass chronic adversities such as unemployment, inadequate housing, food insecurity, disrupted education, poverty, discrimination, and limited access to health and psychosocial services. Although conceptually distinct, these forms of adversity frequently interact throughout displaced persons' lives.

This interaction is consistent with the cumulative trauma perspective, which proposes that psychological distress results from the accumulation of adverse experiences across the life course rather than from a single traumatic event (Van Der Kolk, 1994). Early adversity may alter emotional regulation, attachment, and stress reactivity, increasing vulnerability to later armed conflict and forced displacement, while persistent post-displacement hardship may reactivate unresolved childhood trauma and intensify trauma-related symptoms.

Among trauma-related conditions, post-traumatic stress disorder (PTSD) is one of the best documented consequences of armed conflict and forced displacement. PTSD is characterized by intrusive memories, avoidance, negative alterations in cognition and mood, and hyperarousal that persist for more than one month and impair daily functioning (APA, 2022). However, because this study relied on the Impact of Event Scale–Revised (IES-R), a screening instrument rather than a diagnostic tool, the term post-traumatic stress symptoms is used instead of a formal PTSD diagnosis.

Another important dimension concerns psychological defense mechanisms. Originating in psychoanalytic theory and further developed by contemporary psychodynamic approaches, defense mechanisms are largely unconscious processes that protect individuals from overwhelming anxiety and traumatic affects (Freud, 1936; Vaillant, 1992). Although fundamentally adaptive because they facilitate psychological survival, their chronic or rigid use may interfere with emotional processing and contribute to persistent trauma-related symptoms. Mechanisms such as denial, dissociation, projection, repression, regression, avoidance, and social withdrawal have frequently been reported among survivors of armed conflict and forced displacement.

Despite the growing literature on the psychological consequences of armed conflict, important gaps remain in understanding the complexity of trauma among internally displaced persons, particularly in low- and middle-income countries experiencing protracted crises. Most studies have focused on estimating the prevalence of depression, anxiety, or post-traumatic stress symptoms following armed conflict (Dafallah et al., 2023; Tesfaye et al., 2024). Although these investigations consistently report high levels of psychological distress among IDPs, they often conceptualize trauma as the consequence of a single critical event and pay limited attention to developmental history or cumulative adverse experiences.

Emerging evidence suggests that psychological vulnerability results from the interaction of adverse experiences across the life course rather than isolated traumatic events (Brewin et al., 1996; Van Der Kolk, 1994). Childhood abuse, neglect, parental loss, chronic poverty, and repeated family disruption may alter emotional regulation, attachment, and stress-response systems, increasing vulnerability when individuals later face armed conflict and forced displacement. In addition, displacement itself constitutes a chronic source of stress through housing instability, unemployment, food insecurity, disrupted education, weakened social support, and limited access to healthcare. These persistent adversities contribute to maintaining psychological distress long after direct exposure to violence has ended.

This perspective is particularly relevant in Cameroon. Since the onset of the Anglophone crisis, studies have documented high levels of anxiety, depression, complicated grief, and post-traumatic stress among displaced populations (Mballa et al., 2020; Mireille & Charlie, 2024). However, most have relied on cross-sectional quantitative designs emphasizing symptom prevalence while giving limited attention to developmental trajectories, subjective experiences, and intrapsychic processes. Consequently, the mechanisms through which childhood adversity, conflict-related trauma, and post-displacement hardship interact remain insufficiently understood.

Moreover, few studies conducted in Cameroon have simultaneously examined childhood trauma, cumulative negative life events, defense mechanisms, and post-traumatic stress symptoms within a single clinical framework. Existing research generally addresses these dimensions separately, potentially underestimating the cumulative nature of traumatic suffering among internally displaced persons. Likewise, the limited use of qualitative clinical approaches restricts understanding of how displaced individuals experience trauma, organize traumatic memories, mobilize psychological defenses, and construct meaning from their life histories. Combining standardized psychometric instruments with clinical interviews therefore offers a more comprehensive understanding of trauma than either approach alone.

The present study is grounded in an integrative theoretical framework combining three complementary perspectives. First, the cumulative trauma perspective conceptualizes trauma as the result of multiple adverse experiences interacting throughout the life course rather than a single catastrophic event (Van Der Kolk, 1994). Second, the Dual Representation Theory proposed by Brewin et al. (1996) explains how insufficiently integrated

traumatic memories contribute to intrusive recollections, avoidance, and hyperarousal. Finally, the psychoanalytic perspective, particularly the contributions of Freud (1936) and Ferenczi, (2016), highlights the effects of overwhelming trauma on psychic organization, symbolization, attachment, and unconscious defense mechanisms. From this perspective, defenses such as denial, dissociation, repression, projection, displacement, and regression represent not only psychopathological manifestations but also adaptive attempts to preserve psychological functioning under extreme adversity.

Taken together, these perspectives suggest that post-traumatic stress symptoms among internally displaced persons arise from the interaction between developmental vulnerability, cumulative adverse life events, conflict-related trauma, and persistent post-displacement stressors. Understanding these interactions may contribute to the development of more comprehensive trauma-informed psychosocial interventions for populations exposed to prolonged humanitarian crises.

Against this background, the present exploratory mixed-methods clinical study aimed to examine the associations between negative life events, childhood trauma, defense mechanisms, and post-traumatic stress symptoms among internally displaced persons affected by the socio-political crisis in the North-West and South-West regions of Cameroon. Specifically, the study sought to describe post-traumatic stress symptoms and childhood trauma using standardized psychometric instruments, explore participants' subjective experiences of cumulative trauma and defense mechanisms through semi-structured clinical interviews, and integrate quantitative and qualitative findings to provide a comprehensive clinical understanding of trauma among internally displaced persons living in conditions of prolonged displacement.

METHODS

Research Design

This exploratory study adopted a convergent mixed-methods design with a clinical orientation to examine the relationships between childhood trauma, cumulative negative life events, defense mechanisms, and post-traumatic stress symptoms among internally displaced persons (IDPs) in Cameroon. Quantitative data were collected using the Impact of Event Scale-Revised (IES-R) and the Childhood Trauma Questionnaire-Short Form (CTQ-SF), while qualitative data were obtained through semi-structured clinical interviews exploring developmental history, traumatic experiences, displacement trajectories, psychological symptoms, and coping processes. Both datasets were collected concurrently, analyzed independently, and integrated during interpretation through methodological triangulation to provide a comprehensive understanding of participants' psychological functioning. Given the limited evidence available in this context, the study aimed to generate an in-depth clinical understanding rather than establish causal relationships.

Study Setting

The study was conducted in an informal resettlement community in Souza, Littoral Regio, Cameroon, which hosts internally displaced persons fleeing the socio-political conflict in the North-West and South-West regions. Participants lived under conditions characterized by unstable housing, financial insecurity, limited employment opportunities, and restricted access to specialized mental health services, providing an appropriate context for investigating cumulative trauma and prolonged displacement-related adversity.

