

# Multiple Objects Lost And Complicated Grief Among Internally Displaced Persons Of The Anglophone Crisis In Cameroon

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**Abstract**—In Cameroon, complicated grief disorder is a reality that is lived by most Internally Displaced Persons of the Anglophone crisis who still today continue to react negatively to the loss of their loved object from which they were deprived in a sudden, unprepared and tragic. The present challenge faced by IDPs as they try to resolve their grief motivated the investigator to carry out this study on: Multiple Objects Lost and Complicated Grief among Internally Displaced Persons of the Anglophone Crisis in Cameroon. One wants to understand through this investigation, the grief work or process that accounts for the maintenance of complicated grief among IDPs of the Anglophone crisis confronted with the loss of multiple objects. Regardless of individuals' passages through the grief process (Denial, Anger, Bargaining, Depression and Acceptance) of Kübler-Ross (1969), the continue to manifest persisting complicated grief symptoms (Shear and Essock, 2002) and signs as they complain of anger, constant pains, intrusive thought, frequent illnesses, etc; several years after their loss. The persisting nature of their grief in form of complicated grief reaction can be explained by the failure of the imaginary as the griever fails to positively represent the situation they are living. For an in-depth study of complicated grief in IDPs faced with multiple losses, a Clinical case study method was used for this investigation. Interviews were used to gather data from the eight (02) respondents and a thematic content analysis was used to analyse participants' narratives. The result from the eight case study of these investigations, indicated that complicated grief has a unique process with several stages which are: Resignment, Anger, Constant pains, search for meaning and Reconstruction. It is not just an obstruction (Hanus, 2006) or a stuck (Shear et al., 2011) as though by previous researcher on this phenomenon. Again, the failure of the imaginary, which comes about with IDPs' in illusion, building a defeating image of themselves was pointed out as the intervening factor obstructing the grieving process in complicated grief. To conclude, that complicated grief comes one can say that grievers' manner of grieving the loss objects and the

illusion or faces image they build for themselves when faced with that challenges of their multiple loved objects. There is thus need clinical psychological interventions diagnose and to handle this issue of complicated grief disorder at the early stage of its manifestation so as to enable IDPs to resolve their grief and free themselves from its negative symptoms.

**Keywords**—*Objects Lost, Complicated Grief, Internally Displaced Persons, Anglophone Crisis*

## RESUME

Au Cameroun, le trouble du deuil compliqué est une réalité vécue par la plupart des personnes déplacées de la crise anglophone qui, aujourd'hui encore, continuent de réagir négativement à la perte de l'objet aimé dont elles ont été privées de façon soudaine, non préparée et tragique. Le défi actuel auquel sont confrontées les personnes déplacées qui tentent de résoudre leur chagrin a motivé l'enquêteur à mener cette étude sur les objets multiples perdus et les complications qui en découlent: *Pertes Objets Multiples et Deuil Compliqué chez les Déplacés Interne de la Crise Anglophone au Cameroun*. Il s'agit de comprendre, à travers cette enquête, le travail ou le processus de deuil qui explique le maintien d'un deuil compliqué chez les personnes déplacées de la crise anglophone confrontées à la perte d'objets multiples. Indépendamment des passages des individus à travers le processus de deuil (*Déni, Colère, Négociation, Dépression et Acceptation*) de Kübler-Ross (1969), les individus continuent à manifester des symptômes persistants de deuil compliqué (Shear et Essock, 2002) et des signes comme ils se plaignent de colère, de douleurs constantes, de pensées intrusives, de maladies fréquentes, etc; plusieurs années après leur perte. La nature persistante de leur chagrin sous la forme d'une réaction compliquée peut s'expliquer par l'échec de l'imaginaire, car les personnes en deuil ne parviennent pas à représenter positivement la situation qu'elles vivent. Pour une étude approfondie du deuil compliqué chez les personnes déplacées confrontées à des pertes multiples, une méthode d'étude de cas clinique a été utilisée pour cette enquête. Des entretiens ont permis de recueillir des données auprès des huit (02) personnes interrogées

