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PSYCHOSOCIAL IMPACTS AND SOCIO-EDUCATIONAL SUPPORT PROCESS FOR WAR RETURNEES

A dissertation submitted in partial fulfillment of the requirement for the award of master's

Specialty: Mental Handicap and Counseling

by

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To my family

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LIST OF ABBREVIATIONS

AU	**:**	African Union
ACISAM	**:**	Training and Research Association for Mental Health
ASECSA	**:**	Community Health Services Association
CAR	**:**	Central African Republic
DSM-III R	**:**	Diagnostic and Statistical Manual of Mental Disorders Revised Third Edition
DSM-IV	**:**	Diagnostic and Statistical Manual of Mental Disorders Fourth Edition
Ha	**:**	Alternative Hypothesis
Ho	**:**	Null Hypothesis
ICRC	:	International Committee of the Red Cross
LCB	**:**	Lake Chad Basin
LNG	**:**	Liquefied Natural Gas
NATO	**:**	North Atlantic Treaty Organization
NCCEH	**:**	National Collaborating Center for Environmental Health
NGOs	**:**	Non-Governmental Organizations
NOSO	**:**	North – South Regions
PTSD	**:**	Post-Traumatic Stress Disorder
SES	**:**	Socio-Economic States

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ABSTRACT

The ongoing thesis which is entitled « psychosocial impacts and socio-educational support process for war returnees » is a research found in the large field of Special Education and particularly, found in the domain of Mental handicap and Counseling. This work goes in relation with the support process provided by the Government and the risk for war returnees of falling into a mental disorder after war due to the inadequate support. This leading to the degradation of life quality, to frequent psychological disorders thus to a demotivation for entering the army and a constant fear of their families. War seriously hampers the mental well-being of the person exposed to. Our main objective is to determine that psychosocial impacts have a significant influence on the socio-educational support process. There are evidences available on the psychosocial consequences of wars on soldiers as the major burden on generations. Nonetheless, studies on the psychosocial effects of war among working-age adults where conducted and researchers concluded that human cognitive, emotional and social levels were consistently affected and continuously getting worst among war returnees. Socio-educational support is an aspect that should be reviewed since it is described as both a buffer against life stressors as well as an agent promoting health and wellness. Lack of socio-educational support has been found to be one of the factors that lead to many psychological problems among soldiers. A growing number of literature and empirical research have indicated the relationship between socio-educational support and psychosocial impacts among soldiers. Thus, the question to this research is to know: "how do psychosocial impacts influence the socio-educational support process for war returnees?" The verification of this hypothesis is obtained from an interview guide administered to a targeted population of four war returnees from the NOSO and the BOKO-haram in the military hospital. The interview guide was made in order to see how psychosocial impacts (emotional, cognitive and social) can influence the socio-educational support process in war returnees. The interviews were done face-to-face between the interviewer and the interviewee. The results of the data collected were analyzed thematically, presented and discussed. The psychosocial impacts proved their effect on the socio-educational support and it is observed that there is an urgent need of a support for war returnees so as to improve their life quality.

Key words: psychosocial impacts, socio-educational support**,** war, war returnees

RESUME

La thèse en cours qui s'intitule « impacts psychosociaux et accompagnement socio-éducatif des retournés de guerre » est une recherche située dans le grand champ de l'éducation spécialisée et particulièrement, elle trouve ses sources dans les domaines du handicap mental. Ce travail part du fait du soutien apporté par le Gouvernement et le risque des retournés de guerre d'être victime d'un trouble mental. Conduisant à une dégradation de la qualité de vie, à de fréquents troubles psychologiques ainsi qu'à un manque de motivation d'entrer dans l'armée et une peur constante vécu par les familles de ceux concernés. Notre objectif est de déterminer que les impacts psychosociaux ont une influence significative sur l'accompagnement socio-éducatif. Il existe des preuves disponibles sur les conséquences psychologiques des guerres sur les soldats en tant que fardeau majeur pour les générations. Cependant des études ont été menées sur effets psychosociaux de la guerre chez les adultes en âge de travailler et ils ont conclu que les domaines cognitif, émotionnel et social de l'homme étaient constamment affectés après la guerre et devenaient de plus en plus grave chez les retournés de guerre. L'accompagnement socio-éducatif est un aspect qui devrait être revu car il est décrit à la fois comme un tampon contre les facteurs de stress de la vie et comme un agent favorisant la santé et le bien-être. Un nombre croissant de publications et de recherches empiriques ont indiqué la relation entre l'accompagnement socio-éducatif et les impacts psychosociaux entre les soldats. Ainsi, la question que pose cette étude est celle de savoir : « comment les impacts psychosociaux influencent l'accompagnement socio-éducatif chez les retournés de guerre ? » La vérification de cette hypothèse est obtenue à partir d'un guide d'entretien administré à une population cible de quatre retournés de guerre du NOSO et de Boko-haram à l'hôpital militaire. Le guide d'entretien était fait afin de voir comment les impacts psychosociaux (émotionnel, cognitif et social) influencent l'accompagnement socio-éducatif chez les retournés de guerre. Les résultats des informations recueillies ont été analysés thématiquement, présentés et discutés. Les impacts psychosociaux ont prouvé leur effet sur l'accompagnement socio-éducatif et on constate qu'il y a un besoin urgent d'un soutien aux retournés de guerre pour améliorer leur qualité de vie.

Termes clés: impacts psychosociaux, accompagnement socio-éducatif, guerre**,** retournés de guerre

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INTRODUCTION

War is an intense armed conflict between states, governments, societies, or paramilitary groups such as mercenaries, insurgents, and militias. It is generally characterized by extreme violence, destruction, and mortality, using regular or irregular military forces. Warfare refers to the common activities and characteristics of types of war, or of wars in general. Total war is warfare that is not restricted to purely legitimate military targets, and can result in massive civilian or other non-combatant suffering and casualties. While some war studies scholars consider war a universal and ancestral aspect of human nature, others argue it is a result of specific socio-cultural, economic or ecological circumstances (International Committee of the Red Cross [ICRC][c], 2008).

War, in the popular sense, a conflict between political groups involving hostilities of considerable duration and magnitude. In the usage of social science, certain qualifications are added. Sociologists usually apply the term to such conflicts only if they are initiated and conducted in accordance with socially recognized forms. They treat war as an institution recognized in custom or in law. Military writers usually confine the term to hostilities in which the contending groups are sufficiently equal in power to render the outcome uncertain for a time. Armed conflicts of powerful states with isolated and powerless peoples are usually called pacifications, military expeditions, or explorations; with small states, they are called interventions or reprisals; and with internal groups, rebellions or insurrections. Such incidents, if the resistance is sufficiently strong or protracted, may achieve a magnitude that entitles them to the name "war" (Frankel, 2023).

In all ages war has been an important topic of analysis. In the latter part of the 20th century, in the aftermath of two World Wars and in the shadow of nuclear, biological, and chemical holocaust, more was written on the subject than ever before. Endeavours to understand the nature of war, to formulate some theory of its causes, conduct, and prevention, are of great importance, for theory shapes human expectations and determines human behaviour. The various schools of theorists are generally aware of the profound influence they can exercise upon life, and their writings usually include a strong normative element, for, when accepted by politicians, their ideas can assume the characteristics of self-fulfilling prophecies.

All disasters - natural or technological - can adversely affect the health and well-being of community members and response workers involved. Because of local and global transformations (climate change, conflicts, migration, urbanization, aging, etc.), these public

health impacts are expected to grow over the coming decades. Psychosocial effects refer to the adverse psychological and social outcomes of a disaster or emergency (National Collaborating Center for Environmental Health [NCCEH][c], 2020).

Several studies on war atrocities and different cultures have documented lethal effects on soldiers. War hampers the overall well-being of soldiers physical or psychological conditions and loss the cultural values by societal structural changes. Even war-affected soldiers feeling helpless and insecure along with family. We need to understand that mandatory access to all the channels to listen to soldiers' voice and their discourse about the problems. To respect the local culture and to follow the ethical discourse representation through media and websites promoting the self-representation of war-affected soldiers. A great demand for professional clinical psychologists, psychiatrists specialized educators for a better support (Ali & Shaffie, 2017).

CHAPTER ONE

PROBLEMATIC OF THE STUDY

1.1. Context

For centuries we have seen casualties of war; soldiers who have had various physical injuries and scars that last a lifetime. Yet until the 20th century little was known about the emotional effects of war on soldiers and it wasn't until soldiers were studied psychologically that we began to understand what had happened to them.

You may have heard of psychological disorders associated with war, such as shell shock or "Combat Stress Reaction" as it is otherwise known. Psychosocial effects are the relevant consequences made by educationists, psychologists and even doctors on a regular basis for soldiers who have suffered major traumas. It was due to soldiers of the Vietnam war that the disorder (PSTD) was discovered, yet their symptoms had been synonymous with war veterans from hundreds of years before (Tian, 2019).

The Civil War is generally viewed as the first modern war. Since then, the effects of war on soldiers have been viewed from medical and cultural perspectives that defined a set of causes for these effects. The culture of the 1860s left little room for explaining why men behaved as they did in battle: They were either heroes or cowards. As is eloquently depicted in Stephen Crane's The Red Badge of Courage, soldiers ran away from battle because they were cowards. It was a character flaw that could, in some cases, be overcome by "hardening," an adaptive process by which soldiers anesthetize themselves to the horror and hardship of prolonged combat. The values and expectations of the time were closer to those of ancient Greece than today. Only two feasible routes of exit existed: desertion (which was rife) and an incapacitating wound, itself a problematic path given what medicine knew about infection (Marlowe, 2001).

War adversely affects combatants and non-combatants alike, both physically and emotionally. Death, injury and disability are some of the most threatening physical consequences of war, while post-traumatic stress disorder (PTSD), depression, and anxiety are some of the emotional effects. The terror and horror spread by the violence of war disrupts lives and severs relationships and families, leaving individuals and communities emotionally distressed (Rathi, 2019).

Multiple individual, social, and environmental factors have long been recognized as influencing a military's response to traumatic experiences. The Impact of war on combatants draws attention to the devastating physical, psychological, social, and cultural effects on the lives of these latter.

Despite all the experiences of combatants affected by war and research made upon this issue, they continue to face significant trauma during and after war (Rathi, 2019).

- **A continental priority**

The continent must heed the challenges posed by violent extremism and start to chart effective ways to address them at country, regional and continental levels. It has to curtail and revert the spread of terrorism, which would devastate its aspirations for peace and prosperity.

These numerous challenges facing Africa require concerted regional and continental responses. While several mechanisms exist, their implementation largely depends on the will and means of the states. Although such mechanisms and frameworks provide guidance, solving structural vulnerabilities will remain the primary responsibility of national governments. Lacking a parent or caregiver may place war returnees at greater risk for psychological difficulties. A study found that separated militaries have an increased risk of facing multiple traumatic incidences, along with an increased risk for developing mental health problems and more likely to experience regulation difficulties, somatic complaints, depressed feelings, and hallucinations or delusions than returnees with family members (Marlowe, 2001).

It becomes apparent as the record is studied that significant elements contributing to these illnesses are those that we, today, classify as stress and stress response. But such classification is a simplification and an abstraction. The illnesses are the result of the interactions of elements in a multifactorial matrix. This matrix includes the following as major factors, among others:

- the biological substrate and unique psychological history of the individual
- the experiences and events of the campaign
- the cultural and cognitive screen through which these events are interpreted
- belief systems about causality and the dominant etiological paradigms provided by the medical system of the time
- beliefs about biological and psychological outcome processes.

The important conclusion to be drawn from the classical world regarding combat events is that they (i.e., killing and wounding) are not the only events with the power to create profound alteration of behavior. Their weight and power is embedded in the cultural ascriptions that provide them with value, as are related noncombat events that may contribute to the undoing of

the soldier. In this context, in classical Greece, murder was considered to be ritually polluting, defiling both the hands and the mind, and required religious rites of purification, but slaying enemies and even accidentally killing friends in battle brought no such onus with it (Yohani, 2015).

All combat and postcombat behavior took place in an environment of value and expectation about individual performance far closer to that of the Greeks and medieval conceptions than to those of our time. Soldiers were either brave or cowardly.1 Thus men who, for whatever set of reasons, wished to avoid the acute stresses and traumas of combat opted out obviously in very large numbers. While the reality does not accord with public patriotic visions or with the belief that the maximum penalty was always applied to "deserters," that there was a high desertion rate is unchallenged. This represents a continuation of the pattern described for medieval and renaissance armies, and it is remarkably different from the normative expectations that characterize "attention to duty" in most armies in this century (Rathi, 2019).

According to Bizouerne (2021), psychosocial interventions which consist of the actions with the priority goal of creating, restoring and maintaining the social functioning of the population affected as well as the affective and emotional balance of individuals at the level of their social environment. Clinical interventions actions focused on the most vulnerable individuals, specifically targeting psychological or psychiatric effects. Educational interventions which focuses on specialized services related to the needs of those involved in a particular situation.

Nearly a year after Russia invaded Ukraine, Europe remains a continent at war. Historians will likely see 2022 as a pivotal year akin to 1989 and 2001 years that marked the end of an era and the beginning of a new historical phase. Europe’s response to the war has changed the continent.

The changes in the past year have truly been dramatic. Countries with a long history of neutrality suddenly sought to join the North Atlantic Treaty Organization (NATO) military alliance. Almost overnight, the United Kingdom, seemingly irreparably entangled with Russian investment and influence, evicted Russian oligarchs and their wealth. Germany announced a new era, invested massively in defense, sent weapons to Ukraine, and ended its deep dependence on Russian natural gas. The European Union showed itself to be a geopolitical actor, implementing massive economic sanctions and, for the first time, providing billions of euros in lethal security assistance.

Most importantly, the unity forged in Europe in response to the war held. The prevailing assumption that Europe was weak led to constant predictions that this unity would crack. There were concerns that the millions of Ukrainian migrants could trigger a populist backlash and that rising energy prices and a cost-of-living crisis would prompt Europe to push for an end to the conflict, breaking with Ukraine and the United States. Furthermore, there were concerns that Europe would not get through the winter without Russian gas and that its economy might collapse (Bizouerne, 2021).

But again and again, Europe has held firm and adapted. Its response has often been messy and cacophonous, but this is to be expected in European democracies, where foreign policy debates and divisions play out in public. In the end, Europe's response has demonstrated both its resolve and the strength and resilience of democracy. European democracies have demonstrated their competence and determination from rapidly getting weapons to Ukraine to rapidly building Liquefied Natural Gas (LNG) terminals. The war has thus strengthened Europe, the European Union, and the NATO alliance. Economically, Europe has performed better than expected and avoided falling into recession in 2022.

However, despite the strong response to the war, comprehensive structural changes to Europe's economy and security architecture have yet to materialize. Although it is now spending more on defense, the war has revealed that the state of European forces is even worse than realized. Off-the-shelf procurement of military equipment, mostly from the United States, has taken priority over ambitious coordination efforts and investment in common European defense initiatives. Despite the war, none of the three primary Western stakeholders NATO, the United States, and the European Union have proposed any transformational initiatives to improve defense cooperation.

Libya, South Sudan, the Central African Republic, Northern Mozambique, Ethiopia, and Cameroon's north-west and south-west regions are six African conflict hotbeds to watch in 2022. The Libyan situation has not improved significantly after years of instability and a major civil war from 2018 to 2019. The push for elections on or by 24th December 2021 is taking place alongside the stark reality that political and security conditions are not conducive to such an event.

- **The spread of violent extremism devastates Africa's aspirations for peace and prosperity**

The recent terror attack in Uganda reflects the threat that violent extremism will continue to pose to Central Africa, East Africa and the Horn. Reports of possible collaboration between the Islamic State-affiliated Allied Democratic Forces and al-Shabaab are alarming.

The Cabo Delgado extremist insurgency has been ongoing since the end of 2017. Slow response early on led to the deterioration of the situation. Since then, a Rwandan troop deployment based on a bilateral arrangement and a Southern African Development Community multilateral deployment, have helped quell the insurgency and restore humanitarian access to affected populations.

While the military response seems to have pushed back insurgents so far, a more holistic approach is needed to address the socioeconomic challenges of communities. Also concerning are the regional ramifications of Cabo Delgado's insurgency, including links in countries such as Tanzania and the possible spread to create a larger extremism axis along the continent's eastern flank.

The spread of the threat from the Sahel to West Africa's coastal countries is best evidenced by the resurgence of attacks in northern Cote d'Ivoire near the border with Burkina Faso. Cote d'Ivoire is now suffering repeated attacks, and the fear is that violent extremism could affect other parts of the country and neighbouring states such as Ghana, Benin and Togo (PSC Report, 2021).

- **Civil war in Ethiopia**

Although instability preceded the war that began in November 2020, Ethiopia's conflict has since gained impetus and intensity. Bringing the belligerents to the negotiation table is an absolute priority to stop the bloodshed and sustain any chance of a peaceful settlement of the conflict. Whichever direction things go, reconciling deep societal divides will be a key challenge.

By December, the federal government was attempting to quell the advances of the Tigray People's Liberation Front and its allies as they approached the capital Addis Ababa. A humanitarian crisis was unfolding in many parts of the country. African Union (AU) mediation

efforts led by former Nigerian president Olusegun Obasanjo are ongoing, but success remains elusive.

- **New route needed for CAR**

The Central African Republic (CAR) has been embroiled in a conflict for several years. Developments indicate that it remains trapped in an intractable cycle of violence. The political dialogue desired by the International Conference on the Great Lakes Region and others is stymied largely by President Fausten-Archange Touadéra but also by armed groups. Touadéra vacillates from consolidating power to actions to militarily defeat armed groups abusing state and population weaknesses. He also expresses a desire to implement the 2019 Khartoum Peace Accord. CAR desperately needs a new approach for sustainable peace (PSC Report, 2021).

- **Sustained suffering in South Sudan**

South Sudan will be another country to watch as it enters the final year of implementing the 2018 Revitalized Agreement on the Resolution of Conflict in the Republic of South Sudan. Despite progress, much remains to be done to conclude the transition within the allotted time and end long years of suffering for the South Sudanese.

Burkina Faso, Mali and Niger, particularly, have seen continuing attacks. The Liptako-Gourma border area among the three countries remains highly volatile, with a terrorist threat, intercommunal violence and transnational organized crime. This is not expected to change significantly in 2022. The Burkinabè government has come under increasing public pressure to deal decisively with violent extremism. The focus in Mali and Chad on completing their political 'transitions' could also continue to detract from the fight against terrorism.

- **Cameroon's quagmire in the north and south-west**

Over the last five years, the conflict in north and south-west Cameroon has not received the attention it deserves from regional and continental actors. What began as protests over poor governance and marginalization turned into a deadly insurgency. This has caused many deaths, 1200 of military men and up to 12 650 war returnees of which about one third are been taken care of. This upended the lives of thousands and created a humanitarian crisis, all of which could have

been avoided. The Cameroonian government's dogmatic stance and military approach to resolving the conflict have not helped, and these are likely to persist (PSC Report, 2021).

- **Cameroon's dogmatic stance and military approach to resolving its conflict are likely to persist**

The ever-present threat of terrorism in 2022, Africa will also continue to face the threat of violent extremism and terrorism in the Sahel and Lake Chad Basin (LCB) regions, East Africa and the Horn, and Mozambique's northern province of Cabo Delgado. The menace will also hover over the coastal countries of West Africa. The situation in G5 Sahel countries has not abated, causing insecurity and humanitarian crises (PSC Report, 2021).