Participants and Sampling

Participants were adults internally displaced by the armed conflict in Cameroon. Purposive sampling was used to recruit individuals with direct experience of conflict-related displacement and the capacity to provide detailed clinical narratives. Community leaders and local authorities facilitated recruitment, and all participants provided written informed consent. Of the 18 individuals initially approached, 10 met the eligibility criteria and were included in the study. Eligibility required participants to be at least 20 years old, displaced for at least six months, exposed to at least one conflict-related traumatic event, able to communicate in French or English, and willing to participate. Individuals presenting severe cognitive impairment, acute psychiatric decompensation, active suicidal ideation, severe emotional distress, or inability to provide informed consent were excluded. The final sample size was considered appropriate for exploratory clinical research emphasizing information power and thematic depth rather than statistical representativeness.

Data Collection

Data were collected between May and July 2024 during individual sessions conducted in a private setting within the displacement community. After eligibility screening and informed consent, participants completed the CTQ-SF followed by the IES-R, requiring approximately 15–20 minutes. They then participated in a semi-structured clinical interview lasting 25-40 minutes. Interviews, conducted in French or English according to participants' preference, explored childhood experiences, negative life events, conflict-related trauma, displacement experiences, current psychological symptoms, and coping strategies, with particular attention to defense mechanisms. Interviews were audio-recorded with permission and transcribed verbatim. The interviewer was a clinical psychologist trained in trauma assessment who adopted a non-directive clinical approach to facilitate participants' free expression while minimizing interviewer influence. The IES-R was used as a screening measure of post-traumatic stress symptoms, whereas the CTQ-SF assessed five domains of childhood maltreatment using standardized severity thresholds. Both instruments have demonstrated satisfactory psychometric properties and are widely used in trauma research.

Data analysis

Quantitative data were entered into Microsoft Excel and analyzed using IBM SPSS Statistics. Analyses were restricted to descriptive statistics, including frequencies, percentages, means, standard deviations, and score ranges, reflecting the exploratory nature of the study and the limited sample size. IES-R and CTQ-SF scores were calculated and interpreted according to their respective scoring manuals and recommended clinical thresholds.

Qualitative data were analyzed using reflexive thematic analysis following Braun and Clarke's (2021) six-phase framework. After repeated familiarization with the transcripts, meaningful segments were coded, organized into themes, reviewed, refined, and illustrated using

representative anonymized quotations. The analysis sought to identify recurring patterns related to traumatic experiences, developmental adversity, displacement, defense mechanisms, and psychological functioning rather than quantify qualitative findings.

Following thematic analysis, findings were interpreted from a psychoanalytic perspective informed by cumulative trauma theory and contemporary trauma psychology. Psychoanalytic concepts, including defense mechanisms, symbolic elaboration, emotional regulation, and subjective experience, were used exclusively as interpretative frameworks after empirical coding had been completed. Credibility was strengthened through prolonged engagement with participants, systematic documentation of coding decisions, researcher reflexivity, the use of verbatim quotations, and triangulation of quantitative and qualitative findings. Integration occurred during interpretation by comparing areas of convergence and complementarity between psychometric results and participants' narratives, allowing a comprehensive understanding of cumulative trauma across the life course.

Ethical Considerations

The study complied with the Declaration of Helsinki (World Medical Association, 2013)" dan "the American Psychological Association Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2017). Prior to data collection, research authorization was obtained from the administrative authorities of the Faculty of Arts, Letters and Social Sciences of the University of Dschang, Cameroon, for the Research Unit in Philosophy and Applied Social Sciences (RUPASS), the research laboratory to which the first two authors are affiliated. The research authorization was signed on 16 June 2021. No ethics approval/reference number was issued for this authorization; therefore, no ethics approval number is available to report. Participation was voluntary, and written informed consent was obtained from all participants.

Particular attention was given to minimizing emotional distress among this vulnerable population by allowing participants to pause or discontinue the interviews at any time and by referring individuals requiring psychological support to available community services. Confidentiality was ensured through the use of pseudonyms, the removal of identifying information, and the secure storage of audio recordings until transcription was completed.

RESULTS OF STUDY

This section successively presents the characteristics of the participants, the results obtained from the psychometric instruments (IES-R and CTQ-SF), and the qualitative analysis of the clinical interviews using a psychoanalytic approach.

Sociodemographic Characteristics of Participants

Participants ranged in age from 26 to 50 years (Mean = 34.8 years, SD = 8.6). Six participants were women (60%) and four were men (40%). Most participants were employed in the informal sector before displacement, including farming, petty trading, carpentry, tailoring, and teaching. Educational attainment was generally low, with most participants having completed only primary or lower secondary education. All participants had experienced forced displacement as a consequence of the armed conflict in the North-West and South-West regions of Cameroon and had been living under prolonged conditions of socioeconomic insecurity.

Table 1: Sociodemographic Characteristics of Participants (N=10)

Participant	Pseudonym	Sex	Age (years)	Occupation	Education level	Marital status
P1	Mary	F	27	Hairdresser	Form 1	Married
P2	Aicha	F	33	Housewife	FSLC	Single
P3	Blessing	F	41	Farmer	Form 1	Widow
P4	Dorothy	F	29	Seamstress	Class 3	Married
P5	Esther	F	36	Secretary	GCE-O	Divorced
P6	Drusilla	F	50	Trader	FSLC	Married
P7	John	M	31	Carpenter	Class 4	Single
P8	Jonah	M	45	Livestock farmer	FSLC	Widower
P9	Nathan	M	30	Teacher	GCE-A	Single
P10	Wilfred	M	26	Trader	Form 4	Single

Post-Traumatic Stress Symptoms (IES-R)

As shown in Table 2, all participants obtained IES-R total scores above the recommended clinical screening threshold of ≥33, with scores ranging from 54 to 60 (M = 56.9, SD = 1.97). These results indicate high levels of post-traumatic stress symptoms across the sample. Based on the interpretative thresholds proposed for the French validation of the IES-R (Brunet et al., 2003), seven participants (70%) were classified as having severe levels of post-traumatic stress symptoms, whereas three participants (30%) showed moderate symptom severity.

Table 2. IES-R Scores

Variable	Value
Number of participants	10
Mean	56.9
Standard deviation	1.97
Minimum	54
Maximum	60
Clinical cut-off	≥33
Participants above cut-off	100%

The distribution of symptoms across the three IES-R dimensions is presented in Table 3. Avoidance showed the highest mean score (M = 20.0, SD = 1.5), followed by intrusion (M = 19.2, SD = 1.3) and hyperarousal (M = 17.7, SD = 1.4). This pattern suggests that avoidance-related responses were particularly prominent, while intrusive recollections and heightened physiological arousal were also consistently reported. Importantly, the IES-R was used exclusively as a screening instrument; therefore, these scores should not be interpreted as establishing a formal diagnosis of post-traumatic stress disorder.