et une analyse thématique du contenu a été utilisée pour analyser les récits des participants. Les résultats des huit études de cas de cette enquête indiquent que le deuil compliqué est un processus unique comportant plusieurs étapes, à savoir : résignation, colère, constance dans la vie : *La résignation, la colère, les douleurs constantes, la recherche de sens et la reconstruction*. Il ne s'agit pas simplement d'une obstruction (Hanus, 2006) ou d'un blocage (Shear et al, 2011) comme l'ont pensé les chercheurs précédents sur ce phénomène. Une fois de plus, l'échec de l'imaginaire, qui survient lorsque les PDI dans l'illusion construisent une image défaitiste d'eux-mêmes, a été désigné comme le facteur d'intervention qui entrave le processus de deuil dans les cas de deuil compliqué. En conclusion, on peut dire que le deuil compliqué vient de la manière dont les personnes en deuil font le deuil des objets perdus et de l'illusion ou de l'image qu'elles se construisent lorsqu'elles sont confrontées aux défis posés par les multiples objets aimés. Des interventions psychologiques cliniques sont donc nécessaires pour diagnostiquer et traiter le problème du deuil compliqué dès les premières phases de sa manifestation, afin de permettre aux personnes déplacées de résoudre leur deuil et de se libérer de ses symptômes négatifs.

**Mots clés :** *Perte d'objets, Deuil Compliqué, Déplacées Internes, Crise Anglophone*

## INTRODUCTION

An estimated 10–20% of bereaved people develop the painful and debilitating syndrome of complicated grief (CG), which is characterised by intense intrusive thoughts, pangs of severe emotion, distressing yearnings, feeling excessively alone and empty, excessively avoiding tasks reminiscent of the deceased, unusual sleep disturbances, and maladaptive levels of loss of interest in personal activities (Horowitz et al, 1997). Complicated grief is seen as an obstruction of the grief process is “a state in which complications impede healing after a loss and leads to a period of prolong and intensified acute grief” (Shear et al., 2011). It is also regarded in term of “stuck” in the grief process a “a grief characterized by a blockage of the grief work, with prolongation of the depressive phase, stress reactions (with the possibility of serious psychosomatic manifestations) and particularly frequent suicidal acts” (Hanus, 2006). Complicated grief is thus a term used to describe unresolved, chronic grief, or grief that is delayed. People at risk of developing complicated grief (Simon, 2013) are those whose losses or separation from the loved object took place in a sudden, unprepared and tragic as is the case of Internally Displaced persons (IDPs) of the Anglophone crisis in Cameroon.

Cameroon since 2016 has been experiencing an increasing number of Internally Displaced Persons (IDPs) of the Anglophone crisis who are facing difficulties in adjusting and adapting after the multiples losses (Kouagheu, 2019) and some have developed

grief complications as a result of their unresolved grief. Most IDPs in a sudden, unprepared and tragic manner lost all what they had labour for in life as well as their area of habitation which constitute of a bitter pill difficult to be swallowed and digested for a short while. Most lost their means of survival, and most of their over invested loved objects and are forced to begin at fresh, from zero. Also, even in the host areas after their escape and being in safety, IDPs still complaint of frequent poor health and vulnerability to illnesses; of being in constant pains arising from their intrusive and uncomfortable thoughts about their multiple losses and always being in a state of hyper vigilance as they are afraid of an been attacked or in an eventual eruption of war in their area of rescue when they heard a loud noise.

This constant complain of some Anglophone IDPs several years after the lost, encouraged one to investigate on complicated grief disorder as most of them indicated symptoms of unresolved grief, as a result of persisting signs of complicated grief (Horowitz et al, 1997; Shear et al, 2011). Complicated grief is a disorder which comes about as a stuck (Shear et al., 2011) or an obstruction (Hanus, 2006) in normal grief process (Kübler-Ross, 1969). To Freud (1917), this grief complications found in melancholia mourning comes as a result of intervening factors obstructing the healing process, especially in depressive situation where the self-impooverished and empty with the loss of the lost object refuse to disinvest the libidinal energy so as to resolve their grief. Bowlby (1969;1973; 1980) explaining complicated grief in children in terms to come about based from insecure grieving styles of the infant as they lack trust in their caregiver and develop either a resistance grieving style where the refuse to let go the loved object or avoidant attachment where they avoid to show their emotion by suppressing it. All this prevent infant from detaching from the loss object, leading to unresolved or complicated grief reactions.