The politicization of Anglophone Cameroon's minority status and the violent abuses that it has suffered at the hands of Cameroon's authoritarian state for more than 60 years are the key factors driving Anglophone resentment and the separatist conflict. Moreover, a profitable predatory economy supported by raids, seizures, kidnappings and extortion has developed around this conflict. This makes some actors reluctant to support peace efforts. By recent estimates, the conflict has already led to over 3,000 deaths, internally displaced more than 750,000 people and left about 1.3 million people in need of humanitarian assistance. President Paul Biya, Cameroon's reclusive leader since 1982, is fixated on pursuing a failed path of war against the separatist groups, whom he calls 'terrorists'. Recent reports of confrontations between separatists and government troops have led to attacks and allegations of rape perpetrated against local villagers by both government forces and separatist militias, although government troops have been accused of abuses and atrocities more often than the separatists have. This desperate situation calls for greater investment in finding ways to peacefully resolve the ongoing, violent conflict (Orock, 2021).

The situation is similar in the LCB, with terror attacks by Boko Haram, flare-ups in intercommunal violence and organized crime. What appear to be local conflicts have also spilt over, adding to the region's insecurity. Governments' responses to the LCB security crisis have negatively affected women's livelihoods, which means that many families have suffered its brunt. As with the Sahel, trends in LCB are unlikely to change in 2022, as their reversal will require a shift in strategy from all stakeholders (PSC Report, 2021).

1.2. Formulation and position of the problem

The problem lays emphasis on an inadequate socio-educational support process for war returnees.

Socio-educational support in the process of education modernization should exhibit humanitarian nature, flexibility, non-violent and “non-intrusive” character of the educational process that can directly relate to the needs and interests of its members. The heightening attention to every member of the educational process marks the idea of socio-educational support of the specialist’s professional development top-priority. In this regard has identified and described the content of the socio-educational support of a future specialist professional development that involves creating favorable conditions for personal development, social self-determination and emotional establishment in particular organizational and pedagogical forms, as well as successful possessing necessary competencies in the process of daily life interaction (Gutman, 2015).

From classical times until the French Revolution, a soldier's psychological and physical survival depended upon the physical cohesion of the line of battle. The line was his armor, both physically and psychologically. In the phalanx or the legion, the soldier knew that he was essentially "safe" in combat as long as the men to his right and left kept the line intact, as the shield of each covered the man next to him. "Line" in this sense includes the maintenance of the physical integrity of square or column. True danger came when the line was broken and all were vulnerable. At that point it was legitimate to run to be overwhelmed by fear and to try to survive. The organic cohesion of the line maintained behavior and sustained the soldier's performance and perhaps also his mental health. The alternative was panic, defeat, and often death. Therefore, maintaining the cohesion of the battle line was extremely important. It was then and is now critical that, if men are to survive the terrors of war and the hardships of deployment, they must be tightly bonded together. The group, with which the soldier lived and worked, was the primary source of social support and psycho- logical strength (Gutman, 2015).

The actual emotional effects of war on soldiers can be distressing and it seems so unfair to the family and friends of veterans that after all they’ve been through, they continue to suffer. Psychosocial impacts and shell shock are essentially manifestations of the brain’s attempts to cope with trauma and failing to do so adequately. With psychosocial impacts in soldiers, the sufferer will often recall and re-experience the specific trauma of war, perhaps when they dream, or even when they think or close their eyes. Hallucinations are not uncommon either, with

soldiers feeling as if they are back in the traumatic war environment during sleep, when drunk or on drugs and even during normal wakefulness. They will also react strongly to anything that reminds them of the trauma and begin to avoid anything they associate with it. This often means a distinct reluctance to mix socially, due to loud noises that remind them of bombings, or crowds of people reminiscent of trenches.

It's no surprise, once you understand the distress that soldiers experience during war, that they find it hard to be the same, emotionally, ever again. Some may say that their inability to form close bonds with loved ones is due to the experience of near death and the fear that they will leave someone behind. The emotional effects of war on soldiers very often hinders their future achievements too as they find it impossible to imagine or plan. Veterans of war who experience psychosocial impacts without adequate counseling and care often do not marry or have children, perhaps because they have experienced near death and have severe difficulty letting go of the idea that they may die any day (Tian, 2019).

War can be and has been proven to be a deeply scarring experience for many soldiers. Of course, nothing can prepare them for warfare, seeing close friends die and narrowly escape death themselves. Some veterans of past wars have recovered from their traumatic experience with the right care, but what we need to ask ourselves is how we can protect them from mental trauma before they are even sent to fight, as opposed to treating their symptoms once the deep psychological damage has already been done.

1.3. General research objective:

Determine that psychosocial impacts influence the socio-educational support process for war returnees.

1.3.1. Specific research objectives:

- Determine that the affective trauma influence the socio-educational support process for war returnees.
- Determine that the cognitive trauma influence the socio-educational support process for war returnees.
- Determine that the social trauma influence the socio-educational support process for war returnees.

1.4. Main research question:

How do psychosocial impacts influence the socio-educational support process for war returnees?

1.4.1. Specific research questions:

- How does the affective trauma influence the socio-educational support process for war returnees?
- How does the cognitive trauma influence the socio-educational support process for war returnees?
- How does the social trauma influence the socio-educational support process for war returnees?

1.5. Main research hypothesis:

Psychosocial impacts influence the socio-educational support for war returnees.

1.5.1. Specific research hypothesis:

- Emotional trauma has a significant influence on the socio-educational support for war returnees.

- Cognitive trauma has a significant influence on the socio-educational support for war returnees.

- Social trauma has a significant influence on the socio-educational support for war returnees.

CHAPTER TWO

LITERATURE REVIEW

2.1. **Conceptual Review**

According to Taylor (2011), social support is defined as the perception or experience that one is loved and cared for by others, esteemed and valued, and part of a social network of mutual assistance and obligations (Wills, 1991). Social support may come from a partner, relatives, friends, coworkers, social and community ties, and even a devoted pet (Allen, Blascovich, & Mendes, 2002). Taxonomies of social support have usually classified support into several specific forms. Informational support occurs when one individual helps another to understand a stressful event better and to ascertain what resources and coping strategies may be needed to deal with it. Through such information or advice, a person under stress may determine exactly what potential costs or strains the stressful event may impose and decide how best to manage it. Instrumental support involves the provision of tangible assistance such as services, financial assistance, and other specific aid or goods. Examples include driving an injured friend to the emergency room or providing food to a bereaved family.

Emotional support involves providing warmth and nurturance to another individual and reassuring a person that he or she is a valuable person for whom others care. But as the definition makes clear, social support can also involve simply the perception that such resources are available, should they be needed. For example, knowing that one is cared for and/or that one could request support from others and receive it is comforting in its own right. Thus, social support may involve specific transactions whereby one person explicitly receives benefits from another, or it may be experienced through the perception that such help and support is potentially available. Social support is typically measured either in terms of the structure of socially supportive networks or the functions that network members may provide (Wills, 1998).

Structural social support, often referred to as social integration, involves the number of social relationships in which an individual is involved and the structure of interconnections among those relationships. Social integration measures assess the number of relationships or social roles a person have, the frequency of contact with various network members, and the density and interconnectedness of relationships among the network members. Functional support is typically assessed in terms of the specific functions (informational, instrumental, and emotional) that a specific member may serve for a target individual and is often assessed in the context of coping with a particular stressor. Thus, an individual might be asked how much of different kinds of

support each member of a supportive network provided during a stressful event. A n early debate in the social support literature centered on the circumstances under which social support may be beneficial. One hypothesis, known as the direct effects hypothesis, maintains that social support is generally beneficial to mental and physical health during non-stressful times as well as during stressful times. The other hypothesis, known as the buffering hypothesis, maintains that the health and mental health benefits of social support are chiefly evident during periods of high stress; when there is little stress, social support may have few physical or mental health benefits. According to this hypothesis, social support acts as a reserve and resource that blunts the effects of stress or enables an individual to deal with stress more effectively, but otherwise is less consequential for mental and physical health (Cohen & Wills, 1985). After decades of research, evidence for both types of effects have emerged. Measures of social integration typically show direct associations with mental and physical health, but not buffering effects (Thoits, 1995). In contrast, the perception that emotional support is available is associated both with direct benefits to physical and mental health and also with buffering effects (Wethington & Kessler, 1986).

Research consistently demonstrates that social support reduces psychological distress such as depression or anxiety during times of stress (Fleming, Baum, Gisriel, & Gatchel, 1982; Lin, Ye, & Ensel, 1999; Sarason, Sarason, & Gurung, 1997). It has been found to promote psychological adjustment to chronically stressful conditions, such as coronary artery disease (Holahan, Moos, Holahan, & Brennan, 1997), diabetes, HIV, cancer, rheumatoid arthritis (Goodenow, Reisine, & Grady, 1990), kidney disease (Dimond, 1979), childhood leukemia (Magni, Silvestro, Tamiello, Zanesco, & Carl, 1988), and stroke (Robertson & Suinn, 1968), among other disorders. Social support also protects against cognitive decline in older adults (Seeman, Lusignolo, Albert, & Berkman, 2001), heart disease among the recently widowed (Sorkin, Rook, & Lu, 2002), and psychological distress in response to traumatic events, such as 9/11 (Simeon, Greenberg, Nelson, Schmeider, & Hollander, 2005). Social support also contributes to physical health and survival. In a classic study that documented this point, epidemiologists Lisa Berkman and Leonard Syme (1979) followed nearly 7,000 California residents over a 9-year period to identify factors that contributed to their longevity or early death. They found that people who lacked social and community ties were more likely to die of all causes during the follow-up period than were those who cultivated or maintained their social relationships. Having social contacts predicted an average 2.8 years increased longevity among women and 2.3 years among men, and these

differences persisted after controlling for socioeconomic status (SES), health status at the beginning of the study, and health habits (Berkman & Syme, 1979). Of particular significance is the fact that the positive impact of social ties on health is as powerful, and in some cases, more powerful a predictor of health and longevity than well-established risk factors for chronic disease and mortality, with effect sizes on par with smoking, blood pressure, lipids, obesity, and physical activity (House, Landis, & Umberson, 1988). These benefits are realized in part by the fact that social support appears to help people to stave off illness altogether. For example, Cohen and associates (1997) intentionally infected healthy community volunteers with a cold or flu virus by swabbing the inside of their nasal passages with virus-soaked cotton swabs. They found that people experiencing a high level of stress were more likely to develop infections than were people under less stress, and the colds and flus they developed were more serious as well. However, those with more social ties were less likely to become ill following exposure to the virus, and if they did, they were able to recover more quickly than were those with fewer social ties (Cohen, Doyle, Skoner, Rabin, & Gwaltney, 1997). On the whole, though, evidence for the impact of social support on the likelihood of becoming ill is not as consistently positive as evidence for its impact on course of illness or recovery (Seeman, 1996; Taylor & Seeman, 2000). It may be that social contacts both contribute to illness likelihood, as through contagion or the creation of stress (Hamrick, Cohen, & Rodriguez, 2002), but also promote health via social support, leading, on balance, to the only moderately positive net effect on illness likelihood. Social support has been tied to a variety of specific health benefits among individuals sustaining health risks. These include fewer complications during pregnancy and childbirth (Collins, Dunkel-Schetter, Lobel, & Scrimshaw, 1993), less susceptibility to herpes attacks among infected individuals (VanderPlate, Aral, & Magder, 1988), lower rates of myocardial infarction among individuals with diagnosed disease, a reduced likelihood of mortality from myocardial infarction (Kulik & Mahler, 1993), faster recovery from coronary artery disease surgery (King, Reis, Porter, & Norsen, 1993 ; Kulik & Mahler, 1993), better diabetes control (Marteau, Bloch, & Baum, 1987), better compliance and longer survival in patients with end-stage renal disease (Cohen et al., 2007) and less pain among arthritis patients (Brown, Sheffeld, Leary, & Robinson, 2003). The impact of social support on mortality is also clearly established, as the seminal study by Berkman and Syme (1979) suggests. In prospective studies controlling for baseline health status, people with a higher quantity and quality of social relationships have consistently been shown to

be at lower risk of early death (Herbst-Damm & Kulik, 2005; Seeman, 1996), and in studies of both humans and animals, social isolation has been found to be a major risk factor for early mortality (House & al., 1988).

The implications of social support research for clinical practice and interventions are substantial. As one of the best established resources contributing to psychological well-being and health, clinical efforts to enhance or improve social support are well-placed. Moreover, when people are experiencing intensely stressful events, social support is not inevitably forthcoming. Even when people in a social network make efforts to provide social support, those efforts may not always be effective, as noted earlier. Consequently, a broad array of clinical support interventions has arisen to augment social support, especially for those experiencing gaps in the support they receive from others. Some of these are family support interventions. For example, when a person has been diagnosed with a chronic condition or illness, the family's participation in an intervention may be enlisted to improve the diagnosed patient's adjustment to the condition. In addition, as noted earlier, involving the family in health behavior change programs may be beneficial for effective management of the disorder (Taylor, 2008).

Family support interventions may also be emotionally soothing to family members as well, in part by alleviating anxiety that may be generated by incomplete understanding or misinformation. Explaining exactly what the patient's condition is, what treatments will be needed, and how the family can help can mean that support provided by family members may be more forthcoming and effective. In addition, family members may receive guidance in well-intentioned actions that should nonetheless be avoided because they are experienced as aversive by patients (Dakof & Taylor, 1990; Martin, Davis, Baron, Suls, & Blanchard, 1994).

Social support groups were originally conceived of as small, face-to-face voluntary groups of individuals who came together to solve a problem or help each other cope with handicaps or illnesses, especially through the provision of emotional support (Katz & Bender, 1976). Some of these groups originally were grass-roots organizations formed by patients themselves, but more commonly, these support groups included a professional clinician, either as an initiator and organizer, or as an ongoing counselor who facilitated group interaction. Self-help groups, a particular type of social support group, do not include the participation of a trained professional, once the group is established (Katz & Bender, 1976). Originally, social support groups developed

to treat a broad array of problems, disorders, and disabilities, including alcoholism, drug abuse, chronic diseases, loss of a partner through divorce or death, and most commonly, obesity (Taylor, Falke, Shoptaw, & Lichtman, 1986). Social support groups continue to be a vital resource for the chronically ill and to people managing problems, such as obesity and alcoholism. These groups provide a format for discussions of mutual concern that arise as a result of illness, provide specific information about how others have dealt with similar problems, and provide people with the opportunity to share their emotional responses with others sharing the same problem (Gottlieb, 1988). Such groups can potentially fill gaps in social support not filled by family and friends or may act as an additional source of support provided by those going through the same event.

Other benefits include helping patients to develop the motivation and techniques to adhere to complicated treatment regimens (Greenberg, 1987). Support groups may encourage adherence for several reasons. In the course of interacting with others, a participant may learn techniques that others have used successfully to maintain adherence or to cope effectively with a disorder, and adopt those techniques to combat his or her particular barriers to adherence. Because people may commit themselves to change their behavior in front of others in the support group, they may be especially motivated to maintain adherence. Emotional support and the encouragement that others with similar problems provide can also encourage adherence to treatment. Although social support groups have the potential to provide both emotional and informational support to participants, they may be better at providing educational than emotional benefits. In a review of cancer support groups described earlier, Helgeson and Cohen (1996) found that educational groups were more effective in meeting patients' needs than were support groups specifically aimed at the provision of emotional support. As noted, because relationships among support group members may seem artificial or not as intimate as "natural" relationships, relations in the support group may be more appropriate for providing information about the target problem or for managing it, whereas family or close friends may be better sources of emotional support (Taylor, 2011).

Psychosocial impact is defined as the effect caused by environmental and/or biological factors on individual's social and/or psychological aspects. Several human crises like wars may affect

psychological and social aspects of individual's lives which may cause psychiatric symptoms in victims (soldiers).

Psychosocial characteristics is a term used to describe the influences of social factors on an individual's mental health and behavior.

For Martini (2020), a psychosocial approach to human behavior involves the relation between intrapersonal psychological and environmental aspects. Psychosocial characteristics is commonly described as an individual's psychological development in relation to his/her social and cultural environment. "Psychosocial" means "pertaining to the influence of social factors on an individual's mind or behavior, and to the interrelation of behavioral and social factors." Psychosocial factors, at least in the context of health research, can be defined as the mediation of the effects of social structural factors on individual health, conditioned and modified by the social structures contexts in which they exist.

Psychosocial distress is a critical disorder to consider as conceptual issues framing the interpretation of research on war returnees. Recognizing the role of proximal and distal influences and the extent to which the psychosocial adversities on war returnees-specific or all family members shared the mechanism that affected the behavior in an environment. Bronfenbrenner set out a model that explains how transactions shape the social ecology between children and varying perspective of their functioning and growth. This model elaborated to explain the response of children as well as those of war returnees or soldiers in general against traumatic events. Therefore, understanding the impact of traumatic events is inevitable to examine, its effects on the social ecology of war returnees. While under the ordinary situations, environment foster the soldier cognitive, affective and social development of coping functions and basic regulation. Traumatic events destabilized the situation and created the sense of lost control and capriciousness (Martini, 2020).

Wars directly affect the multiple social-ecological circles of the soldier and these effects disrupt the support systems of religious and community organizations, extended families and armies as well as the unavailability of loved ones. Traumatic events disrupt the beliefs and cultural rituals. Low-intensity wars disrupted the fundamental perspective of the soldier's social ecology (social, religious, medical, and public services) by coercing of the civilian population. Bronfenbrenner Ecological System Theory presents a conceptual structure to comprehend the impact of culture

and context on psychological well-being. The ecology of a soldier in situation of war is characterized by a compacted social-cultural system, while the child interactions are critical to the systems of well-being and development. The first cycle in immediate environment is microsystem that refers the context in which military man interacts with socialization agents directly, for example, with colleagues and superiors within a camp or family members. A microsystem is defined as the specific setting and circumstances of human interactions.

The formal support in the context of war (the interaction between soldiers and the opponents) are the example within community and war field. Microsystem in primary context is a direct interaction but accounted and acknowledged all the aspects of the ecosystem (including indirect influences). Bronfenbrenner introduced a model for understanding the context effects on the soldier. He proposed that development transpired within set "layers" of context. The first layer involves relationships in which the soldier takes part: relationships with colleagues, parents, siblings, peers and any other person in the society. These interactions are embedded within structures that have a bearing on how the relationships develop. Such an assumption is consistent with the ecological systems theory. A person's development occurs through the progressive and complex process of interactions among the people, objects, representation in an immediate environment. This interaction must transpire on a regular basis and moderately over expansions with the time.

Bronfenbrenner establishes the various levels of interacting dimensions of this model cover the personal factors (temperament of orphan children) and the process factors (child-headed family interactions). He explained the structure of full reciprocal impact in families, classrooms, peer groups, local communities, and schools into four ecological systems interactions with chronosystem (Microsystem, mesosystem, exosystem, and macrosystem). Rutter explained the antagonistic environmental experiences that are the critical factors of poor psychosocial adjustment. The growth of poor psychosocial functioning, including the delinquent and antisocial behavior mediated through multiple processes. The hostile experience has the long-term effect through cognitive and effective models on the psychosocial functioning, presenting the interpersonal interaction, social and environmental experiences. Bronfenbrenner explained the culture of competition, materialism, and dominance, which has an impression on the emotional well-being of children and any other human being. The policies placed may not be the safeguard

against inconsistent exposure to masses, violence and instant gratification. Because man does not develop in isolation, that's why it need a serious attention through culture beliefs and larger social-ecological context to maintain detrimental impact on soldiers.

War returnees' psychosocial development in post-conflict settings worked in a socio-ecological theoretical context that carries the bequest of war. The adversities of war including diminishing of social services (e.g., health care and socio-educational support) are comprised of poverty and societal factors. War changes the family constellation as well as impaired the mental health function and individual factors of parental loss trauma. In a man's development context, it is crucial to be consistent with social-ecological frameworks at varied levels, as the family, community, and society. Within the broader developmental framework, in-depth study is the way to study comprehensively the effects and impressions of war and violence on children that is the socio-cultural and psychological risks and probability for resilience in the provision of socio-ecological contexts. For the war-affected population, qualitative research suggested for family support and soldier mental health functioning, the attachment in microsystem level within ecological settings.