Table 3. IES-R Subscale Scores

Dimension	Mean	SD
Intrusion	19.2	1.3
Avoidance	20.0	1.5
Hyperarousal	17.7	1.4

Childhood Trauma (CTQ-SF)

The distribution of childhood trauma across the five CTQ-SF dimensions is presented in Table 4. Overall, seven participants (70%) reported at least one form of moderate-to-severe childhood maltreatment or neglect according to the standardized CTQ-SF severity thresholds. Physical abuse was particularly prominent, with five participants classified in the severe category and three in the moderate category. Emotional abuse was also frequently reported, with four participants in the moderate category and three in the severe category. Severe sexual abuse was identified in two participants, while one participant reported sexual abuse at a moderate level.

As further shown in Table 4, emotional and physical neglect were also common across the sample. Four participants reported moderate emotional neglect and two reported severe emotional neglect, whereas three participants reported moderate physical neglect and four reported severe physical neglect. Taken together, these findings indicate that developmental adversity was a prominent feature of participants' life histories before exposure to armed conflict and subsequent displacement.

Table 4. Childhood Trauma Categories According to the CTQ-SF

Dimension	None/Minimal	Moderate	Severe
Emotional abuse	3	4	3
Physical abuse	2	3	5
Sexual abuse	7	1	2
Emotional neglect	4	4	2
Physical neglect	3	3	4

Cross-Sectional Analysis and Psychoanalytic Interpretation of the Interviews

Following the individual case analyses, a cross-sectional perspective was adopted to identify the common psychological dynamics underlying participants' narratives. Moving beyond individual accounts, the psychoanalytic interpretation linked observed clinical manifestations to underlying unconscious processes, with particular attention to ego functioning, defense mechanisms, and the cumulative impact of life events on psychological functioning. The analysis focused on three complementary dimensions: defense mechanisms as strategies for coping with anxiety, loss, and traumatic affects; psychosocial stressors that accumulate and reactivate both early and recent trauma; and traumatic manifestations, including re-experiencing, avoidance, hypervigilance, and affective instability. Together, these dimensions provide a comprehensive understanding of how past and present adverse life events interact to shape participants' psychological adaptation, vulnerability, and capacity to process traumatic experiences.

Defense Mechanisms

The defense mechanisms observed among the participants appear as strategies put in place to protect the ego from intense affects or from traumas that are difficult to tolerate. They reflect both adaptive attempts to ensure psychic survival and the vulnerability of the psyche when confronted with unbearable events. Among the most frequent mechanisms, denial and dissociation emerge as ways of suspending awareness of losses and experienced violence. Mary illustrates this dynamic when she states: *"I couldn't believe she was dead; for me she was still alive."* This persistent denial allows her to continue functioning despite her mother's death. Similarly, Jonah and Blessing mention forgetting traumatic events: *"It's true, docta, I don't remember all the details of what happened..."* and *"I don't remember everything that happened when we were running away in the fields."* These omissions reflect dissociation, that is, a separation between consciousness and emotionally intolerable memories. John also illustrates denial when he confides: *"At some point I still refuse to believe that my sister is really dead..."* Collectively, these verbatim accounts show that the ego uses denial and dissociation to push pain and anxiety associated with loss and trauma into the unconscious, thus enabling temporary psychic survival.

Another major mechanism is projection, often accompanied by displacement, through which participants transfer responsibility for their suffering onto external objects or persons, or express intense affects through symbolic substitutes. Aicha illustrates projection when she declares: *"I know it's because of my father that I suffer like this; he is responsible for my pain, I hate him."* Similarly, Wilfred blames the village chief for the traumatic events they experienced: *"Everything that happened to us is the fault of our village chief..."* In John's case, displacement is expressed symbolically: *"I wear black like this to show that I have been in mourning..."* Clothing thus becomes the vehicle of a suffering that cannot be expressed directly. These mechanisms reflect the psyche's attempt to reduce internal anxiety by transferring affect onto external objects or symbols while maintaining a link with the unintegrated emotion, thereby allowing partial affect regulation.

Isolation of affects and social withdrawal also constitute strategies of psychic protection. Esther illustrates this

defense through an expression of extreme anger: "*Angry at him (her rapist), I wanted him to be killed…*" whereas Aicha prefers isolation: "*I like to stay alone in my corner…*" In both cases, withdrawal and isolation reduce the direct emotional impact of traumatic memories and contain intolerable affects. However, this strategy may reinforce emotional vulnerability and limit the psychic integration of traumatic experiences, thus fostering social withdrawal.

Finally, repression and regression manifest through the attempt to push painful memories into the unconscious and through a return to infantile behaviors in response to anxiety. Jonah confides: "*The things that bother me, I forget them quickly so I don't suffer from them,*" illustrating repression, while Nathan expresses regression through a self-soothing gesture: "*Sometimes I catch myself sucking my thumb…*" These behaviors reflect the fragility of the ego when confronted with situations of extreme distress and reveal that the psyche uses these mechanisms to maintain temporary balance in the face of intense affects.

Psychosocial Stress Factors

The participants were exposed to a constellation of psychosocial stressors that run through their life histories and reactivate past traumas. These experiences, often cumulative, involve loss and separation, abuse and neglect, economic hardship and academic failure, as well as marital conflicts and the death of loved ones.

Early losses and separations constitute a central factor of psychological vulnerability. Mary states, "I lost my mother when I was very young…," while Aicha highlights paternal abandonment: "My father abandoned us…." John refers to the loss of his sister: "The death of my older sister…," and Dru Silla recalls: "We lost our grandfather…." These experiences of loss, occurring at an age when ego structuring and internal security are still fragile, profoundly disrupt the sense of safety and the capacity to internalize stable attachment figures. From a psychoanalytic perspective, they compromise the development of the superego and affect regulation, leaving fertile ground for insecurity, anxiety, and the activation of early defense mechanisms in later stressful or traumatic situations.

Abuse and neglect constitute another major psychosocial stress factor. Blessing reports: "Our stepmother used to mistreat us…," Esther recounts a rape: "He (her uncle) raped me…," and Dru Silla recalls parental invalidation: "My mother said I was lying about being raped…." These experiences of physical, emotional, or sexual abuse have left lasting marks on the psyche, fostering anxiety disorders, flashbacks, and dissociative phenomena. The inability to verbalize or integrate these traumas into one's life narrative is typical of a fragile psychic structure, in which the ego deploys defense mechanisms such as repression, denial, or dissociation to reduce the anxiety associated with confronting unbearable memories.

Economic hardship and academic failure represent chronic stressors that reinforce the participants' sense of helplessness and intensify the use of early defensive strategies. Nathan states: "My parents were poor farmers…," John notes: "My father did not provide enough food at home…," and Mary mentions: "I spent four years in Form 1…." Repeated exposure to poverty and educational obstacles interferes with the sense of competence and self-esteem, and may exacerbate the activation of defense mechanisms such as social withdrawal, emotional isolation, or projection. These experiences reflect a daily psychosocial stress that compounds previous traumas, contributing to overall psychological vulnerability.