From the previous literature review, one realised that most studies on loss and grief mostly focused on death-related losses (Craig et al., 2008; Mgbwa, 2009; Nickerson, 2014; Heeke et al., 2017; Chukwuorji et al., 2018; Tay et al., 2019; Comtesse and Rosner, 2019; Steil et al., 2019; Canales, 2019; Bryant et al., 2020) while non-death related losses as the losses of a place of habitation, houses, community life, farm, etc are rarely investigated as is the case of this present research study. In a context where material losses are less valued and disenfranchised; where people are judged as materialistic if they are found grieving non-death related losses; this study is very important to put to light the necessity of grieving any loss object to which one is attached, be it a thing, an ideal, etc (Freud, 1917; Bowlby, 1973). For refusal or neglect of acknowledging the loss of an object to which have created bonds, does not prevents its negative effects effect on the griever as it come in form of complicated grief reactions.

Most of the studies on complicated grief disorders focused more in defining the criteria its identification (Horowitz, 1997; Prigerson et al., 2008; Shear et al., 2011) while other were interested in endogenous factors which obstruct the healing process of the griever experiencing complicated grief disorder (Craig et al., 2008; Ngbwa, 2009; Nickerson, 2014; Heeke et al., 2017; Chukwuorji et al., 2018; Tay et.al., 2019; Comtesse and Rosner, 2019; Steil et.al., 2019; Canales, 2019; Bryant et al., 2020); but no study was interested in investigating on the grieving process that leads to complicated grief nor the unconscious psychic factors which could alter its course as is the focus of this research study.

Theoretically, individual faced with the loss of objects of love, are supposed to resolve their grief within the first six months (Horowitz, 1997; Shear et al., 2011) by disinvesting the libidinal from the loss object to reinvest it (Freud, 1917); or detaching from the loved object and forming new bond or attachments (Bowlby, 1973). In case of failure of withdrawing the libidinal energy or detaching from the loss loved object, individuals develop complicated grief disorders which can be expressed in the form of delay, chronic or mask grief. Kübler-Ross (1969) lay more emphasis of the grief process which the griever most undergo for them to totally withdraw their libidinal energy from the object to which they were attached as they process their loss through various grief reaction: Denial, Anger, Bargaining, Depression and Acceptance. But with the present case of IDPs diagnosed with complicated grief disorder (Shear and Essock, 2002), there still showing signs of persisting symptoms of complicate grief regardless of them processing their grief as indicated by Kübler-Ross (1969) theory. They still complain of sleep disturbances, constant pains, intrusive thoughts, and illnesses such as headache, nerves and tension problem as well as stomach pains.

The failure of Kübler-Ross (1969) grief process to resolve IDPs grief as they continue to manifest signs of complicated grief is seen by the research based on the preliminary interviews to come about a failure of mentalization most especially the failure of the imaginary in the grieving process. The inability of griever to mentally represent their real self after the loss is what in one's opinion is obstructing their healing process. Following the theory of Lacan (1949) on the imaginary, he explains that individual at the mirror stage learn how to appreciate themselves based on the regards of the society which he calls the Big Order. Individual looking themselves in the mirror identify themselves either with the fantastic and complete image of themselves which are satisfied with or the reject the incomplete and fragmented image of themselves with which they are unsatisfied with. The grievers of the Anglophone crisis built their self-image on the material possession which made them to be self-satisfied with this glorious image are now oblige to suffer from a defeating image of themselves which came about as a result of their losses as they are now

identified as Internally Displaced Persons, a name which evokes pity, and makes them to be seen as beggar and people in need of help. This is a situation they are not able to deal with, as they have loss of previous their social statues which collapsed with the loss of their wealth and are now identified with a defeating self-image. In the their struggle to heal from their grief, IDP diagnosed with complicated grief disorder have developed an illusion of their real image by developing a victim self-image as they continue to see themselves as victims of the Anglophone crisis. This has made them to unconsciously enter into the victim triangle of Oppressor, Victim and Saviour (Karpman, 2007). The oppressor been the event or people who made them to loss their loved object, them being the victims and the various benefactors and humanitarian organisation being the saviours. They as thus trapped in to the position of victim where they throw blames rather than taking concrete steps to resolve their grief.