According to Ali & Shaffie (2017), this review indicates the prevalence of relationship between family and soldier mental health. Among the war affected population soldier needs to sustain safety and support at the micro level within a specific culture, family, and friends. The qualitative narrative collected from NGOs, soldier protection commissions and social activists elaborate the inquiry into further understanding of the problems of soldiers' future. The absence of educators in camps and vulnerable soldier life placed a great gap at the micro level within their ecological system. While looking to the other aspects of soldiers' survival in post-conflict settings health care centers providing an alternate care for war returnees.

It is difficult to sustain peace in post-conflict settings and having the sense to realize that the role should be equally played by everyone. A social activist urges on the general awareness about war-affected population problems: Great responsibilities rest upon the shoulders of all government institutions covering Army, law enforcement agencies, education department, civil societies, NGOs, social welfare organizations etc. that they should come forward to assist affected minors. It's beyond to recognition that providing socio-educational support and other

rehabilitation methods, what kind of other intervention needs to cope with war-affected soldiers (Ali & Shaffie, 2017).

For Ahmad (2016), the socio-educational support is defined as a resource for the development of professional education that allows all of the educational process members respond to the changing environmental conditions. The support in pedagogy is defined as an activity providing the conditions for the subject of the development to make the right choice. The idea of socio-educational support is a complex approach to solving the problems of professional development. At present the socio-educational science includes a large number of studies on the theory and practice of socio-educational activities, their role in meeting special social, cultural and educational needs of young people. The scientific literature has accumulated a theoretical foundation to set the goals and solve the problems of socio-educational support of professional development of a specialist.

According to Lesser (2014), the Various Human Responses to Trauma are enumerated below

- **Emotional Response**

Based on their considerable research and professional experience with victims, McCann & Pearlman (1991) summarize post-trauma emotional response patterns as fear and anxiety, depression, decreased self-esteem or identity problems, anger, guilt and shame. Diminished responsiveness, feeling constantly threatened, paranoid suspiciousness, and antisocial acting out (Epstein, 1990) are also common emotional reactions post-victimization.

Janoff-Bulman (1992) offers a twofold explanation for the survivor's anxiety: exposure to intense fear leaves personal survival in doubt, while at the same time jeopardizing and challenging the victim's personal belief system about the nature of the world. She adds that the victim's internal world: is in a state of chaos. Victims cannot derive any equilibrium from prior assumptions, for they are no longer adequate guides to the world. The result is cognitive disintegration...This double dose of anxiety, which occurs on top of the initial fear in direct response to the victimization, is the psychological counterpart of physiological arousal (p. 65).

On the one hand, there is the presentation of denial and emotional numbing. On the other, and compounding an already fragile situation, there is terrifying intrusive memory. This seemingly implausible dance of denial and intrusion of turning away while simultaneously reliving what

was most fearful can be interpreted as a stunning representation of a victim's ability to self-regulate and self-protect after exposure to terrifying events. Denial facilitates the survivor's processing of the event at her or his own pace, while reliving leads the victim to confront it. And yet, as Janoff-Bulman (1992) elucidates, all too often this delicate balance has been misunderstood.

Traditionally, Western psychiatry and clinical psychology have regarded the accurate perception of reality a primary criterion of mental health, and coping strategies have generally been regarded as adaptive if they emphasize or facilitate accurate reality testing. Psychologists have tended to regard denial as a sign of underlying psychopathology. It is probably an understatement to conclude that, psychologically, denial has been underappreciated. From the present perspective on trauma, denial is far from a maladaptive mechanism suggesting psychopathology. Rather, it is a useful and valuable process that reflects the survivor's extraordinary psychological predicament post-victimization.

If stress and violence persist in the victim's life, they need to be cautious about expressing their feelings. In these cases, denial may be a useful strategy when severe stress is unwavering. Rather than explore and dismantle defenses, counselors and therapists may need to support and bolster them. Nevertheless, when there is an excess of denial dissociation occurs resulting in the victim disavowing considerable parts of the traumatic event. Recollection of the original stressor is inaccessible, lodged in a place that while separate from consciousness, is still capable of inflicting emotional and physiological suffering on the victim (Janoff-Bulman, 1992).

- **Cognitive Response**

Cognitive response to traumatic experiences is frequently presented as either the incongruity of having to process new information with old tools, or mental models that up until the traumatic event were adequate for explaining the victim's relationship to the world and vice versa but have since been destabilized (Horowitz, 1986; Janoff-Bulman, 1992). As Horowitz (1986) indicates: until memories of traumatic life events can become integrated with mental schematizations, they are stored in an especially active form of coding. These "memory contents" tend toward repeated mental representation that is, they tend to be repeatedly examined (p. 246).

The integration of new and horrifying information into the victim's mental schemas is a gradual process. Basic assumptions are slower to change and less likely to be modified than non-essential ones (Janoff-Bulman, 1992). Victims tend to experience other cognitive shifts as well, such as difficulty in concentrating. Flashbacks and intrusive recollection are the most common, while dissociation, an extreme manifestation of cognitive disturbance.

According to McCann and Pearlman (1991), empirical findings suggest that posttraumatic stress is associated with cognitive deficits, such as impaired verbal fluency, memory, and attention, and an overall decline in intellectual functioning. They recommend more research, particularly with regard to how these deficits effect adolescents post-victimization.

- **Social Response**

According to Harvey (1996), trauma survivors are deeply affected in their social relations as a result of their exposure to stressors. Concurrently, social relations, community values, beliefs and traditions can support victims after exposure to violence. Harvey comments that community response to violent and traumatic events will influence each individual's reaction because of the interplay of the person-community "ecosystem". The characteristics of the stressor tend to be directly related to social response, victims of sexual assault report a high incidence of sexual problems and difficulties with intimate relationship. The rebuilding of trust in interpersonal relationships is often an issue for trauma survivors (Herman, 1992).

- **The Behavioral Response**

The literature amply reports cases of post-trauma victims exhibiting aggressive behavior, outbursts of anger, self-destructive and impulsive behaviors, high incidence of suicidal behaviors, particularly among returned war veterans (Pallmeyer, Blanchard, & Kolb, 1986; Figley, 1978; Figley & Leventman, 1980; Wilson & Krauss, 1985), substance abuse, especially with those who suffered prolonged trauma, and impaired social functioning. McCann and Pearlman (1991) cite social withdrawal and isolation, weakened school performance and poor peer relations, poor social adjustment, and diminished occupational achievement as characteristic of trauma survivors.

- **Physiological Response**

Physiological hyper-arousal is perhaps the most obvious biological effect of psychological trauma. Exposure to fear-producing situations hurls the body into a state of alert, producing increased autonomic nervous system response and alterations in the brain's circuitry. Exposure to extreme trauma conditions the brain to put out a call for increased catecholamines that regulate the body's internal alarm system (Van der Kolk & Greenberg, 1987; Van der Kolk, Krystal, et al. 1985). A shortage occurs when these neurochemicals are consumed faster than they can be replenished:

This depletion is believed to produce changes in the sensitivity of neurons, such that they become overly sensitive to later stimulation...The trauma victim is thus left in a state of hypersensitivity and decreased tolerance for subsequent arousal. Even minor stress and stimulation can trigger major autonomic arousal (Janoff-Bulman, 1992, p. 67). Victims experience heightened startle response, sleep disturbance, and physiologic reactivity upon exposure to events that remind them of the traumatic stressor. Those who have suffered repeated physical abuse may have damaged central nervous systems, known to cause neurobehavioral dysfunctions (McCann & Pearlman, 1991).

War can be experienced as a serious traumatic event, particularly when it is associated with increased deaths, family separations and loss of body parts. The consequences of being psychologically and socially affected impact on cognitive, affective and social domains of human life and eventually leads to a change in perception affecting the soldier in his or her daily life situation such as employment, mobility and interpersonal relations. The impact depends on the psychological and social areas, use of coping strategies and the availability of socio-educational support. Coping with psychosocial impacts is complex and dynamic; it involves adaptations in the emotional, physical and social domains of life. People experience a range of emotions such as anger, frustration and denial while trying to adjust to this life-changing event (Stevelink, 2016).

In addition, war seriously hampers the mental well-being of the person affected. There is evidence available on the psychosocial consequences of wars on soldiers as the major burden on generations. Nonetheless, Nyman and colleagues reviewed studies examining the psychosocial effects of war among working-age adults. They concluded that human cognitive, affective and social levels were consistently low and continuously reducing among war returnees. However,

overall poorer mental well-being and quality of life was found in war returnees soldiers in comparison to those who had never been on the frontline no matter their ages. A review of the effects of war on the mental well-being of war returnees varying levels of mental health disorders such as post-traumatic stress disorder (PTSD), depression, anxiety and substance abuse across study populations; it was concluded that in general, mental health problems and cognitive, affective and social problems particularly were more frequently reported o war returnees populations compared with a military population who had never gone to a field of war. The review focused predominantly on war returnees affected psychosocially and it was unable to identify any studies specifically examining the cognitive, affective and social health of ex-war field men. Since approximately they range between 20-40, it is important to investigate how psychosocial impacts affects well-being of a socio-educational support process (Stevelink, 2016).

The support process is based on confident relationship between supporters and those being supported, on a regular accompaniment and of a certain proximity, a global approach for a targeted action. The study realized on the question of how do the psychosocial impacts influence the socio-educational support process for war returnees, and how this process permits in identifying and resolving the cognitive, affective and social domains of the psychosocial impacts.

Socio-educational support is an aspect that should be reviewed since it is described as both a buffer against life stressors as well as an agent promoting health and wellness (Dollete, Steese, Phillips, & Matthews, 2004). Research has shown that socio-educational support plays an important role in managing psychosocial problems. Lack of socio-educational support has been found to be one of the factors that lead to many psychological problems among soldiers. A growing number of literature and empirical research have indicated the relationship between socio-educational support and psychosocial impacts among soldiers. Therefore, this study attempts to understand the role of socio-educational support in managing the psychosocial impacts faced by the soldiers.

Socio-educational support is very much important for individuals in their life. Deficits in socio-educational support have been shown to be related to many psychosocial impacts at the levels of cognition, affectivity, and social. Elliot & Gramling (1990) found that socio-educational support helps the soldiers to have a greater performance on cognition, affectivity, and social even after coming from a war field. They also found that socio-educational support could help the soldiers

manage and lessen their psychological and social problems. Socio-educational support has also been recognized to have significant impact on the achievement of the soldiers. Since family and friends are the individuals' first source of reference, supports from these two sources have been found to give a significant influence, but an educational support helps the military man to boost his professional and self-achievement (Steinberg & Darling, 1994). The support received by the soldiers could help to decrease the psychosocial impacts of war since they feel that someone is there to help them, thus helping them to perform well in their daily life. By having knowledge on how socio-educational support could help soldiers to overcome psychosocial impacts of war and cope with any psychological disturbances, much information could be derived to enhance the amount of support provided. Socio-educational support refers to the experience being valued, respected, cared about, and followed up by educationists (Gurung, 2006). Socio-educational support can come in the form of tangible assistance provided by educationists when needed which includes appraisal of different situations, effective coping strategies, and emotional support. Socio-educational support is an element that can help soldiers to reduce the amount of psychosocial impacts experienced as well as to help them cope better in dealing with war situations. Socio-educational support protects people in life crisis such as bereavement, illness, wars and other major stress, and moderates the effect of stressors on psychosocial well-being (Adawiah, 2010).

Seen in its simplest terms, psychosocial impacts or psychological traumatization is the human biological and emotional response to terrifying experiences that would be distressing to almost anyone. At a biological level, neuro chemical changes take place in the brain that can damage brain cells, causing trauma survivors to re-experience the traumatic event in the form of thoughts, memories, dreams, flashbacks, and/or dissociative episodes. This re-experiencing is often accompanied by a tendency to avoid those triggers that recall the traumatic event-whether they be people, places, thoughts, or feelings. A state of emotional numbing, social and/or affective detachment often set in as well. Victims also report sleep disturbances, violent and unpredictable mood swings, exaggerated startle response, an attitude of hypervigilance, and great difficulty staying mentally focused. While some researchers assert that much of humanity began living in a traumatized state when their societies ceased to be organized around a nature-based existence (Glenndinning, 1994), the majority of clinicians reserve the posttraumatic descriptor for those dealing with the consequences of exposure to extremely fearful situations that evoke feelings of

overwhelming terror and helplessness. Individuals vary in their reactions to traumatic events due to cultural, social, personality and developmental factors, as well as the specific nature of the stressor. Environmental attributes, such as the human community's belief system, understandings, and how its members are socialized will have an influence on individual trauma responses (Harvey, 1996; Becker, 1995).

According to Goleman (1995), intrusive memory is the essential feature of posttraumatic stress. The traumatic event appears and reappears as uninvited recollection that leaves the victim as if face to face with the terrifying situation, often accompanied by many of the physiological reactions present upon exposure to the distressing event. An instance of excruciating fear has cast its imprint on the victim's emotional wiring, thereby blocking the horrific experience from entering the annals of the memory's normal processing and storage system. Exposure to terrifying experiences causes alterations in the brain that encompass the limbic system, in particular the amygdala and the locus ceruleus which determines the supply of the catecholamines that are responsible for rallying the body in times of emergency (van der Kolk, Greenberg, Boyd & Krystal, 1985; van der Kolk, 1987; Giller, 1990). It is as if the survivor's internal smoke detector were always sensing fire. Victims live in a perpetual state of emergency and hypervigilance (van der Kolk & Greenberg, 1987; Herman, 1992; Goleman, 1995). "The physiological hyperarousal following trauma is due to chronic alterations in the central neurotransmitter systems" (van der Kolk & Greenberg, 1987). The pituitary gland, which houses a stress hormone that regulates emergency fight or flight response, is affected by alterations in the circuitry connecting it to the limbic brain (Giller, 1990). This results in overabundant hormone release, which translates behaviorally into emotional over reactivity (Lesser, 2014).

What's more, the opioid system of the brain becomes overly active, numbing the victim to pain and increasing her or his threshold of tolerance. Trauma survivors tend to oscillate between intense emotional reaction (sometimes on the scale of the original trauma), and emotional numbing and withdrawal (Van der Kolk and Greenberg, 1987; Herman, 1992; Goleman, 1995).

The recognition of psychological trauma has exploded into public awareness and inspired waves of studies that seem to trail the devastating effects of man-made disasters such as war and genocide, rape, domestic violence, and social violence in its various forms. The terminology to describe trauma has evolved, at times, emphasizing the characteristics of the stressor, other times,

focusing on the biological impact of the trauma. The shell shock and traumatic neuroses discussed in the literature at the beginning of the twentieth century were precursors to the physio-neurosis of the nineteen forties. Thereafter, efforts to come to the aid of survivors of WWII's death camps compelled the mental health field to search for and develop new descriptors, treatment studies, and strategies to bring some modicum of relief to such great, unspeakable suffering. Reflecting on his experiences as a concentration camp survivor, argued that psychological traumatization due to human-made disaster is unique. He used the term "extreme situation" to describe the hopelessness and inescapability suffered by victims terrorized by other human beings. By the time U.S. soldiers were sent to Vietnam in the nineteen sixties much had been discovered in the psychiatric field about the human response to traumatic exposure. However, as Kolb (1993, p. 296) opined, "it seemed that none of the available psychiatric knowledge about post trauma was applied." Soldiers were ordered back into combat in spite of having broken down psychologically and were repeatedly exposed to traumatizing experiences with scant provision for their psychological safety. After so many men and women veterans returned to the United States from Vietnam psychologically crushed, a new wave of U.S.-based mental health research and treatment studies began, this time focusing on biological research (Kolb, 1988; Giller, 1990; van der Kolk, 1987) aimed at better understanding the neurological changes in the brain following an experience of overwhelming fear and emotional stimulation. This surge of studies in the U.S. coincided roughly with substantial work on the part of Latin American mental health practitioners who found themselves face to face with a clientele characterized by a shared history of recent military harassment, detention, torture, mock executions, disappearance, and forced exile. Their research focused on the social context of the traumatizing experiences, the creation of "bonds of commitment (Lira & Weinstein, 1984) between therapists and client, and denunciation of human rights violations from the perspective of mental health (Lira Kornfeld, 1995). Building on concept of extreme situation, Khan's (1977, as cited in Becker, 1995) discussion of cumulative trauma, and focus on sequential traumatization, some Latin American practitioners developed the term extreme traumatization (Becker, 1995) to describe an individual and collective process in the context of social reality. The contribution here is the shift of emphasis from individual trauma to the traumatic situation, thereby recasting the intrapsychic suffering in the framework of sociopolitical process.

It has long been recognized that the characteristics and quality of socio-educational support are central to the individual's adjustment. The quality of socio-educational support perceived and received has been reported by several studies to correlate more positively with mental health than the quantity of support received (Nahid & Sarkis, 1994; Holahan et al., 1995). To understand the role of perceived and received socio-educational support in dealing with mental health, we have to look into the research on the stress-buffering effect which focus on both educational and social support. The former refers to the belief that helps are available if needed whereas the latter refers to the actual helps obtained. Both of these are thought to protect against stress by decreasing the extent to which situations are perceived as a threat to well-being and increasing the belief that necessary resources are available. Investigation of mechanisms underlying the stress-buffering effect of social support has focused on how socio-educational support influences stress-related appraisals and coping (Lakey & Cohen, 2000).

Socio-educational support includes social and educational resources that individuals perceive to be available or that are actually offered to them which could help protect against psychological and social problems. To lower level of socio-educational support is one of the predictors of psychological problems. It is associated with higher level of cognitive problems, depression, anxiety, attention problems, thought problems, social problems. These notions are supported by the study on 128 first year undergraduate students. It was found that students who perceived that their social resources increased had lower level of psychological problems. This shows that the impact of a stressful situation for example can be decreased when students have good social support. Advice and encouragement from sources of support may also increase the likelihood that an individual will rely on active problem solving and information seeking. These may assist soldiers in dealing with various stressors in the environment and facilitate a positive adjustment process. The supportive actions provided by the socio-educational support are thought to buffer the impact of stress by increasing the effectiveness of coping efforts, which in turn decrease distress among students (Lakey & Cohen, 2000). For example, receiving emotional support and companionship may encourage effective adaptation among soldiers in facing and coping with uncontrollable events.

A study by Rawson, Bloomer and Kendall (1994) on 184 undergraduate students for example, found that students with good social supports tend to have lower scores on stress compared to the

students with low social support. This study has found that coping behavior and social support structures moderate the effects of stress among students in their academic life. Since social support was found to buffering effect of stress, it could decrease the use of harmful disengagement coping strategies such as avoidance, withdrawal, and denial among students. Consequently, it can increase the use of beneficial engagement coping strategies because individuals believe their social network includes someone who is willing to listen (Fleishman, Sherbourne, Crystal, Collins, Marshall, Kelly 2000; Tao, et al., 2000). It also influences response to social stressors by providing a basis for positive thinking and cognitive restructuring or by encouraging people to believe they have resources to call on if they wish to distract themselves from a painful situation (Calvete, & Connor-Smith, 2006). In a cross-sectional study, Holahan et al. (1995) found first-year students with higher levels of perceived parental support were better adjusted (i.e., higher well-being and happiness) and less distressed (i.e., less depression and anxiety) than those with lower levels of perceived parental support.

According to Adawiah (2010), there are three dimensions of support provided by family and friend that is warmth, behavioral control, and psychological autonomy-granting. These three dimensions facilitate the development of positive self-conceptions and social skills, responsibility and competence, and impulse control and deterrence of deviance which in turn lead to low level of psychological problems the students. This support has also been found necessary for healthy level of development. For example, these two sources of socio-educational support, i.e. educationists, family and friends, are the predictor of individual's psychological well-being. The combination of educational, family and friend support with acceptance and emotional warmth has been associated with higher grades in school and college, less misconduct, less psychological distress, and less delinquency among students of all social classes which would produce significant effects on adolescence academic achievement. From the previous research, it could be concluded that socio-educational support from special educationists, family and friends plays an important role in dealing with psychosocial problems because supports provided by educationists, family and friend could lower down the psychological problems on students. This means that the higher the socio-educational support, the lower are the psychosocial impacts of crisis. Otherwise, the lower is the socio-educational support, the higher are the psychological and social problems.