Finally, marital conflicts and the death of loved ones further complicate emotional experiences and reactivate past traumas. Mary confides: "He cheats on me…," Aicha recounts the loss of her husband: "My husband died in the crisis…," and Blessing expresses a desire to return to normalcy: "I want the crisis to end quickly so I can go back and continue farming my yams…." These prolonged or abrupt experiences of affective insecurity generate intense anxiety and activate mechanisms of avoidance, projection, and withdrawal, while reactivating childhood or earlier traumas. From a psychoanalytic standpoint, they illustrate how contemporary psychosocial stress can interact with old psychic wounds, reinforcing fragility and emotional vulnerability.

Traumatic and Emotional Experience

The participants' traumatic and emotional experiences manifest through flashbacks, nightmares, hallucinations, phobias, social withdrawal, emotional lability, and sleep disturbances, revealing both the intensity of the traumatic experiences and the psyche's difficulty in integrating these events.

Flashbacks and nightmares constitute a central phenomenon reported by several participants. Mary confides: "I have many dreams where I am being chased…," Blessing adds: "I constantly dream about the things I went through…," and Dru Silla specifies: "Images of the secessionists… keep coming back into my mind." These verbatims illustrate the persistence of unintegrated traumatic memories that continue to invade the psyche, as described by Janet, (1998) through the notion of the "fixed idea" linked to unresolved events. In this context, dreams appear as an unconscious mechanism attempting to process trauma, allowing the psyche to symbolically replay events, relive them, and potentially elaborate their meaning. The intensity and recurrence of these flashbacks demonstrate that trauma is not merely a memory but an emotionally active experience, triggering anxiety, fear, and distress.

Participants also report hallucinations and specific phobias, reflecting the psyche's attempt to recreate symbolic control in the face of perceived threat. Mary confides: "…I feel like people are watching me…," and Dorothy describes: "I am very afraid when I see men in uniform…." These experiences can be understood as transient psychotic manifestations, in which the mind attempts to anticipate or neutralize a danger it still perceives, even when the real threat is no longer present. From a psychoanalytic perspective, these reactions highlight traumatic hypervigilance and the subject's difficulty distinguishing between real danger and fantasized danger, illustrating the persistent impact of trauma on perception and the processing of external stimuli.

Social withdrawal and avoidance constitute another notable aspect of the traumatic experience. Aicha states: "I don't want anyone to talk about it anymore…," and Dru Silla adds: "I don't even want to think about what happened…." Although protective in the short term, avoidance prevents the psychic work necessary for integrating traumatic events and contributes to the maintenance of symptoms. It also reflects the reactivation of childhood or recent trauma, where the subject consciously or unconsciously pushes away painful affects to preserve psychic equilibrium. In this framework, isolation is not merely a social withdrawal strategy but a defensive mechanism protecting the ego from emotional collapse, while simultaneously exposing the individual to persistent anxiety and increased vulnerability in social interactions.

Finally, emotional lability and sleep disturbances reflect difficulties in affect regulation. Esther confides: "I constantly change my mood…," and Nathan declares: "I am like a chameleon; I change my face…." These statements highlight chronic affective instability, characteristic of early and prolonged trauma, where repeated violence and losses have fragmented emotional responses. Symptoms of insomnia and disturbed sleep contribute to a vicious cycle: lack of rest increases emotional vulnerability, intensifies flashbacks and nightmares, and makes the psychic integration of trauma more difficult. From a psychoanalytic standpoint, this lability and these sleep disturbances reflect an imbalance in the affect regulation system, in which the ego mobilizes defense mechanisms such as denial, dissociation, or projection to contain the intensity of affects.

Thematic Findings from Clinical Interviews

The thematic analysis summarized the cross-sectional analysis and psychoanalytic interpretation presented in this Section, highlighting three overarching themes that capture the participants' shared psychological experiences across the life course: cumulative traumatic experiences, psychological defense mechanisms, and persistent post-traumatic manifestations. Together, these themes illustrate how childhood adversity, conflict-related trauma, and displacement-related hardships interact with psychological functioning and contribute to ongoing emotional distress (see table 5).

Table 5. Main Themes Identified During Thematic Analysis

Main Theme	Subthemes	Illustrative quotation	Clinical interpretation
Cumulative traumatic experiences	Childhood adversity, conflict trauma, displacement hardship	*"My father abandoned us…"*	Traumatic experiences accumulated throughout the life course.
Psychological defense mechanisms	Denial, dissociation, projection, repression, regression	*"I don't remember everything…"*	Defensive strategies temporarily protected participants from overwhelming emotional distress.
Persistent post-traumatic manifestations	Intrusions, nightmares, avoidance, hypervigilance, emotional instability	*"I dream every night that they are chasing me."*	Persistent trauma-related symptoms reflecting incomplete emotional processing.

Theme 1. Cumulative Traumatic Experiences Across the Life Course

Participants described life histories marked by the accumulation of traumatic experiences rather than isolated events. Childhood adversity, including parental loss, neglect, abuse, and poverty, was frequently followed by conflict-related violence and the hardships of forced displacement, such as housing instability, unemployment, bereavement, and social isolation. These experiences interacted across the life course, progressively increasing psychological vulnerability and shaping participants' responses to subsequent traumatic events.

Theme 2. Psychological Defense Mechanisms

Participants reported using various psychological defense mechanisms, including denial, dissociation, projection, repression, regression, displacement, and social withdrawal, to cope with repeated traumatic experiences. Rather than being viewed solely as signs of psychopathology, these mechanisms appeared to function as adaptive strategies that temporarily reduced emotional distress and supported psychological survival, while also limiting the integration of traumatic memories over time.

Theme 3. Persistent Post-traumatic Manifestations

Participants consistently reported persistent trauma-related manifestations, including intrusive memories, nightmares, hypervigilance, avoidance, emotional instability, sleep disturbances, and social withdrawal. These symptoms reflected the enduring impact of cumulative trauma and the difficulty of emotionally processing traumatic experiences. Unusual perceptual experiences were interpreted cautiously as subjective trauma-related phenomena rather than evidence of psychotic disorders, as no formal psychiatric assessment was conducted.

Integration of Quantitative and Qualitative Findings

Finally, integration of quantitative and qualitative findings demonstrated substantial convergence across data sources. Participants reporting moderate-to-severe childhood maltreatment on the CTQ-SF frequently described histories characterized by parental loss, neglect, abuse, and prolonged adversity during the clinical interviews. Similarly, elevated IES-R scores corresponded to narratives marked by recurrent intrusive memories, avoidance behaviors, hypervigilance, nightmares, emotional instability, and chronic insecurity.

Taken together, these findings suggest that post-traumatic stress symptoms among internally displaced persons are embedded within cumulative life trajectories characterized by developmental adversity, armed conflict, and prolonged displacement-related hardship.

