TRAUMA EXPERIENCES OF EX-COMBATTEES

by

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Promoter: Prof. SD Edwards

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Declaration

I hereby declare that this thesis is my own unaided work. It is being submitted for the degree of Philosophiae Doctor (Community Psychology) at the University of Zululand. It has not been submitted before for any degree or examination at any other university.

Ingrid Magatisa Mathwa
Acknowledgements

I honestly express my gratitude to the following people for the contribution they have made in the completion of this thesis:

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This work would not have been accomplished without the strength provided by the ALMIGHTY GOD, to whom I am eternally grateful.
Abstract

A number of ex-combattees in South Africa have been faced with several problems covering socioeconomic to psychological difficulties since they returned to the country. Many of them are apparently stressed, but the unemployed ones seem to be the most affected. They are found mainly in trauma clinics in South Africa. However, no study has been undertaken to determine their various specific problems. This is the first formal study which explores the ex-combattees.

The intention of this research was to explore the experiences of ex-combattees in the Gauteng Province using a phenomenological approach. The violent conflicts of South Africa’s liberation struggle left many ex-combattees with post-traumatic stress disorders. While various governmental and non-governmental organisations have offered trauma counselling and various other forms of support for ex-combattees, many have not re-integrated into society. Some live without dignity in situations of extreme poverty and social dislocation or become involved in violent crime as well as ongoing political and social instability in the communities where they reside. As part of an ongoing trauma counselling programme, this research explicated narrations from ex-combattees with regard to their experiences and solutions to their problems in terms of a model, which included psycho-social support, skills development, economic empowerment, education, training, job placement and small business development.
The unemployed ex-combattees feel sold out by their comrades, and some of them have lost trust in the government. Some of their families members do not believe that they were at equal levels with the ones who were placed in government posts and in the army. They have some suspicions that their unemployed ex-combattee family members contributed to the struggle in the same way as they explained. Some frictions have emerged between the ex-combattees and their families, as well as between ex-combattees and communities in which they live.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>ANC</td>
<td>African National Congress</td>
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<td>APLA</td>
<td>Azanian People Liberation Association</td>
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<td>BMW</td>
<td>Bonteheuwal Military Wing</td>
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<td>CBA</td>
<td>Community-Based Approach</td>
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<td>CBO</td>
<td>Community-Based Organisations</td>
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<td>CSVR</td>
<td>Centre for the Study of Violence and Reconciliation</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>DSM IV</td>
<td>Diagnostic and Statistical Manual of Mental Disorders</td>
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<td>IFP</td>
<td>Inkatha Freedom Party</td>
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<td>PTS</td>
<td>Post Traumatic Stress</td>
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<td>MK</td>
<td>Umkhonto we Sizwe</td>
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<td>MVA</td>
<td>Military Veteran Association</td>
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<td>NGO</td>
<td>Non-Governmental Organizations</td>
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<td>PAC</td>
<td>Pan African Congress</td>
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<td>PLAN</td>
<td>People’s Liberation Army of Namibia</td>
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<tr>
<td>PTG</td>
<td>Post Traumatic Gazette</td>
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<tr>
<td>PTSD</td>
<td>Post Traumatic Stress Disorder</td>
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<tr>
<td>SANDF</td>
<td>South African National Defence Force</td>
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<td>SAPS</td>
<td>South African Police Services</td>
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<td>SAVA</td>
<td>South African Veteran Association</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>SDU</td>
<td>Self-Defence Unit</td>
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<tr>
<td>SWATF</td>
<td>South West African Territorial Force</td>
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<tr>
<td>TV</td>
<td>Television</td>
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<td>TPO</td>
<td>Trans-cultural psychosocial organisation</td>
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<td>TRC</td>
<td>Truth and Reconciliation Commission</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
Table of Contents

Declaration .................................................................................................................. ii

Acknowledgements .................................................................................................. iii

Abstract .................................................................................................................. iv

List of Abbreviations used in the Thesis .................................................................. vi

CHAPTER I: RATIONALE FOR UNDERTAKING THE STUDY ............................. 1

1.1 Introduction .......................................................................................................... 1