The nature of recovery from trauma is defined in part by the characteristics and duration of the traumatic stressor and how victims plummet into feelings of powerlessness, terror, and isolation. Healing implies recuperation from an overwhelming sense of helplessness and fear, and a healthy integration process (Roth & Newman, 1991). Healing is also influenced by environmental contributors, the attributes of the victim s community, and her or his relationship to this community (Harvey, 1996). Therapeutic work with victimized people is shaped by the traumatic stressor and the individual's particular response to it, and the therapist s response to the information conveyed and emotion expressed by the victim during the course of therapy. Success often depends on the therapist s ability to be an unfailing witness, guide, and support while the victim does the essential and primary work of restoring a sense of control over her or his life (Herman, 1992).

Understandably, the issue of safety resides at the core of the therapeutic alliance. Healing approaches to work with trauma survivors challenge long held assumptions about therapist neutrality, distance, and the issue of boundaries (Greenspan, 1995; Lindy, 1988; Catherall & Lane, 1992; Roth & Batson, 1993; Ofri, Solomon, & Dasberg, 1995; Stefani & Suarez, 1992). Neutrality, a long-time pillar of traditional psychotherapeutic intervention, is counter-indicated for work with trauma survivors, particularly those victimized by other human beings.

Referring to the body of Latin American psychosocial research, Stefani & Suarez (1992) point out that:

A common denominator in all the research is the focus it gives to the issue of therapeutic neutrality. None of the studies defend neutrality as viable or useful; rather they argue its theoretical and practical impossibility in the terrain of sufferings due to socio-political etiology. With the decimation of trust and devastation of personal belief system that follows exposure to trauma, survivors need to know where helpers stand. Neutrality for the sake of 'scientific objectivity' is a pale offering.

Herman (1992b) makes the valuable distinction between technical neutrality-refraining from giving advice or usurping the victim's right to make her or his own decisions-and moral neutrality." Working with victimized people requires a committed moral stance. The therapist is called upon to bear witness to a crime. She must affirm a position of solidarity with the victim"(p. 135).

Exhibiting poor boundaries suggests the possibility of physical, emotional, or sexual abuse on the part of the therapist (Greenspan, 1995). The power differential within the psychotherapeutic construct requires that therapists cultivate self-awareness so as not to abuse their power. Part of the therapist's role is to demystify knowledge and extinguish the use of arguments based on so-called therapeutic expertise (Korin, 1994). Therapists need to acknowledge the inherent inequality of the therapeutic relationship, and share their socially-condoned power with the client.

The fixing of 'strong, good' boundaries in therapy can imply therapeutic distance in situations where victims desperately need assurance that the therapist stands with them in repudiation of who or whatever terrorized and abused them. Victims need to know that their therapists oppose the violence that wounded them, and that therapists will support them in symbolically or actually denouncing the rapist (Roth & Batson, 1993), torturer, batterer, or military commander who gave the orders.

Safe connection rather than rigid boundaries affords greater benefit to clients, particularly those who have been violated by traumatic experiences. When working with trauma victims who have suffered political repression, imprisonment, and torture, it is critical that therapists guard against the following: their own judgment of the victim and what happened to her or him; asking questions in such a way that might remind the victim of an interrogation; making premature interpretations and offering the victim unrealistic expectations of recovery; and, introducing possible solutions that do not emanate from the victim's own analysis of what is needed and what is possible (Rojas, 1990).

Trauma victims seem to respond well to therapists who are fellow trauma victims (Catherall & Lane, 1992; Solomon et al., 1992; Ofri, Solomon & Dasberg, 1995). The term "warrior therapist" is used by Catherall & Lane (1992) to describe former warriors who are now therapists. This combination of roles poses challenges for therapists who need to shed the coping strategies learned during his or her combat experience. The advantages of this practice can be summarized as follows: the probability of warrior clients being engaged in treatment is higher if the therapist is also a former warrior; the "warrior" therapist is more likely to understand, not judge, and believe that the client's trauma responses are healthy adaptations to an unhealthy situation. "Warrior" therapists assist survivors in becoming emotionally vulnerable and expressive, while modeling for clients how to reframe their traumatic experience and formulate a perspective that

includes that experience without blame. Therapists who have not been exposed to trauma inducing circumstances are more likely to pay excessive attention to pre-trauma personality questions (Catherall & Lane, 1992).

According to Lesser (2014), potential pitfall of veteran therapists working with veteran clients are the automatic reduction of the client's difficulties to a trauma related explanation. "Veteran" therapists also run the risk of projecting onto the client their own particular trauma experience and process of recovery (Catherall & Lane, 1992). The latter prevents the therapist from appreciating the specific characteristics, resources and challenges the client brings to the therapeutic endeavor. "Warrior" therapists might require individual therapy while working with clients who may easily trigger their own trauma memories, as therapists attempt to integrate their own experiences so as to differentiate them from those of the client.

The literature sustains that no one is immune to secondary trauma; all those in close proximity to trauma victims are apt to experience traumatic symptoms. These symptoms are parallel to those of the survivors, originate in the survivor's experiences, and are transmitted to caregivers from survivors (Munroe, 1993). Secondary trauma can be transmitted both through the victim's testimony and the patterns of relationship which victims establish with caregivers (Munroe et al., 1995). If therapists try to deflect feelings of professional and personal ineptitude that might come from the magnitude of their client's needs and the impossibility of offering pain relief, they run the risk of replicating patterns of traumatic engagement by playing parts in the drama of exploiter/exploited, ally /enemy, aggressor/aggressee, rescuer /rescue (Munroe et al., 1995). Trauma therapists and caregivers can become emotionally overwhelmed and experience feelings of helplessness, hopelessness, terror, incompetence, grief, and a great sense of vulnerability (Armstrong et al., 1991; Dyregrov & Mitchell, 1992). Similar to direct traumatic exposure, secondary trauma violates trust and challenges the victim's fundamental assumptions about life. Treatment teams can play a key role in prevention by providing therapists with a community that recognizes and intervenes to change trauma engagement patterns (Munroe et al., 1995).

One of the goals of treatment teams is to prevent therapists from developing unhealthy attachments to victims. The therapist as facilitator to healing has to balance showing empathy and expressing solidarity, with avoiding being a rescuer obsessed with saving the victim. With so many probable countertransference entrapments, therapists working with victims face a difficult

challenge. Wilson (1989) points out that the spectrum of reactions: all potentially interfere with the creation of a strong therapeutic alliance which will enable bonding, support, trust, and the necessary safe "holding" environment to work through the problems associated with the denial/ avoidance and intrusion phases of posttraumatic reactions.

Ironically, in successful therapy when the victim integrates the traumatic experiences, the therapist may attribute this integration to their own special ability or gift: These self-images and attributions are a form of narcissistic self-representation born out of the therapist's struggle with the empathic distress emanating from the process of treatment. Such a schema for enactment contains both grandiosity and distortion which can potentially interfere with the progress of therapy when the therapist's desires for admiration and recognition need to be reinforced through the process of psychotherapy.

Thus, in order to sustain narcissistic gratification, the countertransference reaction may also include a belief that the clinician has a personal obligation to shoulder the responsibility for the stress recovery process (Wilson, 1989; p. 210). The dangers of transference and countertransference in the therapeutic relationship with trauma victims serve to underline the crucial need for a team effort on the part of caregivers, family and community members. Munroe (1993) suggests guidelines for personal ethical action for caregivers. These guidelines recommend recognition of the real danger posed by secondary trauma and a solid commitment to team work. They encourage therapists and educationists to use their feelings and urges as important clinical data, and underline the direct relationship between therapist well-being and client well-being. By reminding therapists that there are no formulae or preordained solutions in therapy, Munroe's guidelines encourage the creation of professional communities that can recognize and promote their use through therapist self-care.

2.2. Theoretical Review

The analysis of war may be divided into several categories. Philosophical, political, economic, technological, legal, sociological, and psychological approaches are frequently distinguished. These distinctions indicate the varying focuses of interest and the different analytical categories employed by the theoretician, but most of the actual theories are mixed because war is an extremely complex social phenomenon that cannot be explained by any single factor or through any single approach.

Psychosocial theory explains changes in self-understanding, social relationships, and one's relationship from infancy through later life. The mental processes that support connections between the person and his/her social world.

Psychosocial theories address patterned changes in ego development, including self-understanding, identity formation, social relationships, and worldview across the life span. Development is a product of the ongoing interactions between individuals and their social environments. Societies, with their structures, laws, roles, rituals, and sanctions, are organized to guide individual growth toward a particular ideal of mature adulthood. However, every society faces problems when it attempts to balance the needs of the individual with the needs of the group with respect to the field of work. The theory introduced the concept of normative psychosocial crises like wars, famine, predictable impacts that arise as a result of conflicts between socialization and maturation throughout life.

Psychosocial theories explore the psychosocial crisis of adolescence, personal identity vs identity confusion. This concept highlights the need for individuals to find self-definition as well as a sense of meaning and purpose that will guide decisions as they transition into adulthood and which help them to face certain situations. The achievement of personal identity requires a reconceptualization of the self-concept, including an integration of past identifications, current talents and abilities, and goals for the future. Applications of the theories include the relationship of personal identity and health, the incorporation of the concept of social education and its support process.

A voluminous amount of literature has been written on psychosocial impacts by practitioners and researchers guided by a wide variety of perspectives. This reveals distinct views about the formation and symptomatology of posttraumatic response, as well as assessment and treatment. The different theoretical orientations and professional experiences, as well as the sociopolitical and cultural context of the practitioner influence the convergence of ideas and theories (Bracken, 1993).

Some theorists point to the significant distinction between adult and childhood experiences of trauma, emphasizing disparate emotional development (Krystal, 1978). Whereas, children exposed to traumatic stressors tend to become overwhelmed, helpless, and somatize their emotions, their adult counterparts display de-somatized emotions, in part because they have the

ability to express emotion through language. Adults have the distinct advantage of self-defense by activating an emotional blocking mechanism before emotions become so strong that they de-habilitate the victim. Krystal (1978) suggests a surrender pattern in adults, consisting of a behavioral paralysis, emotional blocking, and progressive cognitive constriction.

Several theories examine the role of cognition in the dynamics of psychological trauma. How individuals analyze and create meaning of their experiences impacts both onset and recovery from post-trauma. Constructivists argue that: psychological reality is constructed. Since it is constructed, if something happens (i.e., trauma) that destroys some of the "girders" of the construction, then repair work must take place. The more devastating the destruction, the more involved the repair work, up to and including the building of an entirely new structure. Out of this view comes the recent recognition that many of the symptoms of psychosocial impacts are reflections of the adaptive processes involved in assimilating the new data (i.e., the trauma) (Peterson, Prout, & Schwarz, 1991, p. 6).

Cognitive theorists assume that trauma causes a shattering of assumptions (Epstein, 1985; Janoff-Bulman, 1992; Rojas, 1990). When people are exposed to trauma the result is that their fundamental beliefs about the nature of the world and their place in it is dismantled. Recovery implies the development of a new theory of reality capable of containing the traumatic experience.

Cognitive processing models are especially applicable to context bound and culturally-defined perspectives of trauma. By focusing on the interdependency of cultural and social factors, and individual behavior and experiences, cognitive processing models provide a framework for understanding the impact of culturally-based meaning-making processes (Creamer, 1995).

The information-processing model and cognitive theories of emotion examine the impact of trauma on an individual's mental schemas and the processing of information (Horowitz, 1974, 1976, 1986).

This theory explains intrusive thoughts and images as a function of how memory storage is effected by cognitive processing. If an experience fails to become processed because it was too horrifying, emotional numbing will occur and the recollection of the experience remains in active memory and repeats itself, resulting in intrusive memory. Psychobiologic models attribute

psychological trauma and the characteristic high levels of physiological arousal to physiological changes in the brain neurotransmitter receptors. These receptors become hypersensitive to trauma-related stimuli (van der Kolk, 1988; van der Kolk et al, 1984; van der Kolk et al., 1985). The alterations in the brain's chemistry explain posttraumatic symptoms such as flashbacks, intrusive memory and thought, dissociative episodes.

Behavioral theorists understand anxiety and fear as the human learned response to the traumatic stressor. Trauma survivors associate particular cues (e.g., sounds, times, places, people, nightfall) with their terrifying experiences. If a cue consistently evokes fear, the cue alone will become fear-inducing. Recovery comes with learning to avoid the triggers which elicit the conditioned fear response. Behavioral theory emphasizes the role of the environment (e.g., trauma-inducing stressor) in the development of symptoms.

Several additional theoretical frameworks also compete for the interest and allegiance of clinicians and survivors. The psychosocial framework of behavioral/learning theory model of Keane et al. (1985), constructivist self-development theory of McCann & Pearlman (1991), psychodynamic formulation, psychoformative perspective, ecological view (Harvey, 1996), and nontraditional, culturally appropriate formulations emanating from non-Western settings (Lykes et al., 1993) all attempt to describe the phenomena of psychological trauma. This myriad of conceptual approaches is mentioned as an indication of the scope and diversity of existing contributions that reflect different types of understanding and interpretation to the study of trauma.

While early trauma research attempted to explain a victim's trauma response by pointing to prior psychopathology, according to McCann & Pearlman (1991), Janoff-Bulman (1992), and Vidal (1990), the nature of the traumatic stressor holds the key to understanding the victim's response to trauma. This idea is supported by the prevailing view that posttraumatic stress disorder can develop in people without any such preexisting condition. In fact, the growing number of journal articles and books on the role of secondary trauma in therapists suggest that no person is immune to trauma (Stamm, 1996; Munroe et al., 1995 in C. R. Figley (Ed.); McCann and Pearlman, 1990).

The identification of growing numbers of post-trauma survivors following the war in Vietnam had a profound impact on the psychiatric and behavioral fields. For the first time, in 1980 the

American Psychiatric Association included in its Diagnostic and Statistical Manual of Mental Disorders (3rd. edition) (DSM) the diagnostic category of posttraumatic stress disorder. Long awaited and greeted with some sighs of relief, many researchers and practitioners also found fault with its formulation. Even now, after the appearance of DSM's fourth incarnation (1994), the discussion continues.

2.2.1 Bronfenbrenner's Ecological Systems Theory (1970-1980)

This theory looks at a human's development within the context of the system of relationships that form his or her environment. Bronfenbrenner's theory defines complex "layers" of environment, each having an effect on a person's development. He uses the terms microsystem, mesosystem, exosystem and macrosystem. This theory has recently been renamed "bioecological systems theory" to emphasize that someone own biology is a primary environment fueling her development. The interaction between factors in the maturing biology, immediate family/community environment, and the societal landscape fuels and steers his development. Changes or conflict in any one layer will ripple throughout other layers. To study a man's development then, we must look not only look at the individual and her immediate environment, but also at the interaction of the larger environment as well as adding to that psychological factors (Paquette, 2009).

Emotions are a very complex area of psychological study. Emotions result to evolutionary processes and are therefore present in humans. His theory is that they have an adaptive function related to survival. His list of basic emotions is; acceptance, anger, anticipation, disgust, joy, fear, sadness, and surprise. These can be seen to be sets of opposites and are the components that more complex emotions are made from. Emotional processing or coding is important to memory function. The memories that are associated with strong emotions are often the ones that we can most easily recall; like those felt by soldiers on a battlefield (Paquette, 2009).

Bronfenbrenner's microsystem is the first domain of emotions, those that are found within the family are central to the development of an individual. As we mature the range of emotion grows to include the influences of the expanding environment. Here, culture and other external forces can influence the development of emotions and later be triggered by life events.

The cognitive system, together with the emotional and biological, forms the core of our being. Beginning in the womb, we gather knowledge from our sensory faculties, we recognize, we feel, we collect data. The brain processes this data into a representation of the world we exist in and our own existence enabling a cognitive location in space.

Through the works of men like Piaget, Erikson, and Gardner we have models for the ways in which our cognitive faculties develop. They seem to develop in stages, as Piaget and Erikson postulate, the nested environments Bronfenbrenner speaks of can be seen as the physical structure related to these stages. Using the Piagetian terms, when the infant is in the sensorimotor stage it's whole world is the microsystem and the most immediate part of the mesosystem. The preoperational stage includes more of the mesosystem as language develops. School and community begin to be more direct influences as the child enters the concrete operational stage. In the formal operational stage higher cognitive abilities reach out farther into the exosystem and even the macrosystem (Paquette, 2009).

The involvement of the structures in a human's mesosystem are meant to provide relationships required for positive development. The bioecological systems theory holds that these bi-directional relationships are the foundation for someone's cognitive and emotional growth. Structures of the exosystem, such as community, society, and culture, provide the support for these relationships. They provide the values, material resources, and context within which these relationships operate.

2.2.2 The theory of personality by ERICH FROMM

With Erich Fromm we meet a theorist who, along with Adler and Horney, is often referred to as a social-psychological theorist. As the opening quote indicates, Fromm shares with the aforementioned theorists a basic disagreement with Freud. Humanity, Fromm argues, is not inexorably driven or inevitably shaped by biological forces of an instinctive nature. Fromm also takes issue with Freud on the matter of sex; Fromm does not view it as a primary shaping force in either normal or neurotic behavior. Instead, Fromm sees our personality as influenced by social and cultural forces-both those that affect an individual within a culture and those universal forces that have influenced humanity throughout history. Thus, his stress on the social determinants of personality is broader than that of Adler or Horney (Schultz, 1976).

His goal is to develop a theory of the various human passions as resulting from the conditions of the existence of man. Believing that an individual creates his or her own nature, Fromm feels that we must examine the history of mankind in order to understand that creation. Note that Fromm says that people create their own natures. He rejects the notion that we are passively shaped by social forces, arguing that we shape the social forces ourselves. These forces act, in turn, to influence the personality. We might say that Fromm takes a longer view of the development of the individual personality than other theorists do because of his concern with the history of mankind as well as the history of the individual. Because of our history, Fromm argues, modern people suffer from feelings of loneliness, isolation, and insignificance. Our basic needs, therefore, are to escape these feelings of isolation, to develop a sense of belonging, and to find meaning in life. Paradoxically, the increased freedom that mankind has achieved over the centuries both from nature and from rigid social systems has led to more intense feelings of loneliness and isolation. Too much freedom becomes a negative condition from which we attempt to flee. Fromm believes that the kinds of conflicts that people suffer arise from the kind of society they have constructed.

A society whose evolution and security depends on a lot factors, engagements by some categories of citizens. The military man indeed is one of those exposed to conflicts of the society. His participation in the society's security and by his vow has the obligation to go through some kinds of traumatizing experiences which often damages and creates other forms of thinking systems. After a battlefield, it is obvious that such a person will be affected in the domains concerning emotions, cognition and social. However, we are not irrevocably doomed to suffering. Quite the contrary is true; Fromm remains optimistic about our ability to solve our problems that we ourselves have created. (Schultz, 1976).

Mechanisms of Escape

Fromm tells us that there are basically two approaches we can take in our attempts to find meaning and belongingness in life. The first method, achieving positive freedom, involves the attempt to become reunited with other people without, at the same time, giving up one's freedom and integrity. In this optimistic and altruistic approach, Fromm sees us as relating to others through work and love through the sincere and open expression of our emotional and intellectual abilities. In this kind of society, which Fromm calls a humanistic one, no one would feel lonely and insignificant, because all people would be brothers and sisters. The other way to regain

security is by renouncing freedom and surrendering completely our individuality and integrity. Obviously, such a solution will not lead to self-expression and personal development. It does, however, remove the anxiety of loneliness and insignificance and explain, according to Fromm, why so many people are willing to accept a totalitarian system such as the Nazi regime in the 1930s (Schultz, 1976).