DISCUSSION

The present study sought to explore the associations between negative life events, childhood trauma, defense mechanisms, and post-traumatic stress symptoms among internally displaced persons affected by the socio-political conflict in the North-West and South-West regions of Cameroon. By integrating standardized psychometric measures with in-depth clinical interviews, the findings provide a comprehensive understanding of trauma that extends beyond symptom description to include participants' developmental histories, subjective experiences, and psychological adaptation. Rather than supporting a causal interpretation, the results suggest that post-traumatic stress symptoms emerge within a cumulative trajectory of adversity in which childhood experiences, conflict-related trauma, and prolonged displacement-related stressors interact throughout the life course. This interpretation is consistent with ecological and

life-course approaches emphasizing that psychological responses to armed conflict are shaped not only by direct exposure to violence but also by pre-existing vulnerabilities and the social and material adversities that follow displacement (Miller & Rasmussen, 2010, 2024; Porter & Haslam, 2005).

Post-traumatic Stress Symptoms Within a Cumulative Trauma Perspective

A principal finding of this study is that all participants presented IES-R scores above the recommended clinical screening threshold, indicating high levels of post-traumatic stress symptoms. Although these findings should not be interpreted as evidence of a formal diagnosis of PTSD, they nevertheless illustrate the substantial psychological burden experienced by internally displaced persons living under conditions of prolonged insecurity. This pattern is consistent with evidence showing a substantial burden of PTSD among displaced and war-affected populations, particularly in low- and middle-income settings where exposure to violence may coexist with limited access to mental health care (Andualem et al., 2024; Hoppen et al., 2021; Tesfaye et al., 2024).

These findings are consistent with prior research and recent systematic reviews reporting that internally displaced populations experience high levels of trauma-related psychological distress worldwide (Dafallah et al., 2023; Tesfaye et al., 2024; Andualem et al., 2024). Unlike many refugees who eventually benefit from greater physical safety after crossing international borders, internally displaced persons often remain exposed to ongoing insecurity, repeated displacement, economic hardship, uncertainty, and disrupted access to health and psychosocial services. Previous meta-analytic and systematic-review evidence indicates that displacement conditions, restricted economic opportunities, family separation, weak social integration, and continuing uncertainty can significantly shape mental health outcomes after forced migration (Gleeson et al., 2020; Porter & Haslam, 2005). Consequently, the persistence of trauma-related symptoms observed in the present study likely reflects not only exposure to armed violence but also the chronic accumulation of post-displacement adversities, consistent with models emphasizing the contribution of ongoing daily stressors to psychological distress in conflict-affected populations (Miller & Rasmussen, 2010, 2024).

Importantly, the present findings support the cumulative trauma perspective, which proposes that psychological suffering develops through the interaction of multiple adverse experiences across the life course rather than through exposure to a single traumatic event (Van Der Kolk, 1994). Participants' narratives consistently revealed histories marked by successive losses, family disruption, childhood adversity, armed conflict, forced displacement, and continuing socioeconomic precarity. These experiences appeared to reinforce one another, creating a developmental pathway of increasing psychological vulnerability. This cumulative interpretation is supported by evidence showing that repeated exposure to adverse experiences is associated with progressively greater risks of poor mental health and that the psychological consequences of armed conflict are embedded within broader social ecologies of adversity (Hughes et al., 2017; Miller & Rasmussen, 2024).

From this perspective, armed conflict should not be viewed as the beginning of participants' traumatic histories but rather as one stage within a broader continuum of adversity. Childhood maltreatment, bereavement, neglect, chronic poverty, and unstable family environments had already compromised emotional regulation and psychological security before the onset of the armed conflict. Subsequent exposure to violence and forced displacement therefore occurred within individuals whose coping resources had often been weakened by earlier developmental experiences. Meta-analytic evidence indicates that childhood maltreatment is associated with emotion dysregulation, avoidance, and maladaptive coping processes that may increase vulnerability when subsequent stressors occur (Gruhn & Compas, 2020; Miu et al., 2022).

This interpretation is consistent with life-course models of trauma, which emphasize that early adversity modifies neurobiological stress regulation, attachment processes, and cognitive schemas, thereby increasing vulnerability to later traumatic experiences (Brewin et al., 1996; Van Der Kolk, 1994). Evidence from large-scale syntheses further indicates that multiple adverse childhood experiences are associated with substantially elevated risks of later mental and behavioral health difficulties (Hughes et al., 2017). Rather than acting independently, childhood trauma and conflict-related trauma appear to interact synergistically, amplifying the intensity and persistence of post-traumatic stress symptoms. Such an interpretation is also compatible with contemporary ecological models in which early adversity may function both as a direct source of psychological vulnerability and as a moderator of responses to later war-related violence, loss, and chronic daily stressors (Miller & Rasmussen, 2024).

Childhood Trauma as a Developmental Vulnerability Factor

Another important finding concerns the high proportion of participants reporting moderate-to-severe childhood maltreatment on the CTQ-SF. Emotional abuse, physical abuse, and neglect were particularly frequent, whereas severe sexual abuse, although less common, represented profoundly destabilizing developmental experiences. The relevance of these experiences extends beyond their occurrence during childhood, as evidence suggests that childhood maltreatment can have enduring consequences for emotion regulation, coping processes, and vulnerability to psychopathology across development (Gruhn & Compas, 2020; Hughes et al., 2017; Miu et al., 2022).

These findings corroborate an extensive body of literature demonstrating that adverse childhood experiences constitute one of the strongest predictors of trauma-related psychopathology across adulthood (Brewin et al., 1996; Felitti et al., 1998; Hughes et al., 2017). Childhood abuse disrupts the development of secure attachment relationships, emotional regulation, self-esteem, and cognitive representations of safety. Meta-analytic evidence specifically indicates that maltreatment is associated with reduced emotion-regulation capacity and increased emotion dysregulation, avoidance, and emotional suppression (Gruhn & Compas, 2020). Emotion-regulation difficulties have also been identified as an important mechanism linking childhood adversity with subsequent psychopathology (Miu et al., 2022). Such disruptions may therefore reduce resilience when individuals later encounter severe traumatic events such as armed conflict or forced displacement.

The present qualitative findings reinforce this interpretation. Participants frequently described childhood environments characterized by parental loss, neglect, family conflict, abandonment, domestic violence, or persistent poverty. These developmental experiences did not simply

precede conflict-related trauma chronologically; rather, they appeared to shape the psychological meaning attributed to subsequent traumatic events. For several participants, experiences of displacement reactivated unresolved feelings of abandonment, insecurity, helplessness, and loss originating much earlier in life. This pattern is consistent with evidence suggesting that early adversity may influence later appraisal, coping, and emotional regulation when individuals encounter subsequent severe stressors (Gruhn & Compas, 2020; Miu et al., 2022).

This observation supports the concept of developmental trauma, according to which repeated interpersonal adversity during childhood exerts enduring effects on emotional development, interpersonal functioning, and stress regulation (Cook et al., 2005). Meta-analytic findings further indicate that childhood maltreatment is associated with both diminished adaptive emotion regulation and greater reliance on avoidance and suppression as responses to stress (Gruhn & Compas, 2020). In the context of internal displacement, these developmental vulnerabilities may reduce individuals' capacity to process subsequent traumatic experiences adaptively, thereby contributing to persistent trauma-related symptoms.