1.2 Characterisation of Ex-Combattees .................................................................. 2

1.3 Explanation of Trauma ...................................................................................... 3

1.4 Reasons for Choosing the Topic ......................................................................... 4

1.5. Aim and Objectives of the Study .................................................................. 6

1.6 Methodology and Design .................................................................................. 6

1.7 Limitations .......................................................................................................... 8

1.8 Anticipated Benefits ......................................................................................... 9

1.9 Layout of the Chapters ..................................................................................... 10
CHAPTER 2: LITERATURE REVIEW

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Introduction</td>
<td>12</td>
</tr>
<tr>
<td>2.2 The Process of Repression</td>
<td>12</td>
</tr>
<tr>
<td>2.3 Psychosocial Interventions</td>
<td>15</td>
</tr>
<tr>
<td>2.3.1 Reintegration backlogs</td>
<td>16</td>
</tr>
<tr>
<td>2.3.2 Experiences during post-apartheid era</td>
<td>17</td>
</tr>
<tr>
<td>2.3.3 Analogy with international conflicts</td>
<td>18</td>
</tr>
<tr>
<td>2.4 Stress-Related Frustrations</td>
<td>19</td>
</tr>
<tr>
<td>2.4.1 Recollection of traumatizing events</td>
<td>19</td>
</tr>
<tr>
<td>2.4.2 Stigmatisation</td>
<td>20</td>
</tr>
<tr>
<td>2.4.3 Recognition</td>
<td>20</td>
</tr>
<tr>
<td>2.4.4 Betrayal and Disappointment</td>
<td>21</td>
</tr>
<tr>
<td>2.4.5 A glimpse of hope</td>
<td>21</td>
</tr>
<tr>
<td>2.4.6 Desire to live civilian life</td>
<td>22</td>
</tr>
<tr>
<td>2.4.7 Programmes for incorporation into society</td>
<td>24</td>
</tr>
<tr>
<td>2.4.8 Acrimonious mental state</td>
<td>25</td>
</tr>
<tr>
<td>2.5 Sad Anecdote of an Ex-Combattee</td>
<td>25</td>
</tr>
<tr>
<td>2.6 Statistics of Sufferers</td>
<td>27</td>
</tr>
<tr>
<td>2.7 Combat-Related PTSD</td>
<td>28</td>
</tr>
<tr>
<td>2.7.1 Effects of cross-border raids</td>
<td>28</td>
</tr>
<tr>
<td>2.7.2 Memories for the deceased</td>
<td>30</td>
</tr>
<tr>
<td>2.7.3 Related studies</td>
<td>31</td>
</tr>
<tr>
<td>2.8 Treatment of Family Members of the Ex-Combattee</td>
<td>32</td>
</tr>
<tr>
<td>2.8.1 Knowledge as a tool for recovery</td>
<td>32</td>
</tr>
<tr>
<td>2.8.2 Vicious cycle</td>
<td>33</td>
</tr>
<tr>
<td>2.8.3 Denial and numbness</td>
<td>34</td>
</tr>
</tbody>
</table>
2.8.4 Family recovery

2.9 PTSD and Relationships

2.9.1 Effects of trauma in relationships

2.9.2 Trauma impact on families

2.9.3 Trauma effect

2.9.4 Numbness through trauma

2.9.5 Vulnerability to PTSD

2.9.6 Possibilities for survivors

2.10 Outlook on War Trauma

2.10.1 South African perspectives on war trauma

2.10.2 Namibian perspectives on war trauma

2.10.3 Former Yugoslavia

2.10.4 Colombia

2.10.5 Into Africa

2.10.6 South African Veterans Perceived Doom

2.11 Transcultural Psychosocial Organization (TPO)

2.11.1 Characterisation of TPO

2.11.2 Mental disorders

2.11.3 Psychological problems

2.11.4 Indigenous treatment of PTSD

2.12 Psycho-Social Consequences of War and Violence

2.12.1 Effects of violence

2.12.2 Past deficient counselling

2.12.3 Security after war

2.13 Community-Based Approach

2.13.1 Signification of community-based approach

2.13.2 Why is a community-based approach the preferred treatment?
CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction ........................................................................................................ 74

3.2. Sampling Design ................................................................................................. 74