In addition to these general approaches to regaining lost security, Fromm posits specific mechanisms of escape "psychic mechanisms" which he feels are analogous to Horney's neurotic character traits. The first mechanism, *authoritarianism*, manifests itself in either masochistic or sadistic strivings. Individuals described as masochistic feel themselves to be inferior and inadequate. While they may complain of these feelings and say that they would like to be rid of them, they actually feel a strong need for dependence, either on one person or on an institution. They willingly submit to the control of other people or of social forces and behave in a weak and helpless manner toward others. They gain security by these acts of submission and thus assuage their feelings of loneliness. The sadistic striving, although the opposite of the masochistic, is found in the same kind of person, Fromm said. It represents, basically, a striving for power over others.

There are three ways in which the sadistic striving may be expressed. In one way, the person makes others totally dependent on himself or herself so as to have absolute power over them. A second sadistic expression goes beyond ruling or dictating to others. It involves exploiting others by taking or using anything desirable that they possess whether material things or intellectual or emotional qualities. The third form of sadistic expression involves the desire to see others suffer and to be the cause of that suffering. While the suffering may involve actual physical pain, it most often involves emotional suffering, such as humiliation or embarrassment.

The second escape mechanism Fromm calls *destructiveness*, which is the opposite of authoritarianism. While the first mechanism, in either the sadistic or the masochistic expression, involves some form of continuing interaction with an object, destructiveness aims at the elimination of the object. A destructive person says to himself or herself, in effect: "I can escape the feeling of my own powerlessness in comparison with the world outside myself by destroying that world." Fromm saw evidence of destructiveness, albeit disguised or rationalized, everywhere in the world. Indeed, he felt that virtually everything was used as a rationalization for

destructiveness, including love, duty, conscience, and patriotism. The third escape mechanism, described by Fromm as having the most important social significance, is automation conformity. Through this mechanism, a person eases his or her loneliness and isolation by erasing any and all differences between himself or herself and others. He or she accomplishes this by becoming just like everyone else, by conforming unconditionally to the rules that govern behavior. Fromm compared this mechanism with the protective coloring of certain animals. By being indistinguishable from their surroundings, the animals protect themselves. A form of protection employed by most of us during moments of distress, how many times the case of a war returnee from a war front. So it is with fully conforming human beings (Schultz, 1976).

2.2.3 The ADAPT Psychosocial Model

The ADAPT model is an integrative psychosocial framework for connecting the multiple issues, stressors, and resources facing war-affected individuals. Silove (1999) proposed five universal adaptive systems believed to subsume the functions of safety, bonds and attachment, identity and roles, justice, and existential meaning in all societies. Under normal circumstances, these systems are understood to have evolved to promote personal and social homeostasis between individuals and their community. Although these systems are described separately, they are believed to interact within and between individuals in a community in a synergistic and mutually supportive way. As such, these systems evolve dynamically as different stressors face individuals and their community, creating differing needs and warranting different responses (Yohani, 2015).

The hypothesis underpinning the ADAPT model is that extreme trauma fundamentally challenges one or more of these major adaptive systems which sustain a state of psychosocial equilibrium in individuals and their communities. Focusing on adaptive mechanisms for individuals and communities is built upon several prior understandings. First, as a highly adaptable species, human beings likely share universal methods of survival in the face of adversity, even though cultural and contextual differences may shape the expression of these adaptive mechanisms. Second, these universal adaptive systems have reciprocal representations in both psychobiological and socio-cultural structures created to foster the group's survival and growth. Underlying Silove's model is the belief that human reactions to trauma are driven by an evolutionary need for survival and psychosocial development that mobilize the inherent

capacities of individuals and groups to repair their own institutions, given favorable support and judicious external assistance (Yohani, 2015).

2.2.4 The PTSD Model

The central characteristics of PTSD as first described in DSM-III are the existence of a recognizable stressor that evokes distress in almost anyone, a re-experiencing of the trauma through intrusive memories, dreams or flashbacks, numbing or reduced involvement with the outside world, feelings of detachment, and constricted affect. At least two of the following symptoms appear in response to the trauma: exaggerated startle response, sleep disturbance, survivor's guilt, difficulty concentrating, avoidance of activities that are reminders of the trauma, and an increase of symptomology when exposed to analogous events of the traumatic episode as in most cases of war returnees.

In the DSM-III-Revised (1987) the category of PTSD was expanded to include a greater emphasis on the avoidance of thoughts, feelings, activities and/or situations associated with trauma, along with an inability to recall aspects of the trauma, the cognitive domain of the psychosocial impacts has permitted to examine this aspect. Between 1980 and 1987, a growing body of evidence emerged indicating that avoidance of painful memories was a key feature of PTSD. DSM-III-R also included a description of the syndrome in children and the specific symptoms they may exhibit upon exposure to traumatic experiences. This same syndrome is observed in military men coming from a war front, after being a spectator and a victim of such an event it is obvious that the mindset is not more the same. There is mention of the role of dreams, nightmares, and repetitive play as avenues used by children to relive the trauma. In addition, the revised edition suppresses "survivor guilt'" from the diagnostic criteria list.

For Lesser (2014), an essential feature of the PTSD diagnosis is identification of the nature of the traumatic stressor. The traumatic event responsible for the PTSD may be derived from war, organized violence, assault, rape, natural disaster, or accidents. The event entails a threat to one's life or physical integrity, that of one's significant others, the unexpected destruction of home or community, the witnessing of another person's death or injury, physical violence, or learning that one's family is endangered or harmed.

In DSM III and III-R, PTSD is defined as the development of symptoms following exposure to an event that would be psychologically distressing to almost anyone and outside the range of usual human experience. In DSM IV the authors deleted "range of usual human experience," perhaps agreeing with one of the criticisms of the original formulation of PTSD (Herman, 1992; O'Donohue & Elliott, 1992): namely, that "usual human experience" assumes a homogeneity of experience that is refuted by the disparate realities of women and men, poor and rich, those who survive in war-torn lands and those who live in relatively stable societies. What's "usual" for some may not be for others.

Janoff-Bulman (1992, p. 50) points out that " the PTSD classification serves as an aid to diagnosis rather than as a description of the victim's psychological experience." McCann & Pearlman (1990, as cited by Janoff-Bulman, p. 50) add that PTSD is simply a "slice of the pie which is not meant to incorporate the complex psychological phenomena associated with trauma but rather represents the most parsimonious view of post-trauma sequelae that differentiates it from other disorders." Becker (1995) adds that PTSD was probably never intended to be a concept or interpreted as a theory.

Becker (1995), a Chilean practitioner and researcher, argues that for his clients, the P of PTSD is misleading and incorrect because the traumatic stressors they were exposed to were not circumscribed to a specific moment in time. When people's lives have been constantly riddled with horrifying and grief-inducing events, how can the beginning of traumatization be established? Likewise, when victims experience successive traumatic experiences, symptomology can persist for decades (Lesser, 2014). This really needs the implementation of an adequate socio-educational support process as well as for civilians as for soldiers who deliberately accept to risk their lives for the nation.

Given the increased interest in the psychological effects of war and organized violence by mental health practitioners (Bracken et al., 1995), there is a pressing need for greater understanding of the varied impact of war on human society. This would hopefully create relevant strategies for treatment and rehabilitation. By examining the literature that questions the applicability of posttraumatic stress disorder diagnostic criteria to realities other than the United States', we hope to come closer to some of these answers.

2.3. Empirical Review

The work of Rhea Almeida, founder and director of the Institute for Family Services in Somerset, New Jersey, focuses on group socio-education for male batterers and their families. Relying on the full integration of non-professional lay people, clients are sponsored and mentored by men and women who have 'graduated' from the program (Sykes Wylie, 1996). By introducing a community of peers into lives characterized by isolation and a discourse that purports what happens in my home is my business, this approach pushes perpetrators and victims to examine the public patterns of domination and power that have been recast in their personal lives. The healing of those traumatized by domestic violence and the re-humanization of the perpetrators is done under the same roof, although men and women work in separate groups during part of the program. Clients are exposed to an intensive educational effort through videos, books and articles on violence, sexism, racism, and class discrimination to provide social context for their behavior and reframe the meaning of blame, guilt, and personal accountability. The norms of confidentiality and boundaries are cast aside in order for this socio-educational model of therapy to work and prosper.

When referring to the long-term impact of abuse on victims of chronic trauma, Roth & Batson points out that the dynamics of dominance and submission are reenacted in all subsequent relationships, including therapy. In the case of interpersonal chronic trauma, a meaningful therapeutic relationship is necessary for recovery (Roth & Batson, 1993).

The issues of transference and countertransference in the therapeutic relationship have unique meaning when dealing with trauma victims (Haley, 1974; Danieli, 1988; Ofri, Solomon & Dasberg, 1995). The inherent inequality of the therapeutic relationship makes those seeking healing through the therapy relationship susceptible to therapist misuse of power. By definition, trauma victims hold a history of ongoing pain and terror caused by the violation and domination of their will. Therapists need to guard against any abuse of power when working with trauma survivors and exercise great caution as feelings of transference surface.

Transference reactions are unique in trauma victims because they can mirror the complex dimensions of terror, silencing, aggression, helplessness, and self-blame endured during the trauma. If trauma survivors present in therapy with deep distrust, they also bring overbearing dependency needs on their therapists (Ofri, Solomon, & Drasberg, 1995). Lack of awareness of

the victim's projections of this paradoxical combination of suspicion, hostility and dependence can render therapy ineffective and unhelpful (Lesser, 2014).

The constructs of traumatic countertransference (Schwartz, 1984), vicarious trauma (McCann & Pearlman, 1990), and secondary trauma (Munroe et al., 1995, Stamm, 1996) all refer to the impact on the therapist or caregiver following exposure to the victim's traumatic memory. While countertransference generally refers to the therapist's emotional response to whatever their client brings to the therapeutic relationship, there are distinctions with regard to work with trauma survivors. Common countertransference themes with victims are anger, fear, anxiety, bystander guilt, grief, numbing of responsiveness (Danieli, 1988; Dyregrov & Mitchell, 1992; Ofri, Solomon, & Dasberg, 1995).

Support from family, friends and of greater effectiveness educationists have been found to reduce the impact of psychosocial impacts among soldiers (Calvete & Connor-Smith, 2006). Villanova and Bownas (1984) for example found that socio-educational support could help students to cope with everyday life stressor and lighten the burden of academic workload. Without enough support from educationists, they would be in trouble and are vulnerable to depression, stress and anxiety.

This finding was supported by Dollete et al. (2004) who found that socio-educational support could act as a protective factor that could decrease psychological problems among students such as stress. A study by Wentzel (1998) found that socio-educational support provides motivational influence on soldiers' performance. This study is supported by the findings by Quomma and Greenberg (1994) who found that less socio-educational support from these sources would lead to failure. Furthermore, a negative correlation between anxiety, stress, and depression, and socio-educational support has been reported by Nahid and Sarkis, (1994) in that low level of support have been associated with high level of anxiety, stress, and depression affecting the cognitive, affective and social domains in soldiers. Socio-educational support was found to be one of the most important protective factors for soldiers (Tao, Dong, Pratt, Hunsberger, & Pancer, 2000).

Socio-educational support may assist soldiers in dealing with various impacts in their career life and facilitate a positive adjustment process (Rawson et al., 1994). Other studies suggest that soldiers with high social support would perceive their decreased psychological problems (Lakey & Cohen, 2000). Thus, the existence of good socio-educational support can reduce the extent to which situations are perceived as a threat to well-being. Socio-educational support was found to

be one of the protective factors for students that could reduce the amount of psychosocial impacts of war. This notion mentioned that socio-educational support process could protect soldiers from psychological problems. A study by Steinberg and Darling (1994) also indicated that socio-educational support from educationists, family and friends influence soldiers' well-being in which these supports were found to positively affect the professional and social life. A study by Wentzel (1998) found that support from educationists had predictive value related to soldiers' well-being and pro-social goal. In another study, socio-educational support was considered to buffer the effect of psychological problems (Flieshman & al., 2000; Tao & al., 2000). Dollete & al. (2004) found that the roles of socio-educational support are very important because it is considered as a mechanism to buffer against war psychosocial impacts and promote health and wellness. This finding support the research findings in which the socio-educational support could reduce the effect of war on individuals thus lead to psychological well-being (Adawiah, 2010).

Likewise, the distance model of psychotherapy can have a deleterious impact on trauma survivors. According to the testimony of clients who endured the distance model of psychotherapy, Greenspan (1995) offers that "it was neither safe nor trustworthy; it has been a progressive experience of disempowerment that comes from years of being treated in a system that devalues and pathologizes connection.

Greenspan argues that the distance model is an integral part of the "cult of the Expert," which in turn, is part and parcel to the hierarchical belief that it will be the adeptness, experience, and cleverness of the therapist that will rehabilitate the dysfunctions and right the misfortunes of the patient. She goes on to analyze how therapists who adhere to the distance model tend to distrust their intuition and deem them "boundary lapses". Sometimes the client's "manipulations" or "seductiveness" are blamed for these outbreaks of authenticity, leading to a kind of emotional abuse that is not likely to be named as such by professional review boards but that has devastating effects on clients nonetheless.

The discussion about distance is related to the issue of boundaries. In the different schools of psychotherapy, having 'good, strong' boundaries are presented as an icon of sound therapeutic practice. Good boundaries are so deemed because they create a safety zone between survivor and therapist with the intent of protecting clients from therapist abuse of power.

CHAPTER THREE

RESEARCH METHODOLOGY

All scientific research needs a justified method. This section involves the participants, instruments used, methods used in collecting data and procedures that were employed to arrive at the desired results. The methods and procedures that were employed to arrive at the choices of the aspect of the methodology presented above are presented in this chapter. It also explains the data analysis techniques that were used by the researcher to analyze and interpret data related to the independent and dependent variables of this study which are; research design, instrumentation, the validity of research instruments, reliability of research instrument and data collection procedures.

This study consisted of a single phase. During this phase, face-to-face interviews where undertaken on the field during which the participant was asked to narrate on how war affected his daily life be either cognitively, affectively or socially and how they coped with this event, which support process was put in place. The data were collected on May 2023. Informed consent was obtained verbally at the start of the interviews, after detailing the purpose and nature of the study. All face-to-face interviews were recorded and magnetophone used in some cases with their consent.

The qualitative data were transcribed verbatim. The researcher who conducted the interviews listened to the recordings again and read the transcripts repeatedly. Five different transcripts were coded independently by both the researchers after they met and discussed an initial coding framework. This framework was revised and finalized after the researcher coded another three different transcripts. Subsequently, one researcher coded all the transcripts using the final coding framework. The data were analyzed thematically in which patterns were identified in the data and these were grouped into themes was used to organize the qualitative data. Several themes were identified, two of which are described in the current paper, namely, impact on life and coping strategies. To ensure the anonymity of the participants, pseudonyms were assigned (Stevelink, 2016).

3.1. Recall of the elements of the problematic

3.1.1. Recall of Research Questions

3.1.1.1. Main Research Question

How do psychosocial impacts influence the socio-educational support process for war returnees?

3.1.1.2. Specific research questions:

- How does the affective trauma influence the socio-educational support process for war returnees?
- How does the cognitive trauma influence the socio-educational support process for war returnees?
- How does the social trauma influence the socio-educational support process for war returnees?

3.1.2. Recall of Research Hypothesis

3.1.2.1. Main research hypothesis:

- Psychosocial impacts influence the socio-educational support for war returnees.

This main hypothesis identifies two types of variables: an independent variable (IV) and a dependent variable (DV).

Independent variable of the study is: Psychosocial Impact

Dependent variable of the study is: Socio-educational Support

The Independent variable has three modalities which are:

Modality 1: Emotional Impact

Center of interest**:** - Guilt, - Irritable, - Fear

Modality 2: **Cognitive Impact**

Center of Interest: - Confused thoughts, - Hallucinations, - Anger

Modality 3: **Social Impact**

Center of Interest: - Change in mood, - Conflictual relations, - Engagement, - Support

3.1.2.2. Specific research hypothesis:

- Emotional trauma has a significant influence on the socio-educational support for war returnees.
- Cognitive trauma has a significant influence on the socio-educational support for war returnees.

- Social trauma has a significant influence on the socio-educational support for war returnees.

Table 1: Synoptic Table of variables, modalities, centers of the General Hypothesis

<table>
<tr><td colspan="5">THEME:
PSYCHOSOCIAL IMPACTS AND SOCIO-EDUCATIONAL SUPPORT PROCESS FOR WAR RETURNEES</td></tr>
<tr><td>Research Question</td><td>Objectives</td><td>Hypothesis</td><td>Variables</td><td>Modalities / Centers of Interest</td></tr>
<tr><td rowspan="2">Main Research Question
How do psychosocial impacts influence the socio-educational support process for war returnees?</td><td rowspan="2">General Objectives
Determine that psychosocial impacts influence the socio-educational support process for war returnees.</td><td rowspan="2">Main Hypothesis
Psychosocial impacts influence the socio-educational support for war returnees.</td><td>Independent Variable
Psychosocial impacts</td><td>- Emotional trauma
- Cognitive trauma
- Social trauma</td></tr>
<tr><td>Dependent Variable
Socio-educational Support</td><td></td></tr>
<tr><td rowspan="2">Specific Question 1
How does the affective trauma influence the socio-educational support process for war</td><td rowspan="2">Specific Objective 1
Determine that the affective trauma influence the</td><td rowspan="2">Specific Hypothesis 1
Emotional trauma has a significant influence on</td><td>Independent Variable
Emotional trauma</td><td>- Guilt
- Irritable
- - Fear</td></tr>
<tr><td></td><td></td></tr>
</table>

returnees?	socio-educational support process for war returnees.	the socio-educational support for war returnees.	**Dependent Variable** Socio-educational Support	
Specific Question 2 How does the cognitive trauma influence the socio-educational support process for war returnees?	**Specific Objective 2** Determine that the cognitive trauma influence the socio-educational support process for war returnees.	**Specific Hypothesis 2** Cognitive trauma has a significant influence on the socio-educational support for war returnees.	**Independent Variable** Cognitive trauma	- Confused thoughts - Hallucinations - Anger
			Dependent Variable Socio-educational Support	
Specific Question 3 How does the social trauma influence the socio-educational support process for war returnees?	**Specific Objective 3** Determine that the social trauma influence the socio-educational support process for war returnees.	**Specific Hypothesis 3** Social trauma has a significant influence on the socio-educational support for war returnees.	**Independent Variable** Social trauma	- Change in mood - Conflictual relations - Engagement - Support
			Dependent Variable Socio-educational Support	

3.2 Research design

The research underlies the qualitative orientation. First, anthropologists are interested in sociocultural patterns of human behavior rather than the quantification of human events. Cultural phenomena are more susceptible to qualitative description and analysis than to quantification. The relevance of anthropological information is found not simply in the account of incidence and distribution, but in the description of the pattern of behavior or various ways the pattern is manifested. He believes statistics obscure the qualitative dimensions of pattern and suggests that informants should be viewed not as actors whose behavior must be measured, but as documents that reflect the culture of which they are the bearers (Doda, 2005).

This research type emphasizes the integration of particular events into a coherent and qualitatively meaningful pattern where the relationship of events is established.

Being a qualitative research study and heuristic in nature, it serves as an aid to understanding the phenomenon under study, namely the intentional incorporation of psychological and social healing into an educational setting. In the course of my field work, I came face to face with the reality of psychosocial impacts as experienced by a high proportion of soldiers' community leaders who were exposed to war and violence. While still uncertain about whether or how to address this in the context of an educational intervention, the first options were tentative and experimental. Initially, issues of pace, order, intensity. safety, and personal choice were explored. That experience informed my participant observation, data-gathering and the analysis contained within this body of work.