## METHODOLOGY

This investigation is making used of the clinical method, a qualitative research strategy where case study are used. The clinical case study is used here for data collection as it enable one to have an in-depth understanding of the grieving process in complicated grief as well as the intervening factors. Again, interview are used to collect data from respondents and thematic content analysis used to analysed the qualitative data as is a non-numerical data which can help for the interpretation of verbal and non-verbal narratives as is the case for this study.

### 1) Participants' Selection Criteria

Participants of this study where chosen based on their score on the brief grief complicated questionnaire of Shear and Essock (2002). Only two respondents who had a score of more than five on 10 (5/10) on the questionnaire were selected. Again they showed signs of persistent acute grief symptoms more than 6 months and even four years after their loss, indicating the signs of persisting grief symptoms and unresolved grief (Miller, 2012). These persisting grief symptoms IDPs complained of are: persistent and constant pains; intrusive thought and questioning; slept perturbation; constant health complains after the loss (headache, stomachache, tension, etc); constant bitterness whenever they think about the loss; comorbid behaviour, desire to commit suicide, etc. Again, participants to this investigation are individuals who have loss multiple non-death related losses in the war and are now living in hardship in the host areas. Added to these selection criteria, respondents selected for this investigation are only those who have freely agree to participated to this research by signing the informed consent.

Based on this selection criteria, two individuals who fit with this descriptions where selected for this investigation: Suzanne a woman of 63 years who loss her house and farm land and is now depending on her daughter for survival; and Tani, a man of 80 years

who also lost all he had as house and farm, and money and is now living in open air with his family. Both had a score of more than 5 on the complicated grief questionnaire, indicating the presence of complicated grief disorder. Suzanne had a score of nine on ten (9/10) and Tani, seven on ten (7/10). Again they have persisting symptoms of grief four years after their losses as they continue to complain of the negative consequences of their losses.

## 2) Presentation of Participants of the study

### ❖ Case study one: Suzanne

*Suzanne is a Bayange woman of 63 years who single handedly brought up her four sons after the death of her husband. Her house not far from the tollgate which she built alone from the sweat her hard labour was seized and she was sent away as the soldiers thought it was not secure for her to live there due to constant shooting in that area. She was a great and renowned farmer in her area with several farms cropped with cocoa, plantain etc. Her very good cultivation skill made her to earn the great name of "Mami Forest". With the outbreak of the war, she lost everything, her farm, house and status. She had to flee and come to Yaounde where she lives with her daughter, her son in-law and her grandchildren in a one bedroom house. She sleeps on the floor in this one bedroom house and depend on her daughter and son in-law finances. This is a situation which greatly pains her as she can accept the fact that her daughter whom she usually care for and financed is now the one taking care of her. She can stop asking herself why God did not leave her to harvest the fruit of her labour after so much suffering she crossed in life.*

### ❖ Case study one: Tani

*Tanis is a man of 80 years from Momo who lost his parents at tender age and had to be brought up by a kinsmen. He was a broom seller and farm in his homeland. This enable him to raise finances to build his house and raise his family. With is outbreak of the war, he lost his house and everything and even the forty thousand he took along to go and resettle with is family, he had to give it to the Amba who threaten to kill him to as to save his life. Today, he lives in open air, sleeping on a veranda with his wife and seven children due to his inability to pay his rents. He sometime feed from the food from garbage as his children pick food from dustbins when they have nothing to eat. He sees himself today as a dog who has nothing and is loitering around. The present situation where he totally depends on his wife and has no energy as he is 80 years today, makes him to think too much as he keeps on saying as he pains as he cannot meet the needs of his family. He keep on saying he is just staying waiting for his day to come.*

Following the qualitative clinical research method one relying on IDPs narratives came up with several findings on complicated grief process.