Importantly, the present findings should not be interpreted as suggesting that childhood trauma inevitably determines later psychological outcomes. Rather, they indicate that early adversity may constitute one component of a broader constellation of cumulative risk factors interacting with conflict exposure, displacement, and current living conditions. The substantial heterogeneity observed in studies of adverse childhood experiences also underscores that later outcomes depend on multiple protective and risk processes rather than childhood adversity alone (Hughes et al., 2017; Miu et al., 2022).

Defense Mechanisms: Adaptive Responses to Extreme Adversity

The qualitative findings revealed the frequent mobilization of defense mechanisms including denial, dissociation, projection, displacement, repression, regression, and social withdrawal. From a psychodynamic perspective, these mechanisms represent largely unconscious attempts to preserve psychological continuity when individuals are confronted with experiences exceeding their capacity for emotional integration. Empirical research on defensive functioning supports the conceptualization of defense mechanisms along a continuum from more adaptive to less adaptive forms, with their maturity and flexibility associated with psychological adjustment (Békés et al., 2023; Vaillant, 2000).

Importantly, the present findings support contemporary psychodynamic approaches emphasizing that defense mechanisms should not be understood exclusively as pathological phenomena. Under conditions of extreme adversity, defenses often perform essential adaptive functions by temporarily reducing overwhelming anxiety and allowing individuals to maintain basic psychological functioning (Fonagy & Target, 1997; Békés et al., 2023; Vaillant, 2000). Accordingly, the clinical significance of a defense may depend not only on its form but also on its rigidity, persistence, context, and capacity to support rather than restrict subsequent adaptation.

For example, participants describing dissociative experiences often appeared to use psychological distancing as a means of protecting themselves from emotionally intolerable memories. Similarly, denial temporarily attenuated awareness of overwhelming loss, whereas projection enabled the externalization of unbearable emotional conflict. Social withdrawal frequently represented an attempt to reduce environmental stimulation and avoid retraumatization rather than a simple manifestation of psychopathology. Contemporary PTSD research supports particular caution in interpreting dissociation because dissociative responses may initially occur as part of responses to overwhelming threat while also being associated with adverse symptom trajectories when they become persistent or generalized (Danböck et al., 2024).

Nevertheless, the findings also suggest that when these defenses become chronic, rigid, or generalized, they may inadvertently contribute to the persistence of trauma-related symptoms. Persistent avoidance limits emotional processing of traumatic memories, dissociation interferes with autobiographical integration, and prolonged social withdrawal reduces opportunities for interpersonal support. Research has shown that experiential avoidance and dissociative responses are associated with post-traumatic stress symptomatology and that sustained avoidant coping may contribute to symptom maintenance following trauma (Danböck et al., 2024; Marx & Sloan, 2005). Consequently, strategies initially serving adaptive functions may progressively become mechanisms maintaining psychological distress.

This interpretation is consistent with contemporary trauma-informed models emphasizing that psychological adaptation and psychological vulnerability should not be viewed as mutually exclusive categories. Rather, the same coping strategies that facilitate survival during periods of extreme danger may become obstacles to recovery once the immediate threat has diminished. Research on defensive functioning similarly indicates that psychological health is associated with greater flexibility and more adaptive use of defenses rather than the complete absence of defensive processes (Békés et al., 2023; Vaillant, 2000). Consequently, psychosocial interventions should seek not to eliminate defense mechanisms but to help individuals develop more flexible and adaptive strategies for emotional regulation and trauma integration.

Trauma as Both a Psychological and Socio-Structural Experience

An important contribution of the present study is the recognition that the traumatic experiences of internally displaced persons cannot be understood solely through an individual psychological lens. Participants' narratives consistently demonstrated that psychological suffering developed within broader socio-structural conditions characterized by prolonged insecurity, poverty, disrupted livelihoods, loss of housing, weakened social networks, and limited access to health and psychosocial services. This broader interpretation is strongly supported by research showing that the mental health consequences of forced displacement are shaped by both prior traumatic exposure and the social, economic, and political conditions experienced during and after displacement (Miller & Rasmussen, 2010, 2024; Porter & Haslam, 2005).

Although exposure to armed conflict constituted the precipitating traumatic event, participants continued to experience chronic stress long after displacement. Many described persistent unemployment, financial hardship, food insecurity, overcrowded housing, interrupted education, and uncertainty regarding the possibility of returning to their communities of origin. These conditions not only complicated psychological recovery but also perpetuated a constant perception of threat. Evidence from

forced-migration research similarly demonstrates associations between mental health problems and post-displacement or post-migration conditions such as economic restriction, family separation, social isolation, prolonged uncertainty, and barriers to services (Gleeson et al., 2020; Porter & Haslam, 2005).

This finding is consistent with ecological and social determinants of mental health models, which argue that trauma-related symptoms are shaped by the interaction between individual vulnerability and structural adversity (Silove, 2013). In humanitarian settings, post-displacement stressors frequently maintain or exacerbate psychological distress even after direct exposure to violence has ceased. Research on conflict-affected populations specifically suggests that daily social and material stressors may mediate or amplify the psychological effects of war exposure, thereby challenging models that attribute distress exclusively to the original traumatic event (Miller & Rasmussen, 2010). Consequently, recovery should not be conceptualized exclusively as an intra-psychic process but also as one that depends upon improvements in living conditions, social inclusion, safety, and access to appropriate care (Gleeson et al., 2020; Porter & Haslam, 2005).

The findings further suggest that childhood adversity, conflict-related trauma, and post-displacement hardship should not be regarded as independent categories of risk but rather as interconnected experiences that accumulate over time. Participants who described early family disruption or abuse often interpreted the armed conflict through pre-existing experiences of insecurity, abandonment, or loss. Similarly, ongoing displacement-related hardship appeared to reactivate unresolved developmental trauma, illustrating the cyclical nature of cumulative traumatic exposure. Recent ecological formulations of mental health in conflict-affected populations specifically emphasize the importance of integrating early adversity, war-related violence and loss, and ongoing daily stressors within a unified developmental framework (Miller & Rasmussen, 2024).

These observations reinforce recent evidence indicating that internally displaced persons often experience a "double burden" of trauma: exposure to organized violence together with chronic social adversity. Meta-analytic research has shown that poor post-displacement environments–including unresolved conflict, restricted economic opportunities, and internal displacement itself–are associated with worse mental health outcomes (Porter & Haslam, 2005). Similarly, systematic reviews identify post-migration social and material stressors as important correlates of PTSD, depression, and anxiety among forcibly displaced populations (Gleeson et al., 2020). Consequently, trauma-informed interventions should address not only psychological symptoms but also the social conditions that maintain emotional suffering, consistent with ecological approaches advocating multilevel interventions that combine psychological care with efforts to reduce everyday material and social stressors (Miller & Rasmussen, 2010, 2024).