The second premise holds that cultural events are understood and categorized in terms of the cultural actor's definition of human events. Accordingly, it is assumed that cultural investigation can be accomplished by actively participating in their life. Attention is focused upon how they define their reality, often called 'emic': the classification of objects, the definition of the situation in which they act, the assumptions on which activity takes place (Sherman & Webb, 2005).

3.3. Research Area

The study was carried out in Yaoundé, the Center region of Cameroon. The research was carried out precisely in the Mfoundi Division. The population of war returnees was accessible in the Military Hospital and the data collection was done there too. The choice of this site was to be

sure of getting into contact with the recent war returnees since they are always carried there after a war front especially the affected ones.

3.4 Population of the study

Population is defined as the number of people living in a particular country, area, or town.

Our population here is concerned with military men in Cameroon who take part in war issues particularly those involved in the Anglophone crisis in the North West and South West regions and the Boko-haram.

- **Target population**

This part of our population rallied a group of soldiers back from these areas of war in Cameroon. The intervention intends to conduct research in and draw conclusions in relation with psychosocial impacts and the effects that have on the socio-educational support process.

- **Participant Selection Criteria**

- First, you had to be a war returnee
- Second to be male
- Third, be aged between 25 and 35 years old

Table 2: Presentation of the study sample

No	Attendees	Gender	Age	Army Corps	War Fought
1	Case 1	Male	34	BIR	Boko-haram
2	Case 2	Male	26	BIR	Boko-haram
3	Case 3	Male	35	Gendarmerie	NOSO
4	Case 4	Male	30	Gendarmerie	NOSO

3.5. Sample Design

According to Kothari (2004), a sample design is a definite plan determined before any data are actually collected for obtaining a sample from a given population. Thus, the plan to select 6 war returnees from a group of military who survived from a war in the service of war victims in the Ministry of defense constitutes our sample design. Samples can be either probability samples or non-probability samples. With probability samples each element has a known probability of being included in the sample but the non-probability samples do not allow the researcher to

determine this probability. Probability samples are those based on simple random sampling, systematic sampling, stratified sampling, cluster/area sampling whereas non-probability samples are those based on convenience sampling, judgement sampling and quota sampling technique. Based on the flow of our study, stratified sampling is the most required.

- **Stratified sampling**

According to Kothari (2004), if the population from which a sample is to be drawn does not constitute a homogeneous group, then stratified sampling technique is applied so as to obtain a representative sample. In this technique, the population is stratified into a number of non-overlapping subpopulations or strata and sample items are selected from each stratum. If the items selected from each stratum is based on sample random sampling the entire procedure, first stratification and then simple random sampling, is known as stratified random sampling as in our research design.

- **Data Administration and Collection**

In order to prevent reports of negative implications and other hitches during the administration of the interview guides, authorization to carry out research was given by the authorities of the faculty of Education of the University of Yaoundé l and a signed authorization by the Minister of Defense. The researcher photocopied the authorization letter and handed it to the Ministry of Defense where interview guides were administered. The researcher administered the interview guide herself. It took the researcher two weeks to be able to administer the interview guides to the respondents because some were not constantly in the mood to have a conversation due to their health situations and the researcher had to patiently wait and find days that were more conducive for the respondents to cooperate.

- **Ethical consideration**

During this research, all the information gotten from every document, every author was mentioned. Privileged information provided by the Ministry of Defense was kept secret and the full respect of participants during the administration of the interview guide was done. All the participants gave their consent for the interview and the researcher created an atmosphere of confidentiality and assured the respondents that whatever information they passed out was going to be used only for academic purposes.

- **Reliability of instrument**

According to Creswell (2014), reliability means that individual's courses from an instrument should be free from scores of instrument error and consistent. The reliability of qualitative research refers to the extent to which findings can be consistently replicated and the degree to which the research technique is dependable and trustworthy. There are several ways to evaluate the reliability of a qualitative research study:

1. Dependability: This refers to the consistency of findings over time and across different researchers or contexts as explored by most of the authors mentioned here in our study.
2. Confirmability: This is the degree to which findings of qualitative research are free from personal bias and reflect an accurate representation of data collected.
3. Transparency: It means that the research methods, data collection, and analysis and interpretation are transparent and well documented. As they have been throughout this study and facilitated by the Minister of Defense who signed an authorization research.
4. Transferability: It refers to the extent to which findings from one research study can be applied to other contexts.
5. Credibility: It means that the study findings accurately represent the perspectives of the participants.
6. Member Checking: The degree to which participants' feedback was sought on preliminary interpretations of data.

The reliability of a qualitative research study can be improved by selecting the appropriate research design, using appropriate research methods, ours here is the interview method, having a clear research question, using multiple sources of data which permitted us to conduct the study in a consistent and transparent manner (Smith & Noble, 2014).

3.6. Instrument of data collection

The interview guide, an instrument very often used in the qualitative researches was at the center of the data collection, the writings and verbal statements of all the participants where noted down using this instrument. It is used in structured, semi-structured and in un-structured interviews. We are concerned with semi-structured interviews due to the orientation of the questions and the level of liberty of expression of the interviewee.

- **Description of the interview guide**

An interview guide is a set of questions and prompts that are used to guide an interviewer through a structured conversation with a job candidate, research subject, or other interviewee. The guide is typically created before the interview takes place and is designed to help the interviewer gather specific information from the interviewee and evaluate their suitability for a particular the study.

Interview guides can take many forms, but our research included the following elements:

1. Introduction: This section help the interviewer establish rapport with the interviewee and set the tone for the conversation. The interviewer presented herself by her name, research topic and institution, gave the purpose of the study and assured the interviewee of the confidentiality of every information was to be delivered.
2. Background Information: Questions in this section help the interviewer get the interviewee's socio-demographic information of the participant such as age, sex, army corps and the war fought.
3. Questions on the emotional aspect: These questions ask the interviewee to describe how war returnees have been feeling after war. Specific centers of interest have been sorted out to evaluate this dimension.
4. Questions on the cognitive aspect: These questions ask the interviewee to describe the level of concentration of soldiers, the quality of their thoughts. Specific centers of interest have been sorted out to evaluate this dimension.
5. Questions on the social aspect: These questions ask the interviewee to describe how war returnees' daily interactions have been after war, the support offered to them if there had been anyone and from whom. Specific centers of interest have been sorted out to evaluate this dimension.
6. Closing: This section allows the interviewer to wrap up the conversation and gather any final information or impressions.

Overall, the purpose of an interview guide is to ensure that the interviewer gathers all of the necessary information from the interviewee and evaluates them in a fair and consistent manner.

- **Validation of the instrument**

The following steps have been followed to ensure the validation of our interview guide.

1. Check the guide for clarity: Questions and instructions were reviewed to ensure that they are clear and easy to understand. When any ambiguity was encountered, the language was adjusted to be more straightforward and concise for the better understanding of the interviewee.
2. Someone else to review it: The supervisor had to review the guide to provide feedback and identify any potential issues that may have been missed.
3. Test it: A pilot test of the guide has been conducted with a small sample of participants. Taking note of their responses and reviewing the overall experience. This permitted us to identify any gaps or issues that could have been missed.
4. Adjust and refine: Based on the feedback and findings from the pilot test, the guide was refined for easier use, better clarity, and more reliable and valid information.
5. Repetition of the process: Once the changes had been made, the pilot test was repeated to validate the revised version of the guide.

- **Pilot study**

A pilot study, also known as a feasibility study, is a detailed analysis that considers all of the critical aspects of a proposed project in order to determine the likelihood of it succeeding (Drury, 2023). It serves to assess the methodology, data collection instruments, and feasibility of the research, identify potential problems and solutions, and determine the sample size and power of the study.

Our study mobilized a lot of resources which included human, financial and material resources. Documents where not easily affordable, even the availability of some persons for an authorization for example was not easy. Financially, it was much easier because the resources were always available on time.

Despite all the difficulties encountered, the research study went on to its end, created new knowledge and a new experience acquired. There was a good collaboration with the participants during the interviews.

Pilot studies are typically conducted before starting a larger research project to ensure that the research design is appropriate and feasible and that the study can be completed within the allotted time and budget. The results of the pilot study are used to refine the research protocol, optimize data collection procedures, and adjust the sample size and statistical analysis plan.

The pilot study enables researchers to identify potential issues and make necessary adjustments before starting the main research project, thus reducing the risk of wasting resources, time, and effort on a flawed or unfeasible research design.

3.7. Qualitative Technique of Data analysis.

To analyze the qualitative data of this study, we used content analysis. By content analysis, we can understand a method that seeks to account for what the interviewees have said in the most objective and reliable way possible. For Berelson (1952), it is defined as "a research technique for the objective, systematic and quantitative description of the manifest content of communication". In psychology and particularly in pathological and or clinical psychology, the objective is to analyze the survey material collected during observations, group interviews or individual interviews: behaviors, words, the gestures, what is not said and what is implied.

Bardin (1977), argues that "content analysis is a set of communication analysis techniques". For this author, the procedure generally includes the transformation of an oral discourse into text, then the construction of an analytical instrument to study the meaning of the remarks.

- **Content analysis of the study**

The choice of a specific technique and the meaning of the interpretation is based both on the nature of the document, the questions that structure the research as well as on the epistemological foundations that drive the researcher. Furthermore, content analysis is a technique for processing pre-existing data by listing, classifying and quantifying features of a corpus.

As far as this study is concerned, we proceeded in three essential steps: the transcription of the data, the coding of the information and the processing of the data.

Before starting the analysis, the first step takes an inventory of the information collected and puts it in writing. This text (called verbatim) represents the raw data of the survey. Transcription organizes investigative material into a format that is readily accessible for analysis. Rather than directly processing audio or video recordings, it is preferable to put them down in writing to facilitate reading and to have a faithful record.

Qualitative data comes in the form of texts (words, sentences, expressions of language, or symbolic information (gestures, tone of voice, impressions, etc.). They may correspond to a transcript of an interview, to field observation notes, written documents of various kinds (stories, report, and answers to questions).

CHAPTER FOUR

PRESENTATION, ANALYSIS OF RESULTS AND VERIFICATION OF HYPOTHESIS

4.1. Presentation and Analysis of Results

Theme 1: Emotional Aspect

Sub-theme 1: After your war experience you have surely been affected emotionally, tell me what you feel about guilt.

Participant1: *Sometimes, I think about that harmed boy crying for help but I couldn't rescue him. I still feel guilty about that.*

Participant2: *Yes, I feel guilty sometimes because when my friends were dying around me I felt helpless and since that time I keep on telling myself that I would have done something to help them and maybe they would have still been alive.*

Participant3: *As I wanted to rescue a helpless woman, I receive a bullet in my arm. Since then my wife has been blaming me for that act because I lost my arm and I have been feeling guilty about that.*

Participant4: *I don't think to feel guilty concerning that issue.*

The first three participants all feel guilty in one way or the other. People feel guilty when they believe that they have done something wrong or have failed to do something that they should have done. Guilt is a natural emotion that arises from our conscience, which is our internal sense of what is right and wrong. It serves as a warning that we have taken an action that conflicts with our own moral compass or that of society.

Guilt may also stem from a sense of responsibility for someone else's suffering or from the fear of punishment or rejection. In some cases, people may feel guilty because of their own unrealistic expectations or because of the pressure they feel to meet the expectations of others.

Regardless of its cause, guilt can be a healthy emotion if it motivates people to make amends, avoid future mistakes, or better align their actions with their values. However, excessive or chronic guilt can be harmful and lead to anxiety, depression, or low self-esteem.

This can further be explained in the psychoanalytic theory defined by Sigmund Freud's structural model of the psyche precisely in the second topic, the id, ego and super-ego which are three distinct, interacting agents in the psychic apparatus. The three agents are theoretical constructs

that Freud employed to describe he basic structure of mental health as it was encountered in psychoanalytic practice (Cherry & Kendra, 2018).

In the ego psychology model of the psyche, the id is the set of uncoordinated instinctual desires; the super-ego plays the critical and moralizing role; and the ego is the organized, realistic agent that mediates between the instinctual desires of the id and the critical super-ego. All of them play a role in the birth of an emotion and an action. The guilt felt by participants 1, 2 and 3, is due to the role played by the super-ego that constantly judges on actions that we make or not. Guilt also arise when feeling guilty for surviving when others did not, wishing to have died instead.

Participant 4 response can also be interpreted according to his personality which is ruder and says he doesn't feel guilty. This indicates at this level a kind of superiority and the need to always have the upper hand on situations.

Sub-theme 2: What do you think of being irritable?

Participant1: *It is difficult for me to keep on listening at loud voices around, it irritates me*.

Participant2: *I have not been an irritable person but recently I have been getting irritated when reminding of the war.*

Participant3: *My wife has been reproaching me a lot of things since I came back and it has always been irritating me*

Participant4: *I use to think of the quarrel I had with my college on the battlefield which made me not to be vigilant and that is how I ended with a bullet inside my leg. I always think of that scene and when somebody tries to contradict me I get irritated*.

People can feel irritating for a variety of reasons. Some possible reasons why someone may feel irritating to others include:

1. Acting inconsiderately: People may feel irritated by others who act inconsiderately or behave in a way that suggests they don't care about others.
2. Being self-centered: When someone is overly focused on themselves and doesn't take others into consideration, it can be frustrating to interact with them.

3. Communication style: People with abrasive, aggressive, or confrontational communication styles can be irritating to others who prefer a gentler or diplomatic approach.
4. Interrupting or talking over others: It can be frustrating when someone interrupts or talks over others, as it can make it difficult to have a productive conversation or discussion.
5. Repetitive or annoying behaviors: People may feel irritated by others who exhibit irritating behaviors, such as clicking a pen or tapping their foot constantly.

It's important to note that everyone has different triggers for feeling irritated, and what may irritate one person may not bother another person at all.

The participants confirm that they all feel irritating, though there is a difference in characters and temperament, the experience has triggered this attitude which makes them have it in common. This is a common response to traumatic or life-threatening experience. Irritability has the general tendency to be easily frustrated or impatient. It may cause them to lash out at others, which can put a strain on personal and work relationships. So, it is seen that not only war but an appropriate support system has an effect on the emotional impact.

Sub-theme 3: What about fear after this experience?

Participant1: *This experience has really been fearful. I always have thrills whenever I think of it repeating again.*

Participant2: *I have fearful moments, have the feeling that war will never get to its end and that I will have to witness that again*.

Participant3: *I am afraid of losing my family. I cannot be afraid of another war because I am a handicapped person already and can't no more attend any war.*

Participant4: *I have not been a fearful man even after this experience I didn't feel any fear.*

Many soldiers may experience fear after returning from war. This fear is known as Post-Traumatic Stress Disorder (PTSD), which is a mental health condition that some people develop after experiencing or witnessing a traumatic event, such as war.

Symptoms of PTSD can include:

- Flashbacks or nightmares related to the traumatic event

- Avoidance of situations or places that remind the person of the event

- Hypervigilance or being easily startled

- Feeling detached or numb

- Difficulty sleeping, concentrating or controlling emotions

Participants 1, 2 and 3 find themselves in at least two of these symptoms, due to the effects produced by war. Flashbacks which keeps in the feeling of being on the war front and this simply shows how war, even though passed has been haunting them by fear that violence had slipped. Further provoking a PTSD taking the form of an anxiety, depression or a psychological distress.

McCann & Pearlman (1991) summarize post-trauma emotional response patterns as fear and anxiety, depression, decreased self-esteem or identity problems, guilt and shame. It's important for soldiers who experience these symptoms to receive help and support. They can talk to a mental health professional or get followed up by the government through an efficient socio-educational support that provide resources for war returnees. It's important to know that there are people and resources available to help manage the effects of PTSD.

As observed under the item elucidating guilt, participant 4 eventually reveals rude personality because he is not fearful even after such an event.

Theme 2: Cognitive Aspect

Sub-theme 1: Cognition deals with thoughts and every mental mechanism. After experiencing these moments, I would like to know about your thoughts.

Participant1: *My thoughts are always confused and after the war I have been misplacing objects, I have been really forgetting a lot*

Participant2: *I am really confused. I think about having a wife and children but with this kind of profession I don't know if I will be able to cope. I guess they will suffer a lot of my absences and always be afraid when I will be on a war front.*

Participant3: *Since war, I have always been thinking of how will be the next days after receiving that gunshot*

Participant4: *My thoughts are filled of what does the future reserves me and I usually forget some dates*

Confusion is a mental state in which you may feel less alert, or get flustered and jumbled easily. Some war returnees experience confusion as a result of getting older, from having sleep problems, or as part of health conditions like dementia or traumatic brain injury. A minor sign of confusion, like forgetting the date but remembering it later, is not a major cause for concern. However, ongoing episodes of confusion, like feeling disoriented for a period of time or forgetting where you are going when driving your car, may signal a problem.

It is not easy to be struggling with confusing thoughts after the war. It is understandable to feel this way, as the experience of war can be traumatic and have lasting effects on mental health.

All the participants have confused thoughts, thinking about the future and being anxious of how their lives will look like after his past event.

Sub-theme 2: You may be having hallucinations sometimes or recently, what can you say about that?

Participant1*:* *Actually, I hear people crying for help. I also see the little boy in my dreams.*

Participant2: *I don't know if they are hallucinations but I have some kinds of flash back of the battlefield and still remember some sequences related to the war.*

Participant3: *I don't know if they are hallucinations but I often see myself receiving that gunshot. I am like lost in my mind.*

Participant4: *Sometimes, I hear the voice of that college with whom I had a quarrel, he died in front of me shouting of pain and shouting out my name.*

Indeed, hallucination is another symptom felt by war returnees triggered by the traumatic experience. Being auditory, visual or verbal, hallucinations involve sensing things such as visions, sounds or smells that seem real but are not. These sensations are created in the mind. It appears through cognitive processing during trauma (lack of self-referential processing and

dissociation), beliefs about permanent negative change, self-vulnerability, self-blame and cognitive response styles (though suppression, rumination and numbing) were significant predictors of later hallucinations.

Through the participants' responses it can be observed that hallucinations have taken another level in their cognitive schema. Hearing voices and having visions on the several scenes witnessed on the battlefield. They have really oppressed surely in different ways but it confirms to which extent the cognitive aspect which stem from psychological impacts has a significant effect on the mental health and this triggers an effect on the socio-educational support process.

Sub-theme 3: How about getting angry and being aggressive?

Participant1: *I easily get angry with people around me and it can lead to a fight but not always.*

Participant2: *After war it has not been easy, I can get angry with my siblings but never for long and I do not get aggressive.*

Participant3: *Sometimes I get angry at home but given my condition its preferable not be aggressive.*

Participant4: *I usually get angry when provoked and it can turn into a fight.*

In modern warfare, anger and other related emotions are dangerous to the warrior as possibly felt under battle conditions and chained out after this.

It's not uncommon for soldiers to experience changes in emotions after a war experience, including anger. It's important to seek help from a mental health professional if you're finding it difficult to control your anger. Victims tend to experience other cognitive shifts as well, such as difficulty in concentrating. Flashbacks and intrusive recollection are the most common, while dissociation, an extreme manifestation of cognitive disturbance (Lesser, 2014).

According to McCann and Pearlman (1991), empirical findings suggest that posttraumatic stress is associated with cognitive deficits, such as impaired verbal fluency, memory, and attention, and an overall decline in intellectual functioning.

Reasons why soldiers may experience anger after a war experience as a result of an impact include:

1. Combat exposure: Soldiers who have been exposed to combat, violence, and trauma may develop anger as a coping mechanism.
2. Uncertainty and unpredictability: War can be very unpredictable, and soldiers may feel a sense of unease or anxiety. This can often manifest as anger.
3. Challenges with reintegration: After returning home from deployment, soldiers may struggle to reintegrate into civilian life. This can lead to feelings of frustration and isolation, which can trigger anger.

This shows that war along with an inadequate socio-educational support has a significant impact on the cognitive aspect of man.