## RESULTS OF THE FINDINGS

The results of this investigation is presented in two angles, first following the finding from the IDPs narration which indicated the failure of the imaginary which led to their present grief disorder and then the grievers manner of grieving the lost object is also looked into as one thinks there is a distinct grieving process that leads to complicated grief disorder.

### 1) Failure of the imaginary in IDP and Complicated grief

Studying the complicated grief process in the two IDPs diagnosed with complicated grief process, one was able to find out how the failure of the imaginary interferes with grievers' healing process as well as observed a distinct grieving process for complicated grief which is not just a stuck or obstruction in the normal grieving process as thought by previous researchers (Hanus, 2006; Shear et al, 2011). Their self-image have change from a presence the glorious and fantastic self-image they had for themselves to an incomplete image of themselves which they are unable to accept. This can be seen in the narration of respondents to this research whose image themselves and change negatively, beyond what the planned for their lives.

The IDPs are suffering from a drastical change of their life condition and status which is making them to identify themselves with the defeating self-image of victims (Lacan, 1949). The fact that his crisis took them suddenly without any preparedness, wiped out their means of survival, and make them to be identified with a defeating self-image of internally displaced persons is something the find it difficult to accept. Suzanne who was a renowned person he area of habitation was even nicknamed by villagers as "mami" forest can belief her that she lost all her life labour in the twinkle of an eye and is now depending on her daughter whom she was financings for means of survival. Also, Tani, cannot resolve his grief still today as he continue to face the consequences of his losses. He has no shelter as he sleeps on the veranda with his family him who had a house and was providing for his family in his homeland. This is really acceptable to him as he embark into too much thinking. This makes him to see himself in a very defeating way as a dog who has nothing.

The IDPs continue to have difficulties resolving their grief as they have developed a victim image of themselves faced with their loss of control or omnipotence over their life even. By so doing, they have thus entered the vicious cycle of the victim triangle of oppressor, victim and Saviour (Karpman, 2007). Here, the see life and the present crisis as the oppressor which took everything and cannot stop been angry and blaming those responsible for their misfortune. Suzanne express her defeating self believes of been a victim as she continue to ask why God did not allowed her to harvest the fruit of her labour after all what she suffered in life. Also, Tani, express his victim position not only by comparing

himself to be a dog but also by idealizing death as he says he is waiting for his day to come.

This victim perception of self employed by Suzanne and Tani, indicated the failure of mentalization, that is, the imaginary as in an illusion they develop a false image stay in anger which makes them persist in unresolved grief and complicated grief disorder. They are in as state of learned helplessness (Seligman, 1972) where they have given up struggling to better their life and arrive at a post-war growth.

## 2) Complicated Grief Process in IDPs

Studying the grief process of IDPs diagnosed with complicated grief disorder (Shear and Essock, 2002) as they explained their various responses in try to resolve their grief and eradicated the complicated reactions to the loss of their loved objects, one realised that complicated grief had as distinct grieving process. It is not just a stuck or obstruction in the normal grieving process which leads to complicated grief reactions (Hanus, 2006 ; Shear et al., 2011), but individual with complicated grief disorder have a unique manner of responding to the loss which leads to various form of complicated grief disorder as prolong, chronic, absent grief, etc (Lemperière, 1997).

Investigating IDPs manner of grieving on realised contrary to the grieving process proposed by Kübler-Ross (1969) (*Denial, Anger, Bargaining, Depression, and Acceptance*) which could enable them totally eradicated the persisting grief symptoms, they are different manner of grieving which favours the emergence of complicated grief. The IDPs complicated grief process is as follows: *Resignment, Anger, Constant pains, search for meaning and Reconstruction*.

**Resignment:** At the first stage of complicated grief disorder as observe in the IDP's grieving process is resignation instead of acceptance. The IDPs, after experiencing various life events which they had little or no control over it, have fall in a state of learned helplessness where they are demotivated and find no reason to fight against present and future challenges. They give up fighting or set new goal for survival purposes as they see themselves obliged to work so as to meet up their physiological or financial need and do it unwillingly. At such, they are living just to survive as they have no choice and not because they find life interesting to live. Suzanne express her resignation in her narration when she says she is just filling her stomach in Yaounde, she is not eating. Tani, says he is just waiting for his day to come. All this express their discouragement and the fact that they have given up on life. They are in a stated of learned helplessness and find no reason fighting again (Seligman, 1972).