Clinical and Psychosocial Implications

The findings highlight the need for comprehensive psychological assessments that include developmental history, childhood adversity, previous losses, and current displacement-related stressors. Routine psychological screening should be integrated into humanitarian services, while interventions should adopt trauma-informed approaches addressing cumulative trauma rather than recent conflict exposure alone. Community-based psychosocial programmes, peer support, psychoeducation, and family interventions may strengthen resilience and reduce isolation. Referral pathways for individuals requiring specialized mental healthcare should also be reinforced.

Strengths and Limitations of the Study

This study combines standardized psychometric measures with in-depth clinical interviews, providing a richer understanding of trauma than either method alone. It also examines childhood trauma, cumulative negative life events, defense mechanisms, and post-traumatic stress symptoms within a single clinical framework, while integrating cumulative trauma theory with psychodynamic and contemporary trauma perspectives in a relatively understudied humanitarian context

Several limitations should be acknowledged. The small purposive sample and cross-sectional design limit the transferability of findings and preclude causal inference. The IES-R is a screening rather than diagnostic instrument, and childhood trauma was assessed retrospectively using self-report measures, which may be affected by recall bias. Additional validation of the French versions of the IES-R and CTQ-SF in Cameroonian IDP populations is warranted. Finally, the psychoanalytic interpretation represents one theoretical perspective and should be complemented by developmental, cognitive, neurobiological, and sociocultural approaches in future research.

CONCLUSION AND IMPLICATIONS

This exploratory mixed-methods clinical study contributes to the understanding of psychological suffering among internally displaced persons affected by the socio-political crisis in the North-West and South-West regions of Cameroon.

Rather than suggesting a causal relationship, the findings indicate that high levels of post-traumatic stress symptoms occur within complex life trajectories characterized by the interaction of childhood adversity, cumulative negative life events, conflict-related trauma, and prolonged displacement-related stressors. The integration of quantitative and qualitative findings highlights that traumatic experiences extend beyond exposure to armed violence alone and are embedded within developmental histories marked by repeated losses, neglect, abuse, socioeconomic hardship, and disrupted social relationships.

The study also demonstrates that psychological defense mechanisms (including denial, dissociation, projection, repression, regression, displacement, and social withdrawal) should be understood as adaptive responses that facilitate survival under conditions of extreme adversity. However, when these strategies become chronic and inflexible, they may contribute to the persistence of trauma-related symptoms and interfere with psychological recovery.

These findings support a cumulative trauma perspective, emphasizing that psychological vulnerability emerges from the interaction of developmental experiences and ongoing environmental adversity across the life course. Consequently, mental health interventions for internally displaced persons should move beyond symptom-focused approaches to incorporate comprehensive assessments of childhood adversity, cumulative traumatic exposure, and current psychosocial conditions.

From a practical perspective, the findings underline the importance of implementing trauma-informed care, routine

psychological screening within humanitarian settings, community-based psychosocial support programs, and accessible referral pathways for individuals requiring specialized mental health services. Such integrated approaches may strengthen resilience, facilitate emotional recovery, and reduce the long-term psychological consequences of forced displacement in contexts of armed conflict.

DECLARATIONS

Ethics Approval and Consent to Participate

Ethical clearance for this study was obtained from the administrative authorities of the Faculty of Arts, Letters and Social Sciences of the University of Dschang, Cameroon, for the Research Unit in Philosophy and Applied Social Sciences (RUPASS), the research laboratory to which the first two authors are affiliated. All participants were informed about the objectives, procedures, and voluntary nature of the study. Written informed consent was obtained prior to data collection. Participants were also informed that they could withdraw from the study at any time without any consequences for their medical care.

Consent For Publication

All participants provided written consent for the use of anonymized data and quotations for publication purposes. Confidentiality was ensured through the use of pseudonyms and the removal of any identifying information.

Availability of Data and Materials

The datasets generated and analyzed during the current study are not publicly available due to confidentiality and ethical restrictions, as they contain sensitive personal narratives. However, anonymized excerpts may be made available from the corresponding author upon reasonable request and with ethical approval where necessary.

Conflicts of Interest Statement

The authors declare that they have no competing interests.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Artificial Intelligence-Assisted Technology

Artificial intelligence-assisted tools were used solely for language editing, grammar correction, and improvement of academic writing clarity. No AI tool was used for data collection, transcription, coding, interpretation of qualitative findings, or generation of scientific conclusions. The authors remain fully responsible for the content, analysis, and integrity of the manuscript.

Authors' Contributions

Njifon Nsangou Hassan, Martial Nguegno Fouadjo contributed to the conception and design of the study, conducted data collection, participated in data analysis and interpretation, and drafted the initial manuscript.

Martial Nguegno Fouadjo, Ntjam Ewane Epote Marie-Chantal, Njifon Nsangou Hassan contributed to the study design, supervised the methodological and clinical orientation, participated in thematic analysis and interpretation, critically revised the manuscript, and ensured final validation.

ABOUT THE AUTHORS

Hassan Njifon Nsangou currently works at Université de Dschang in Cameroun. His researche in Clinical Psychology focused on the expérience of childreen growing up with siblings affected by a dishability in african cultural context.

Nguegno Fouadjo Martial is currently a PhD candidate in the psychology department at the University of Douala. A clinical psychologist, he is interested in the processing of psychological suffering among internally displaced persons in the context of armed conflict.

Ntjam Ewane Epote Marie-Chantale currently works at University of Douala in Cameroon. His research in psychology focus on disability and perinatality in Africa.

REFERENCES

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.; DSM-5-TR). https://doi.org/10.1176/appi.books.9780890425787

American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct* (2002, amended effective June 1, 2010, and January 1, 2017). https://www.apa.org/ethics/code

Andualem, F., Melkam, M., Takelle, G. M., Nakie, G., Tinsae, T., Fentahun, S., Rtbey, G., Begashaw, T. D., Seid, J., Tegegn, L. F., Gedef, G. M., Bitew, D. A., & Godana, T. N. (2024). Prevalence of posttraumatic stress disorder and associated factors among displaced people in Africa: A systematic review and meta-analysis. *Frontiers in Psychiatry, 15*, 1336665. https://doi.org/10.3389/fpsyt.2024.1336665

Békés, V., Starrs, C. J., Perry, J. C., Prout, T. A., Conversano, C., & Di Giuseppe, M. (2023). Defense mechanisms are associated with mental health symptoms across six countries. *Research in Psychotherapy: Psychopathology, Process and Outcome, 26*(3), 729. https://doi.org/10.4081/ripppo.2023.729

Bernstein, D. P., & Fink, L. (1998). *Childhood Trauma Questionnaire: A retrospective self-report manual*. The Psychological Corporation.

Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide*. SAGE.