Theme 3: Social Aspect

Sub-theme 1: Briefly explain how your days at work have been.

Participant1*: At work, everything remained the same but I prefer to be calm and not involve myself in issues concerning colleges*.

Participant2: *They have been as usual but I think something has changed. It is true I have always been a calm person but now the calm in me is different. I feel like a big void in me*

Participant3: *I have not been going to work since then*.

Participant4: *The mood at work has changed since then and people around me say I have been talking a lot.*

Through this aspect, participants feel a diminished ability to experience positive emotions. Being on guard all the time, the need to be isolated from the exterior has made them to adopt different work habit. It is their way to find coping strategies to overcome effects created by war. The need to be isolated and far away from others after a traumatic experience is a common response to trauma. Many people who experience trauma may feel overwhelmed and want to withdraw from social situations as a way of coping. This can be especially true for soldiers who have experienced the stress and trauma of combat.

The need for isolation and distance may be a way for individuals to process their experience and avoid any additional stressors or triggers. They may feel safer and more in control when they are

alone or in a low-stimulus environment. However, if this persists for a prolonged period of time, it can contribute to feelings of isolation, depression, and anxiety.

Sub-theme 2: How have been contacts with your family members after war?

Participant1: *Most at times my wife and I quarrel and I don't understand why.*

Participant2: *Sometimes I have the feeling to be misunderstood by my family members and it gets me angry.*

Participant3: *Every contact has always been conflictual especially with my wife.*

Participant4: *They are not always fine especially with my wife and children. My wife says I have been too harsh with the children.*

Conflictual, misunderstood and quarrelling are the projections done by somebody after experiencing extremely difficult events and having to live along with that. Tracking themselves in space has become uncommon, they unconsciously reproduce an action or a feeling lived on the battlefield. Feeling oppressed by their family members, and misinterpretation of the situation by their loved ones creates conflictual relationships. At times due to the trauma war returnees may act in an unconscious manner without considering the consequences of one's actions. It often involves acting quickly or delaying an action without thinking through the potential risks and benefits of a particular action.

Sub-theme 3: What can you tell me about other activities you have been proposed to do?

Participant1: *I don't want to engage in any activity, it's true I have been a mechanician before and I used to repair cars but now I am not more interested in that.*

Participant2: *I have not been proposed to do other activities, I have just been going to work.*

Participant3: *I have not yet been proposed an activity and I do not even think about that because I don't feel ready to engage in any. I don't even think I will be able to do something in this my situation.*

Participant4: *I am not ready to engage myself in any activity.*

Getting engage in an activity or being involved in an affair necessitates self-motivation, that is intrinsic and extrinsic motivation, involving a certain level of engagement and self-determination

in any undertaken action. the fact of thinking of not being able to get involved in another activity as said by the participant 3 due to his physical condition clearly points out a self-deprecation attitude caused by the continuous ruminations of what he had experienced

Some of the participants don't feel engaging in activities proposed to them while the other has not been proposed anyone. Being one or the other, it is obvious that the level of motivation has reduced because engaging in any activity does not necessarily needs he proposal of an external person. Even the others done before has no more value due to the lack of interest and constantly low mood. It is easy to get overwhelmed like thinking of past events, trying to look at the present and what the future can hold often seem not to be affordable. Decision-making can become a real chore when feeling unmotivated on a consistent basis, procrastination and loss of control happen to takeover.

To conclude, the loss of motivation that soldiers often experience after experiencing a traumatic event also is just a common response to trauma. Many soldiers may feel exhausted physically and emotionally, making it difficult to find the energy or interest to engage in typical activities. This can be due to a range of factors, including sleep disturbances, high levels of stress or anxiety, and feelings of disconnection or hopelessness.

Sub-theme 4: How helpful were the support services provided, and did they meet up to your needs?

Participant1: *With the support service, we just had a medical support and often the psychologist is called upon when the case is very serious.*

Participant2: *I receive a support maybe they judged my case was better as compared to my classmates who were amputated*

Participant3: *I thank the support from the social service but I don't think I gained as I expected with that support because I am still amputated an I am about to lose my family and I am psychologically disturbed*

Participant4: *I received a medical support, the support service helped me but I remained cripple till now*

After going through such moments of traumatizing events, it is but normal to receive adequate support from health professionals. They all received a support but didn't get satisfied and are still on they are still on the yoke of the trauma. Though proposed a reconversion activity to reinsert themselves professionally as they said, they hardly found a way out. Harvey (1996) comments that community response to violent and traumatic events will influence each individual's reaction because of the interplay of the person-community "ecosystem".

It's important for soldiers who are experiencing isolation or loss of motivation to be provided with professional help, such as counselling or therapy. A mental health professional can provide support and guidance in developing strategies to cope with these difficult emotions and assist in developing a personalized treatment plan. Additionally, support groups for war returnees and community organizations can provide a sense of camaraderie and belonging that may be helpful in overcoming the challenges related to isolation and loss of motivation after a traumatic event.

Along with all the aspects explored to prove the effects of psychosocial impacts on war returnees, it is seen that soldiers are emotionally, cognitively and socially vulnerable to war, therefore unique and specialized support must be undertaken to diminish or come over any form of psychological distress which can further lead to social disintegration. Despite the differences in each war returnee's personality, we can observe that the consequences triggered by war has an impact in the majority of the center of interest pointed out.

4.2. Verification of results

The present study was conducted to examine socio-educational support and the psychosocial impacts of war on soldiers (war returnees). The variables tested were emotional, cognitive, and social domains of human are existence of study, while socio-educational support and psychosocial impacts were tested for psychological construct. It was verified that:

- The emotional trauma has a significant influence the socio-educational support for war returnees.
- The cognitive trauma has a significant influence the socio-educational support for war returnees.
- The social trauma has a significant influence the socio-educational support for war returnees.

Face to face interviews were conducted to test these hypotheses and the analyses yielded anticipated results. The impact of war could be reduced when the soldiers have good and sufficient socio-educational support.

CHAPTER V

RECOMMENDATIONS AND INTEREST OF THE STUDY

5.1 Pieces of recommendations

According to Lesser (2014), there are two primary problems that can threaten the application of a healing approach that situates self-care as its centerpiece; mindfulness and relaxation techniques: practicing techniques such as meditation, yoga, or deep breathing can help to calm the mind and reduce feelings of anger.

Physical activity that is engaging in regular exercise, such as running or weightlifting, can provide a healthy outlet for anger. Support groups by connecting with other veterans who have experienced similar challenges can be very helpful in managing anger and other difficult emotions. When para-professionals are part of an institution that emphasizes a quantitative measurement of success, they may not be afforded the time, resources, and support to exercise self-care, strengthen self-esteem, and participate in peer support groups or mentoring circles with their fellow para-professionals;

When psychosocial educational interventions introduce self-care where there has been none either because people have been focused on survival or were socialized to believe that self-care equals indulgence, the systematic practice of self-care may be a hard personal and collective change to make. Seeking professional help like A mental health professional can work with you to develop a personalized treatment plan that addresses your unique needs.

5.1.1 The Role of Culture in the Understanding and Treatment of Psychological Trauma

In the context of the larger debate with regard to meaning and methodology in psychological cross-cultural research, many researchers and practitioners engaged in cross-cultural studies raise numerous questions about the applicability of the concept of PTSD. At the center of their query is the existence or absence of trans-historical and cross-cultural standards for interpreting psychiatric disorders.

According to Lesser (2014), the old cross-cultural psychiatry, with its positivist and empiricist approach represents itself as objective and value-free (Bracken, 1993). Therefore, formulations on research, assessment, and treatment based upon this approach are displayed as neutral. In this way, psychiatry, while birthed in the West, is delegated by its founders and followers as possessing a status of privileged metatheory and methodology. According to Bracken (1993), a

post-empiricist philosophy of science is more applicable to cross-cultural psychiatry. He argues that: The dominant philosophy underlying recent psychiatric research has been empiricist and positivist and has endorsed a naturalist ontology and epistemology. DSM III was hailed as a major advance because it laid the grounding for more strictly empirical research. Many within psychiatry have dismissed any approach which is not based on the scientific method.

A plethora of devices has been developed to facilitate the assessment and diagnosis of trauma, standardized questionnaires, interview guide, symptom inventories, interview protocols. Several authors raise concerns about assessment and intervention tools that fail to take into account a trans-cultural perspective, pointing out that methodological problems arise from attempts to measure PTSD with questionnaires developed outside of the victim s culture. This results in inadequate assessment: the difficulties of transposing concepts and words from one society and one language to another, have received insufficient attention, so that culturally determined expressions of distress and concepts about suffering are largely disregarded.

A question is how much of this cross-cultural problem exists due to the assessment tools per se compared to how they are used, who uses them particularly the rank and power differential between user and survivor. Equally important is the context of their use, and if those being assessed have been given proper information to adequately decide whether to participate in an assessment process. The use of questionnaires may not be a problem defined by the PTSD diagnostic category, but of how the tools are formulated, applied and the lack of careful attention to the context of their application (Lesser, 2014).

In addition, because all human experience is relative, assessment tools may overlook the importance of how victims both cope with and prioritize their personal traumas. As Summerfield (1995) points out: we need to know more about traditional coping patterns in a particular society and whether these have been disrupted by conflicts destroying not only peoples but also ways of life. Where these patterns still exist, helping agencies can seek to facilitate or at least not retard their function.

5.1.2 Treatment approaches for children

This described treatment approach for children is also applicable to adults who experienced traumatic events due to the diversity of human kind and necessity to find appropriate healing or support procedures.

Lykes & al. (1993) have made significant contributions to the design of a training of trainer's program for adult caretakers of refugee children traumatized by war in Latin America. The program brings together mental health professionals, actors, and primary school teachers, who through a combination of play therapy and story-telling, make it possible for children to give expression to and decipher the meaning of the terrifying events constituting their traumatic experience. By combining drawing, collage, dramatization and storytelling to create an outlet for children's self-expression, a process of emotional release rooted in the traumatic experience is facilitated (Lykes, 1993). Work within a group setting encourages the child to reconnect and establish an intermediary space of renewed safety and trust. In a study conducted in Guatemala, Melville & Lykes (1992) set out: to analyze the survival resources of children who have witnessed the violent loss of family members and/or sudden displacement from their familial homes and communities, to assess the continued maintenance of their Mayan ethnic identity, and to record their expectations of the effects of continuing and future violence.

These treatment approaches for children can directly be applicable to military men returning from the war front due to the traumatic experience produced by war and the vulnerability of the emotional aspect of man.

The intention of the research is to inform the development of community-based care and curriculum materials that support the efforts of those working with child-survivors. The work of Melville & Lykes represents an interesting blend of popular education, socio-drama, and expressive therapy. Lykes (1994) argues that the group experience in the workshops she facilitates is critical to their success. Very much in the tradition of participatory non-formal education (Freire, 1972, 1973), the participants introduce the themes that serve as a backdrop for applying the different techniques and modalities of expression. Issues and fears that are voiced in the group constitute the point of departure for a skills acquisition process.

Lykes (1994) describes the training as: The presentation of a technique; an experiential exercise using the technique; reflections in small groups focused on both one's personal experiences enacting the technique (that is, what did I feel), and the applicability of the technique (that is, how can I use this in my work with children in my community); exchange of experiences in the larger group; and finally, presentation of existing theory and the exploration of alternative conceptualizations emergent from the integration of indigenous traditions and Western psychological practice.

This model is designed according to the assumption that children suffer from trauma due to psychosocial factors rather than intrapsychic ones. One of the strengths of creative workshops for child survivors of institutionalized violence is their cultural adaptability to different needs and expectations of emotional expression and suppression. Boothby (1994) introduces therapy options such as projective drawing and storytelling to support the child to relive the traumatic event, describe its worst moment, and gain some measure of control over the experience.

Group sessions that involve drawing, storytelling, role playing and other activities that provide an opportunity for the expression of fears can support a process of trauma resolution. Boothby (1994) is careful to point out that in countries where the government is repressive, psychosocial treatment programs need to be deinstitutionalized, thereby advocating a community based approach: not only because of the socially-based nature of the problem, but also because of the severe lack of human and financial resources available for individual treatment. Thus, outside assistance needs to be based on a careful examination of how a given population is coping on its own with the fear, danger, and extreme poverty engendered by war. The introduction of new or socially discrepant structures into societies affected by war should be avoided whenever possible because it can tilt the often precarious balance of survival away from community-based solutions and toward less responsive, centralized ones. Garbarino (1990) adds that the therapy of choice reassures the child that she or he is safe again.

Baron (1994) has developed an innovative model for helping child victims of violence by using a combination of storybook, companion discussion guide and community training workshop. The underlying theme of the storybook (A Little Elephant Finds His Courage) is the promotion of self-reliance as a way of combating the helplessness that exposure to violence can generate. Because children of war often have no outlet for their hurt and fears, feelings of insecurity take

on a life of their own. The storybook is a way of addressing loss, death, grief and acceptance. It is intended to support families by providing an easy-to-use practical tool for facing issues that are often left unspoken.

While Baron's storybook was developed in Sri Lanka and tested in communities there for eighteen months, she sustains that it is adaptable to and has been used in the most varied cultural contexts throughout the world. Part of its success may have to do with the medium: storytelling is an ancient and universal art. It is distributed in rural villages through non-governmental organizations that receive training from the author about the emotional needs of those who have been exposed to violence and experienced loss, as well as a review of the book materials and practical helping skills. Local trainers then provide parent educational seminars that utilize the book as the central tool. Follow-up meetings are held with parents to talk about their feelings and the experience of reading the book to their children.

In addition to its effectiveness and adaptability, Baron's work is significant because it is part of a trend in posttraumatic field work to develop materials of a psychoeducational nature that are applicable to community environments where the overwhelming majority of the people have been exposed to traumatic stressors. Part of Baron's contribution (1994b) is her integrated approach to recovery which emphasizes that the child s interests are inseparable from the family's needs, including economic needs and survival needs, as well as psychological and physical health needs.

Macksoud (1993) has developed a manual to help parents and teachers understand and deal with children's responses to war. While not intended for those most severely traumatized, it is an important source of support and guidance for communities and families that are intact enough to aid children who are exhibiting normal responses to trauma.

5.1.3 The Latin American Psychosocial Approach: The Role of the Healer

It is no wonder that since the nineteen eighties Latin America has been the birthplace of considerable psychosocial research and practice. It was during the nineteen seventies that state terrorism had its hold on several countries throughout the continent. The militarization of civil society and subordination of socioeconomic policies to the alliance of big business and the armed forces created widespread repression and terror for significant sectors of the population. The

psychosocial focus in the Latin American psychotherapeutic literature has been most prevalent since the mid-nineteen eighties. The tendency in the literature is to move away from the application of a medical model. While influenced by the psychoanalytic model, systems theory, existential humanism and cognitive behavioral theories, Latin American psychotherapists also rely on dialectical and historical materialism to examine the impact of macro-social issues on individual and collective mental health. Much of the research reflects a concern for ethical issues in therapy and the role of social activism in recovery (Lira Kornfeld, 1995).

According to assassinated psychologist and Jesuit priest Ignacio Martin-Baro (1994), the appropriate role of the psychologist or mental health counselor is to support people in understanding their own realities through examination and reflection on their social experience. Especially those engage directly in a certain event (war for example), what are the coping strategies used to overcome this trauma? Are they positive or harmful to the individual? The prevailing individualism in Western psychology assumes individual responsibility for that which is oftentimes a product of social relations. Barudy (1990) points out that psychic suffering and mental illness are a product of interactions that are incompatible with life (Lesser, 2014).

The role of therapy is to create a context for interactions that are life-affirming. The problems of mental health cannot be solved by medicine or psychotherapy alone. On the contrary, the role of the judicial system, culture, society in general, and its moral code play an overwhelming role in the recovery of survivors. Victims benefit from joining efforts to help others who run the risk of suffering a similar fate (Rojas, 1990).

Political repression is the manifestation of the psychopathology of social conflicts. Rather than viewing repression as an aberration or the morbosity of a few irrational individuals, it is deemed an extension of repressive social policies. In much of the Latin American literature, the issue of psychopathology is used to focus on perpetrators rather than on victims (Vidal, 1990). The Latin American psychotherapeutic writings contain a voice of critical self-appraisal for the mistaken application of scientific labels that have stigmatized people who suffer from the impact of political repression (Liwski, 1990). Becker (1995) points out that victimizers use: the supposed "disorder" of the victims to justify their acts of cruelty and destruction. If our clinical language voluntarily or accidentally mirrors this self-justifying attitude of victimizers, we evidently run high risks of converting ourselves into traumatizing agents. The victims underwent an experience

in which a sociopolitical act of power...was converted into an individual experience. If we call that experience a "disorder," we repeat the denial initiated by the victimizers, and we thereby deepen the trauma (p. 103).

Oftentimes helpers have underestimated the healing power of social activism and been too eager to ascribe diagnostic criteria rather than learning from survivors how they have overcome their staggering losses. As Latin American psychotherapists and helpers have better identified the source of pathology in society, they have come to embrace participatory research methodologies and popular education, thus bringing forth new areas of reflection and social action (Liwski, 1990).

According to Chilean psychologist Paz Rojas (1990), not everyone who suffers from torture is left with sequelae. For some, this kind of experience sparks a revalorization of life. The symptomology produced by torture is varied and there is no clear post-torture syndrome. Rojas argues that therapists working with victims need to know more than technical skills. They need knowledge of social, political, economic, cultural issues and the principles of human rights, and the doctrines or ideologies that uphold torture as an institution (Lesser, 2014).

Psychology and education would be more effective by guiding people to distinguish between individual problems and those that are a by-product of societal design and its power structures (Martin-Baro, 1994; Vidal, 1990). This is particularly significant when applied to situations of institutionalized violence where the status quo portrays a reality that contradicts the experience of vast sectors of the population who, as a result, feel invisible and voiceless. For example, the mass media might applaud the armed forces for their sacrifice in defense of the motherland, while the generalized sentiment of the population is one of terror. In this case, psychology needs to reassure people that they are not delusional (Arditti & Lykes, in Agosin, 1991; Martin-Baro, 1994). When individuals attribute feelings of unease to their inner psychic world, psychology should redirect the attention to the larger social context and its overbearing impact on their lives (Lesser, 2014).

Using Paulo Freire's concept of education for critical consciousness as foundation (1972, 1973), Martin-Baro (1994) argues that the most significant horizon for psychology as a field of knowledge is 'concientization'. While psychology addresses issues of individual alienation, it has not focused its attention on the de-alienation of groups through a critical understanding of the reality that shapes them. Part of Freire's contribution lies in his location of overriding contextual

factors at the center of an understanding of overpowering personal situations. Through a process of dialogical teaching, reflection, and action, individuals theorize about their experiences and see the personal recast in the context of the social framework, and vice versa. The use of Freire's conceptual framework and method in psychotherapeutic intervention helps clients identify the structural underpinnings of their specific personal problems (Korin, 1994). What is truly needed is a careful scrutinizing of the specific mechanisms that lock people into a social identity, causing them to behave as dominated or dominating beings (Martin-Baro, 1994).

Martin-Baro (1994) is explicit about not loosing sight of the personal when calling for a greater understanding of the social and collective. These two ideas are not in opposition, but rather the: personal here is the dialectical correlate of the social, and as such, incomprehensible if its constitutive referent is omitted. There is no person without family, no learning without culture, no madness without social order; and therefore neither can there be an I without a We, a knowing without a symbolic system, a disorder that does not have reference to moral and social norms (Lesser, 2014).