**Anger:** The IDPs diagnosed with complicated grief dwell in anger and blames as they remain trapped in the vicious cycle of the victim triangle (2007). They continue to see life and the crisis as and oppressor. Suzanne cannot stop herself from expressing her

pains staying with an unanswered question of why God did not allow her to harvest the fruit of her labour after her great sufferings. Tani's anger is directed towards life as he finds live unfair to him. He sees himself been oblige at 80 years to start back from Zero without any physical energy to do so.

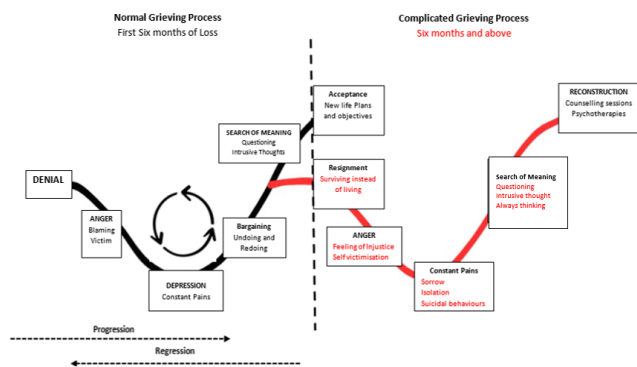
**Constant pains:** Most of the IDPs are having constant pain which according to Suzanne can never leave them. She surprisingly as the question during her narration if these pains will ever go. This pains is coming from their permanent nonfinite grief of the loss of their life plans and trajectory in life. From glorious status in their homeland and financial autonomy, they have lost everything and are now identified with a defeating name IDP, which evokes pity and make people to see them as beggars and people in need of help. This shift of self-image is a constant pain that obstruct their grief resolution.

**Search for meaning:** The respondents to this study find themselves blocked in the search of meaning as the have irrational beliefs and assumptions about their loss event which pushes them to complicated grief process rather than the normal grief process. Suzanne has the irrational belief that due to the fact that she has had a lot of life challenges and suffering in life, God was not going to make her experience challenges of the Anglophone crisis where she lost most of her objects of value. She is thus trapped with the unanswered question of why. Tani on the other hand is trapped in a state of meaninglessness as he cannot provide a shelter for himself and his family. As he is finding no solution to his present situation, is trapped in too much thinking.

**Reconstruction:** Contrary to individual who suffer from normal grief and can resolve their grief themselves and adjust to their loss by accepting their loss, fitting it in their life script and moving on with their lives, those diagnosed with complicated grief cannot reconstruct their life after a loss without the help of a grief therapies. The need a psychologist to be able to challenge and confront their irrational beliefs, bring to light the unconscious grief process for them to resolve their grief. As such, the need cognitive behavioural therapies (Ellis, 2004) and psychoanalytic therapy of free association and confrontation (Corey, 2011) to be able to heal from their loss and bounce back to continue their life.

Complicated grief process is represented in the diagramme below.

**Figure 1: NORMAL TO COMPLICATED GRIEF PROCESS**



**DISCUSSION**

This study as one of the pioneer studies investigating on complication in grief as a result of the failure of the imaginary, tries to express the fact that the deficiency in mentally representing oneself after a loss of the illusion-self is one of the factors interfering with grief resolution and the eventual development of complicated grief disorder. This study in line with the Lacan (1949) negative view of illusion to alter the individual perception and interpretation, it prove the fact that individual who have not been able to identify and accept their real self-image are most like to develop disorders as they wallow in illusion of themselves and an build false interpretation of the what really is.

Following Lacan's (1949) idea of illusion or fantasies been used by individuals as they prefer to identify themselves with the social image given to them by the society, in this case the big order, people with the arose of the war and their displacement have seen this mask the build for themselves fall off living space to their real self, an image they are not willing to accept. So they have thus in a defensive way, build a new alienated image of themselves from their defeating self-perception, where they see themselves as victim, denying to accept their real-self on which they could build a healthy self-image to resolve their grief.