Brewin, C. R., Dalgleish, T., & Joseph, S. (1996). A dual representation theory of posttraumatic stress disorder. *Psychological Review, 103*(4), 670–686. https://doi.org/10.1037/0033-295X.103.4.670

Brunet, A., St-Hilaire, A., Jehel, L., & King, S. (2003). Validation of a French version of the Impact of Event Scale-Revised. *The Canadian Journal of Psychiatry, 48*(1), 56–61. https://doi.org/10.1177/070674370304800111

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liautaud, J., Mallah, K., Olafson, E., & van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals, 35*(5), 390–398. https://doi.org/10.3928/00485713-20050501-05

Dafallah, A., Elmahi, O. K. O., Ibrahim, M. E., Elsheikh, R. E., & Blanchet, K. (2023). Destruction, disruption and disaster: Sudan's health system amidst armed conflict. *Conflict and Health, 17*, Article 43. https://doi.org/10.1186/s13031-023-00542-9

Danböck, S. K., Liedlgruber, M., Franke, L. K., Miedl, S. F., Hettegger, S. E., Weber, R.-C., & Wilhelm, F. H. (2024). Acute dissociation as part of the defense cascade:

Associations with behavioral, autonomic, and experiential threat responses in posttraumatic stress disorder. *Journal of Psychopathology and Clinical Science, 133*(1), 76–89. https://doi.org/10.1037/abn0000873

Deng, F. M., United Nations Representative of the Secretary-General on Internally Displaced Persons, & United Nations Office for the Coordination of Humanitarian Affairs. (2001). *Guiding principles on internal displacement*. United Nations Office for the Coordination of Humanitarian Affairs. https://digitallibrary.un.org/record/535577

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14*(4), 245–258. https://doi.org/10.1016/S0749-3797(98)00017-8

Ferenczi, S. (2016). *Confusion de langue entre les adultes et l'enfant: Suivi de Le rêve du nourrisson savant et d'extraits du Journal clinique*. Payot. (Original work published 1932)

Fonagy, P., & Target, M. (1997). Attachment and reflective function: Their role in self-organization. *Development and Psychopathology, 9*(4), 679–700. https://doi.org/10.1017/S0954579497001399

Freud, S. (1936). Inhibitions, symptoms and anxiety. *The Psychoanalytic Quarterly, 5*(1), 1–28. https://doi.org/10.1080/21674086.1936.11925270

Gleeson, C., Frost, R., Sherwood, L., Shevlin, M., Hyland, P., Halpin, R., Murphy, J., & Silove, D. (2020). Post-migration factors and mental health outcomes in asylum-seeking and refugee populations: A systematic review. *European Journal of Psychotraumatology, 11*(1), 1793567. https://doi.org/10.1080/20008198.2020.1793567

Gruhn, M. A., & Compas, B. E. (2020). Effects of maltreatment on coping and emotion regulation in childhood and adolescence: A meta-analytic review. *Child Abuse & Neglect, 103*, 104446. https://doi.org/10.1016/j.chiabu.2020.104446

Hoppen, T. H., Priebe, S., Vetter, I., & Morina, N. (2021). Global burden of post-traumatic stress disorder and major depression in countries affected by war between 1989 and 2019: A systematic review and meta-analysis. *BMJ Global Health, 6*(7), e006303. https://doi.org/10.1136/bmjgh-2021-006303

Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *The Lancet Public Health, 2*(8), e356–e366. https://doi.org/10.1016/S2468-2667(17)30118-4

Janet, P. (1998). *L'automatisme psychologique: Essai de psychologie expérimentale sur les formes inférieures de l'activité humaine*. Odile Jacob. (Original work published 1889)

Marx, B. P., & Sloan, D. M. (2005). Peritraumatic dissociation and experiential avoidance as predictors of posttraumatic stress symptomatology. *Behaviour Research and Therapy, 43*(5), 569–583. https://doi.org/10.1016/j.brat.2004.04.004

Mballa, C., Ngebeh, J., De Vriese, M., Drew, K., Parr, A., & Undie, C.-C. (2020). *UNHCR and partner practices of community-based protection across sectors in the East and Horn of Africa and the Great Lakes Region*. UNHCR & Population Council. https://doi.org/10.31899/rh14.1042

Miller, K. E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. *Social Science & Medicine, 70*(1), 7–16. https://doi.org/10.1016/j.socscimed.2009.09.029

Miller, K. E., & Rasmussen, A. (2024). War exposure, daily stressors, and mental health 15 years on: Implications of an ecological framework for addressing the mental health of conflict-affected populations. *Epidemiology and Psychiatric Sciences, 33*, e78. https://doi.org/10.1017/S2045796024000830

Miu, A. C., Szentágotai-Tătar, A., Balázsi, R., Nechita, D., Bunea, I., & Pollak, S. D. (2022). Emotion regulation as mediator between childhood adversity and psychopathology: A meta-analysis. *Clinical Psychology Review, 93*, 102141. https://doi.org/10.1016/j.cpr.2022.102141

Mireille, N. N., Charlie, M. M. A. (2024). Traumatic experience and link to others among internally displaced persons during the crisis in the North-West and South-West regions of Cameroon. *Psychology and Mental Health Care, 8*(5). https://doi.org/10.31579/2637-8892/311

Porter, M., & Haslam, N. (2005). Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: A meta-analysis. *JAMA, 294*(5), 602–612. https://doi.org/10.1001/jama.294.5.602

Silove, D. (2013). The ADAPT model: A conceptual framework for mental health and psychosocial programming in post-conflict settings. *Intervention, 11*(3), 237–248. https://doi.org/10.1097/WTF.0000000000000005

Tesfaye, A. H., Sendekie, A. K., Kabito, G. G., Engdaw, G. T., Argaw, G. S., Desye, B., Angelo, A. A., Aragaw, F. M., & Abere, G. (2024). Post-traumatic stress disorder and associated factors among internally displaced persons in Africa: A systematic review and meta-analysis. *PLOS ONE, 19*(4), e0300894. https://doi.org/10.1371/journal.pone.0300894

United Nations High Commissioner for Refugees. (2024, September 10). *UNHCR Cameroon refugee response factsheet–July 2024*. ReliefWeb. https://reliefweb.int/report/cameroon/unhcr-cameroon-refugee-response-factsheet-july-2024

Vaillant, G. E. (1992). *Ego mechanisms of defense: A guide for clinicians and researchers*. American Psychiatric Press.

Vaillant, G. E. (2000). Adaptive mental mechanisms: Their role in a positive psychology. *American Psychologist, 55*(1), 89–98. https://doi.org/10.1037/0003-066X.55.1.89

van der Kolk, B. A. (1994). The body keeps the score: Memory and the evolving psychobiology of posttraumatic stress. *Harvard Review of Psychiatry, 1*(5), 253–265. https://doi.org/10.3109/10673229409017088

World Health Organization. (2022). *International classification of diseases, eleventh revision (ICD-11)*. https://icd.who.int/

World Medical Association. (2013). World Medical Association Declaration of Helsinki: Ethical principles for medical research involving human subjects. *JAMA, 310*(20), 2191–2194. https://doi.org/10.1001/jama.2013.281053

ADDITIONAL INFORMATION

Correspondence All inquiries and requests for additional materials should be directed to the Corresponding Author.

Publisher's Note Utan Kayu Publishing maintains a neutral stance regarding territorial claims depicted in published maps and does not endorse or reject the institutional affiliations stated by the authors.

This page has been intentionally left blank