Martin-Baro's writings represent a powerful voice in Latin America's broadly-defined movement of liberation psychology. His work is also widely studied and quoted by U.S. practitioners such as Lykes (1992) who have considerable community-based experience in war-torn developing countries. It is this blend of voices that is producing some of the more interesting cultural critiques of psychiatric paradigms regarding trauma. The possible implications of analyzing personal trauma in the context of larger social determinants could have a profound impact on treatment alternatives. A healing and recovery process that takes into account the birthing of a new social identity, beyond the confines of the socially constructed oppressed /oppressor roles has the potential for making a significant contribution to the building of social movements that question the existing social order. By developing awareness and consciousness about the realities that sanction oppressive roles and how these can create war, a new kind of concientizing psychotherapy can be developed. This would enable the individual to discern and affirm a new personal and social identity, beyond the trappings of domination and inequity, based on trust and mutual support. Herein lies part of the rationale for combined educational and psychotherapeutic interventions (Lesser, 2014).

5.1.4 Trauma and the Healing Relationship

According to Lesser (2014), psychological trauma is an integral part of a human history riddled with untold war, massacre, enslavement, rape, beating, kidnapping and destruction. Somehow, having witnessed and experienced the unspeakable, the collective human heart has survived. Throughout the centuries healers and caregivers have discovered numerous pathways to heal the emotional and psychic wounds of those who endured the plundering that taints our history. Unfortunately for us today, most of these pathways have gone undocumented. More recently there has been renewed interest in understanding the human hardships created by war and social violence in order to better aid victims in their recovery.

Likewise, there is a growing desire to learn about traditional coping strategies that might explain why so many survivors of traumatic experiences do not become psychological casualties (Summerfield, 1995). With the explosion of research and writing on psychological trauma, the issue of therapist-client relationship has been approached in various manners (Ochberg, 1988, 1991; Wilson, 1989; Peterson, Prout, & Schwarz, 1991; van der Kolk, 1987; Herman, 1992a). Most of the literature concurs that therapeutic work with trauma survivors has its own specificity (Lesser, 2014).

5.1.5 Community-based treatment approaches

The reliance on more traditional approaches to healing such as acupuncture, herbal medicine, religious beliefs, and native healers in conjunction with Western assessment approaches are recommended for the successful treatment of traumatized refugees. The importance of group and/or family therapy is also emphasized, given the social fabric of traditional cultures that value the collective over the individual (Peterson, Prout, & Schwarz, 1991; Arredondo, Orjuela & Moore, 1989; Canino & Canino, 1980).

Appropriate treatment of trauma has much to do with the cultural beliefs propagated about the self, its relation to community, and the meaning of illness (Krippner, 1995). By conceptually elevating the intrapsychic to a place of primacy, the interpersonal, social, cultural, somatic and spiritual are downplayed. This relegates the healing process to the inner world of the individual, her/his emotions, understandings and issues (Martin-Baro, 1994; Lykes, 1993). But in many cultural contexts, factors such as community cohesiveness and political solidarity determine to a

large extent how the traumas of war are experienced and coped with (Bracken et al., 1995, p. 1078). This argument is supported by Harvey's (1996) ecological perspective on trauma. She advocates a multidimensional assessment of trauma recovery which informs the design of interventions that positively impact the victim's changing relationship to the larger community.

The focusing of attention on the intrapsychic world of the individual can unintentionally stigmatize a person's suffering by separating them from the community. For many, personal healing and recovery are inextricably bound with that of their community (Herman, 1992; Bracken et al., 1995). Social support is often a determinant of how human beings deal with atrocity. In certain cultural contexts social support can dissolve for women if they are raped (Bracken et al., 1995). It has been demonstrated that in situations where women are socially stigmatized and ostracized after rape, the repair of social relations is a critical cornerstone to the healing process. By joining with other women survivors to form a group, women overcome their isolation, not necessarily by even addressing their common experience, but by focusing their attention on life-affirming activities such as community development, as in the case of women survivors of rape in Uganda (Bracken et al., 1995).

Basic therapeutic actions must follow certain criteria for success (Jareg, 1995), namely that they: be rooted in the community; develop through reliable relationships with groups, families and sometimes individuals, have specific aims that all who participate understand and accept; promote personal growth through involvement and the building of trusting relationships; involve children directly whenever possible; set in motion sustainable processes; involve local social and educational authorities. Primary health care providers need to learn about how children of different developmental stages react when psychologically distressed (Macksoud, 1993). Teachers need to become aware of how to support children who have suffered losses. Courses for pre-school teachers on how to identify and aid small children who are traumatized would be extremely helpful, as would the creating of community awareness of how children experience the losses of war through discussion with community leaders. Finally, children need activities through play and sports, and to be given meaningful tasks in the rebuilding of their communities. The development of self-confidence and self-esteem are identified as solid defenses against the effects of trauma and distress. Competence building workshops are recommended on themes such

as health or first aid, as well as group sessions with children and adolescents to allow them an opportunity to express their needs and feelings (Jareg, 1995).

A number of group-based community treatment approaches have been reported in the literature (Solomon et al., 1992; Esterio, San Roman & Almarza, 1990; Contreras & Corvalan, 1990; Vidal, 1990b; Sykes Wylie, 1996). Solomon et al. have worked with Israeli combat veterans following exposure to intense fighting. Practitioners invested two years in the design and preparation of a one month residential treatment intervention located on an army base. Follow-up strategies include mutual self-help groups in the veterans' communities.

The Koach Project, as it is known, combines behavioral, cognitive, and group approaches in an integrated model. One of the project's premises is that trauma victims need to be removed, at least, temporarily, from their current surroundings in order to build a new environment filled with optimism and the solid belief that participants are capable of healing the psychological sequelae of their war experiences. Describing their approach as at once pressuring, supportive, and optimistic, the staff encouraged group pressure to forge a new group identity and move beyond the characteristic isolation that trauma survivors suffer.

In Central America a combination of treatment approaches can be found. Psychodynamic work within a psychoanalytic model, social and political psychology, and community-based strategies coexist. The latter use participatory workshops, as well as pamphlets and other graphic tools to reach large numbers of people. Grass roots materials have been developed primarily by ACISAM (1989) (Training and Research Association for Mental Health) in El Salvador, and ASECSA (Community Health Services Association) in Guatemala. These organizations have contributed to advances in the conceptualization of the meaning of mental health, which reflects a psychosocial concern for identifying the impact of the macro system's deficits on individual well-being.

Group-based experiences involving role plays, dramatizations, collages, body expression (Esterio, San Roman & Almarza, 1990; Contreras & Corvalan, 1990) are common therapeutic strategies with those exposed to political repression in Latin America. All reports in the literature emphasize the need for trust-building and group integration in order for this to successfully unfold. Vidal (1990) argues that multidisciplinary teams of professionals possessing a shared language can have a favorable impact on these interventions.

Many practitioners, both in the West and in Latin America, hail the importance of art therapy for creating outlets of expression and new forms of socialization for those most affected by state terrorism:

It is probable that art originally developed as a means of expression of and relief from, traumatic experience. Art, song, drama, and dance in primitive times were motivated by a need for catharsis and for gaining control over threats to the community or to the individual. The arts abound at times of nightfall, death, birth, war, and natural disaster, for they help to encapsulate terror. Those involved in human rights and mental health work in Argentina (Anonymous, 1989) explain their work as challenging to both creativity and daily political commitment. They use games, dramatization, art therapy, body work for emotional release, expression, group-building to break isolation and the collective forging of a different kind of social interaction point out that group-based therapeutic interventions are resisted by those living under repressive regimes because basic trust is undermined and so difficult to establish or sustain.

5.2 Interest of the study

This study hopes to contribute to the research on how to help and manage war returnees' professional and social achievement. By having better understanding and knowledge about socio-educational support in relation to psychosocial conditions of the soldiers during war, it could help us to design and organize proper development program to help them. Since socio-educational support is very much important to war returnees in particular and to soldiers in general, this study will also help the government, family members and the rest of the society to understand the importance of socio-educational support process so that they can help the soldiers to decrease their psychological and social problems.

It has been evident that all the progress made on the emergency plan based on safety and re-integration in post-conflict settings, but we don't have a long-term integrated preventive plan on micro and macrosystem level. It's an ultimate challenge for the government to eradicate militancy but we need a strong efficacious intervention for militaries affected by the conflict.

The results of this study or research will be of significant importance to Special Educators, Social sciences, Medical personnel, Science and the Society.

5.2.1 Educational Interest.

This research work will continue to enrich other existing literature in this domain and will serve as an added scientific resource that will challenge educators to give attention to the weight of psychosocial impacts of war in general and thus enhance the mental health of the war returnees' population not just in Cameroon but for Africa and the globe. It will serve as a great tool for students and researchers in mental health and psychic handicap as new lines scientific findings are vital for the discovery of sustainable support.

5.2.2 Medical and Professional domain

The knowledge of the effects of the psychosocial impact on the socio-educational support is important to the medical field because it can help doctors and healthcare professionals to come up with effective support related to their mental health that clear and specific for accurate diagnosis, treatment and support of war returnees.

This research work will serve as a great resource to psychiatry as the psychosocial impacts of war on soldiers will no longer be ignored thus increasing awareness and strategizing on reducing the alarming effects.

In science, this knowledge will contribute to further research and understanding of psychosocial impacts and the adequate socio-educational support process for war returnees and the other population. It will also lead to the development of new support processes and interventions that improve the quality of life for individuals affected by war.

5.2.3 Social interest

The family members of the war returnees will be educated on how to psychologically handle them in the family and create the conducive environment necessary to facilitate their recovery process.

This is going to result to sustainable health, reduced mortality rate, increased quality of life and increased and preserve the participation of the soldiers in the development of their communities.

CONCLUSION

At the present state of our study, it has been determined that the psychosocial impacts and the socio-educational support process are inter-related and that one triggers the evolution or the effectiveness of the other. This influence observed emotionally, cognitively and socially hampers any form of support that could be adduced in a situation of crises or after a traumatic experience. A proportion of these aspects shares the same roots as those that have affected soldiers throughout history. To be most helpful to war returnees, we must deal with this issue of complexity and try to provide individual support process.

It has been determined that the emotional impact has a significant influence on the socio-educational support process disposed to war returnees. As the fact of all the emotions built up after this experience that is fear, guilt and irritability support does not only be focused on the external problems created by war but has also to take into consideration the state of mind and the psychological distress caused by this traumatic event.

Further understanding of this issue may come from several studies by Barsky. He points out that those who live in fear believed that good health was essentially "symptom free" and saw "normal" symptoms as indicative of a bad feeling (Barsky et al., 1993, p. 1085).

As well as the cognitive impact, the support handed out to war returnees is largely triggered by this psychosocial impact. The centers of inters can be explored through confused thoughts, hallucinations and anger.

The social impact too proved its influence on the support process. After such an event, war returnees try to find coping strategies by themselves because the feel that the support handed up to them do not meet up with their expectations. So they start isolating, being anxious which are the perfect signs of depression and getting into it will just make their situation worse.

According to Drageset (2021), socio-educational support by our social network proves to be important for our health. The opposite of good social support is loneliness. First and foremost, it seems that social support includes emotional support, belonging in a social community, being valued, practical help, and information and guidance. Social support represents a vital salutogenic resource for individuals' mental health.

Finally, we must recognize that the concept of psychosocial impact is a vast field and as influencing man's daily life experiences has to be taken with care and deeply examined along

with an adequate socio-educational support process. The presence of formed and qualified professionals is incontrovertible because handling human lives is primordial along with the diversities in each personality and the delicacy of the psychic realm and its functioning.

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ANNEX

ANNEX 1: Interview Guide

ANNEX 2: Research Authorization signed by the Dean of the Faculty of EDUCATION

ANNEX 3: Research Authorization signed by the Minister of Defense

ANNEX 1: Interview Guide

REPUBLIQUE DU CAMEROUN
Paix-Travail-Patrie

UNIVERSITÉ DE YAOUNDE I

FACULTÉ DES SCIENCES DE L'EDUCATION

DEPARTEMENT D'EDUCATION SPECIALISÉE
****

REPUBLIC OF CAMEROON
Peace- Work- Fatherland

THE UNIVERSITY OF YAOUNDE I

FACULTY OF EDUCATION

DEPARTMENT OF SPECIAL EDUCATION
****

INTERVIEW GUIDE

Dear sir, I am OTELE NTIMENA Augustine Gaelle from the faculty of Educational Sciences; specialty, Specialized Education; option, Professional psychologist in mental handicap, psychic and gerontology Master 2 / University of Yaoundé 1. I carry out a research on the psychosocial impacts and socio-educational support process for war returnees. I wish to ensure you that whatever information will be collected from you shall be kept private and remain only for academic purpose and I will be very grateful if collaboration is total.

Socio-demographic information of the participant

Age:

Gender:

Army corps:

War fought:

It would be of great importance to me if you could provide answers to the following questions concerning your war experience.

Theme 1: Emotional Aspect

Sub-theme 1: After your war experience you have surely been affected emotionally, tell me what you feel about guilt.

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Sub-theme 2: What do you think of being irritable?

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Sub-theme 3: What about fear after this experience?

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Theme 2: Cognitive Aspect

Sub-theme 1: Cognition deals with thoughts and every mental mechanism. After experiencing these moments, I would like to know about your thoughts.

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Sub-theme 2: You may be having hallucinations sometimes or recently, what can you say about that?

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Sub-theme 3: How about getting angry and being aggressive?

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Theme 3: Social Aspect

Sub-theme 1: Briefly explain how your days at work have been**.**

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Sub-theme 2: How have been contacts with your family members after war?

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Sub-theme 3: What can you tell me about other activities you have been proposed to do?

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Sub-theme 4: How helpful were the support services provided, and did they meet your needs?

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ANNEX 2: Research Authorization signed by the Dean of the Faculty of EDUCATION

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DEPARTMENT OF SPECIALIZEED EDUCATION

Le Doyen
The Dean
N°...../23/UYI/VDSSE/

RESEARCH AUTHORIZATION

I the undersigned, **Professor BELA Cyrille Bienvenu**, Dean of the Faculty of Educational Sciences of the University of Yaounde I, certify that the student **OTELE NTIMENA Augustine Gaelle**, Matricule**: 21V3587**, is registered in Master II at the Faculty of Educational Sciences, Departement of **Specialized Education**, Option : **Mental Handicap**.

The concerned must carry out research work with a view to the preparation of her Master's Degree. She works under the supervision of **Dr MBEH Adolf TANYI**. Her topic is outlined as follows : *« Psychosocial impacts and socio-educational support process for war returnees».*

I would be grateful if you would receive it for research and make available all the information likely to help her in her work.

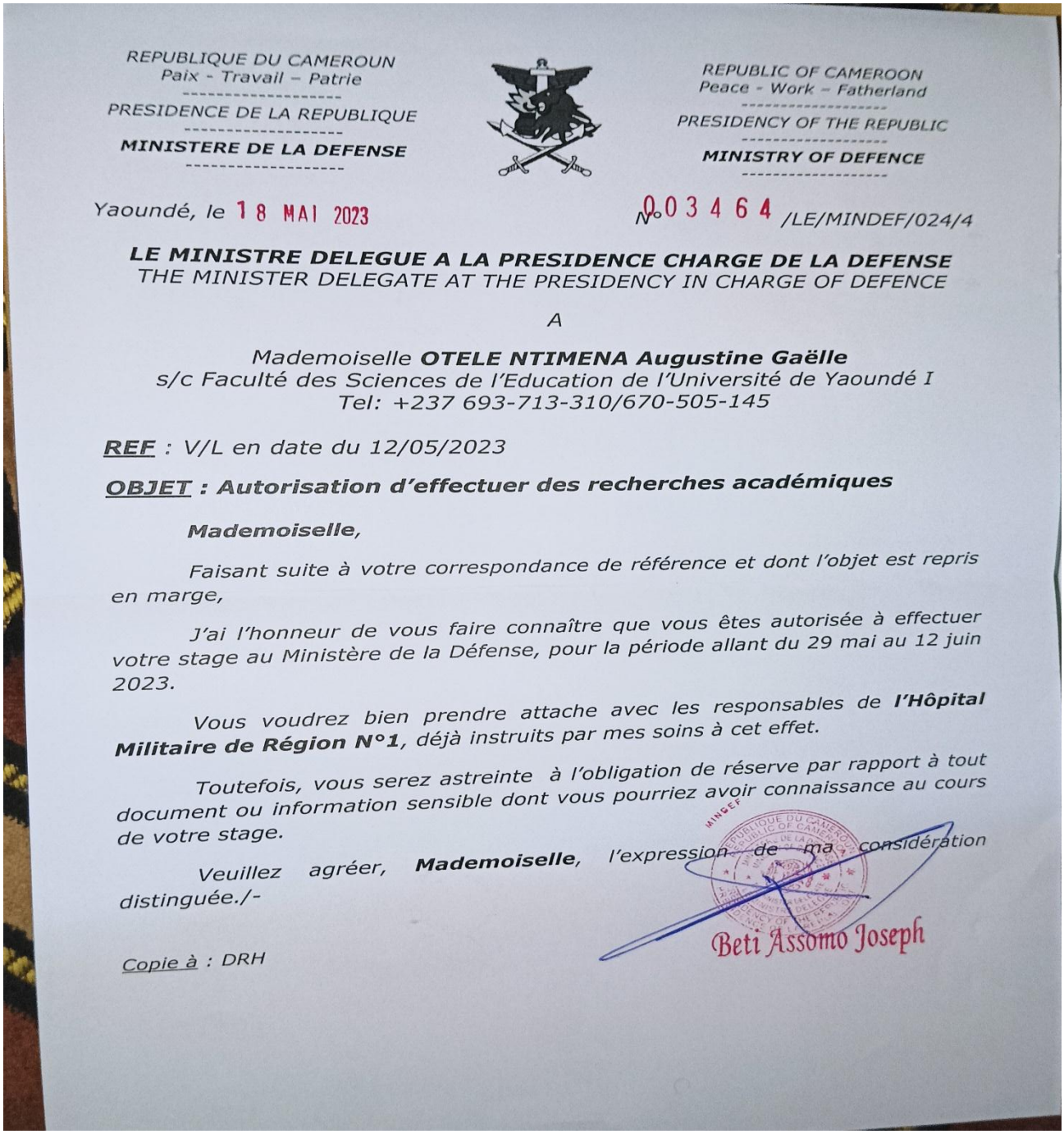
In witness whereof, this research authorization is issued to her to serve as an asset wherever needed.

Made in Yaounde, the 16 JAN 2023

For the Dean and by order

Le Vice-Doyen

ANNEX 3: Research Authorization signed by the Minister of Defense



REPUBLIQUE DU CAMEROUN
Paix - Travail – Patrie

PRESIDENCE DE LA REPUBLIQUE

MINISTERE DE LA DEFENSE

REPUBLIC OF CAMEROON
Peace - Work – Fatherland

PRESIDENCY OF THE REPUBLIC

MINISTRY OF DEFENCE

Yaoundé, le 18 MAI 2023

N°003464 /LE/MINDEF/024/4

LE MINISTRE DELEGUE A LA PRESIDENCE CHARGE DE LA DEFENSE
THE MINISTER DELEGATE AT THE PRESIDENCY IN CHARGE OF DEFENCE

A

Mademoiselle **OTELE NTIMENA Augustine Gaëlle**
s/c Faculté des Sciences de l'Education de l'Université de Yaoundé I
Tel: +237 693-713-310/670-505-145

REF : V/L en date du 12/05/2023

OBJET : Autorisation d'effectuer des recherches académiques

Mademoiselle,

Faisant suite à votre correspondance de référence et dont l'objet est repris en marge,

J'ai l'honneur de vous faire connaître que vous êtes autorisée à effectuer votre stage au Ministère de la Défense, pour la période allant du 29 mai au 12 juin 2023.

Vous voudrez bien prendre attache avec les responsables de **l'Hôpital Militaire de Région N°1**, déjà instruits par mes soins à cet effet.

Toutefois, vous serez astreinte à l'obligation de réserve par rapport à tout document ou information sensible dont vous pourriez avoir connaissance au cours de votre stage.

Veuillez agréer, **Mademoiselle**, l'expression de ma considération distinguée./-

Beti Assomo Joseph

Copie à : DRH