Still faced with the discovery of their real-self which has nothing to do with the material things one possess, IDPs instead of building from this image, prefer victimising themselves as they construct a new illusion of themselves to be victims of the their loss event as already presented by Karpman (2007). Their victim position in perceiving what happened to them prevents them from responsibly taking action to resolve their grief by withdrawing their libidinal energy from their multiple lost object and reinvesting in new life project where they can create new and even better means of survival.

As already explained by Seligman (1972), individuals who have known a lot of misfortune or failures loss the zeal of trying again as they are in a state of learned helplessness where the belief to have no control over their life challenges. This is the case of

most of the respondents of this research who have given up fighting to better their lives as in their narration, they say they are obliged to work to have something for their survival. As explained by Lucy, if I do not work, what will I give to my mother and grand children when they begin to cry and ask for food? I have no choice but to work. Tani also express his helplessness by saying he is just there waiting for his day to come. All these express IDPs discouragement as they continue to stay in their victim positions.

Thus to challenge this belief system of IDPs seeing of as a victim, the need a cognitive behavioural therapy, most especially the Rational Emotive Behavioural Therapy (REBT) (Ellis, 2004) to confront their irrational belief about themselves and accept their real-self which is who they are and not what they have or possess. Individual for a grief resolution and total eradication of complicated grief symptom need to accept their real-self and reject any illusion of themselves except in case of ideal-self where the consciously decide to become the best version of themselves. Just stipulated by Lacan (1949), IDPs most move from an illusion self-perception or imaginary image of themselves to the conscious acceptance of their real self which is who they are without any subjective interpretation of their personal world or reality.

Lastly the stuck in grief of IDPs suffering from unresolved grief is due to their complicated manner in resolving their grief as they process their grief through the different stages of complicated grief disorder: *Resignment, Anger, Constant pains, search for meaning and Reconstruction*. Their complicated grief process filled with a lot of subjective irrational beliefs make them to be oblige to be able to resolve their grief only with the grief therapist who will help them challenge their beliefs and replace them with more healthy and rational once (Ellis, 2004). This study contrary to that of Kübler-Ross (1969) which proposed a normal grief process, is more related to that of Bowlby's study insecure manner individual grief their loss based on their internal working model of the mental representation of the trust they have in the caregiver which shapes their grieving process throughout life. With the complicated grieving process of grieving manifested by griever diagnosed with complicated grief, one can then understand that even though all the IDPs faced the loss, only those who were able to follow the normal process of grief effectively to adjust to their loss could be able to resolve their grief. Those who employed a complicated grieving style could not resolve their grief and are the one's suffering from persistent signs of unresolved grief indicated in their complicated grief reactions. They thus need psychologists to be able to reconstruct rational beliefs and also to build a self-concept from their real self-image.

## CONCLUSION

This study set out to study the grief process in IDPs who were suffering from complicated grief process as the continued to complain of constant pains, sleep perturbation, night-time thinking, intrusive thoughts, illnesses, etc. The failure of the imaginary was pointed out as the main element interfering with the IDPs grieving process. By the imaginary, here, taking into consideration Lacan's (1949) explanation of the mirror stage and later the imaginary stage, one was able to get from IDPs narrations the illusion the built of their self-concept which was shattered by the war living them with as defeating self-concept where they identify themselves as victims of their lost event. This false image the developed to interpret their multiple loss event, only worsen the already their condition as the entered into the vicious cycle of the victim triangle (Karpman, 2007), which left them in a state of helplessness as they gave up fighting to better their lives. The failure of mentally representing their situation as they in their subjective belief develop an false image of themselves faced with their loss event is thus they main factor obstructing their grief resolution and making them to develop complicated grief disorder. Again, their complicated manner of processing their loss (*Resignment, Anger, Constant pains, search for meaning and Reconstruction*) is also seen as the main element making them to be stuck in in the grief process as they remain blocked in their irrational beliefs about themselves and the events they experience in life. There is thus need for specialized grief therapies to help IDPs suffering from complicated grief disorder to reconstruct their life after the loss by developing healthy rational beliefs about their events and challenges and building a healthy self-concept from the real self-image so as to resolve their grief and totally eradicated complicated grief symptoms.

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