3.2.1. Research type.................................................................................................. 74
3.2.2. Rationale behind use of phenomenology ....................................................... 75
3.2.3. Population and sample .................................................................................... 76
3.2.3. Sampling methods ......................................................................................... 76

3.3. Research Design .................................................................................................. 78

3.3.1. Study coverage ............................................................................................... 78
3.3.2. Instrumentation .............................................................................................. 78

3.4. Data Collection ..................................................................................................... 79

3.4.1. Data gathering methods ............................................................................... 79
3.4.2. Persons involved ............................................................................................ 80
3.4.3. Data gathering management ......................................................................... 80
3.4.4. Duration of data collection exercise ............................................................... 81

3.5. Data Analysis ......................................................................................................... 81

3.5.1. Data analysis methods .................................................................................... 81
5.2.4 Sense of entitlement ................................................................. 105
5.2.5 Relationships ........................................................................ 106
5.2.6 Support .................................................................................. 106
5.2.7 Discrimination ....................................................................... 107
5.2.8 Desperation and frustration .................................................... 107
5.2.9 Danger and violence .............................................................. 108
5.2.10 Anger and aggression ............................................................ 108
5.2.11 Unemployment .................................................................... 109
5.2.12 Deteriorating conditions ...................................................... 109
5.2.13 Unwillingness by government ................................................. 109
5.2.14 Needs of family members of the ex-combatants .................. 110
5.2.15 Lack of opportunities .......................................................... 110
5.2.16 Lack of qualifications .......................................................... 111
5.2.17 HIV/AIDS ............................................................................ 111
5.2.18 Substance abuse .................................................................. 111
5.2.19 Counseling ........................................................................... 112
5.2.20 PTSD .................................................................................... 112
5.2.21 Lost trust in government ....................................................... 113
5.2.22 Ex-combatants’ needs ............................................................ 113
5.2.23 Re-integration ....................................................................... 114
5.2.24 Veterans associations ............................................................ 114
5.2.25 Group sessions ..................................................................... 114
5.2.26 Community involvement ...................................................... 115
5.2.27 Sustainability of programmes ............................................... 115
5.2.28 Assessment of needs ............................................................ 116

5.3 Conclusion ................................................................................ 116
5.3.1 Wrapping up .......................................................................... 116
5.3.2 Shortcomings of the role players ............................................ 118
5.4 Recommendations .......................................................................................... 118

5.4.1 Recommendations for ex-combattec support ...................................... 119

5.4.2. Recommendations for further research .............................................. 120

5.5 Finale ............................................................................................................. 120

References ......................................................................................................... 121
CHAPTER 1: RATIONALE FOR UNDERTAKING THE STUDY

1.1 Introduction

Before the country’s first democratic election in 1994, a substantial number of South Africans were members of armed formations as well as participants in violent conflict in pursuit of liberation for the country and its people. Many became soldiers compromising their initially preferred careers. They had hoped to become respected citizen and were under the impression that they would be placed first when rewards of jobs and wealth were distributed. Due to the prolonged resistance of the apartheid regime, the soldiers became trapped in the army, and were hopeful to be placed in the now South African National Defence Force (SANDF). For some this was not to be. Currently, many former soldiers cannot be located. Questions that emerged include, “How did their previous roles as combattees impact on their current-day lives?” and “What challenges does this impact impose on individuals, communities and societies emerging from violent conflict?”

Societies in transition are faced with unenviable challenges on economic, psychosocial and political fronts. They struggle with the legacies of the past, and attempt to transform institutions, repair damaged relationships and develop economically. In South Africa the struggles of the past make it difficult for the people to move forward. South Africa is faced with the challenges of transforming the ways of thinking of many people. And those who were oppressed often feel disgruntled at the slow pace of change. Efforts made to attain reconciliation and justice thus become paramount. Ex-combattees’ proximity to the
preceding conflict, and the shifts required of them with the onset of peace (Willet, 1998) could be considered to represent the complex transition facing society.

1.2 Characterisation of Ex-Combattees

The violent conflicts of South Africa’s recent history saw people drawn into numerous armed formations, and different situations within these, giving rise to a vast and varied ex-combattees population. This can be divided into the former fighters of the liberation movements, namely the African National Congress (ANC) and the Pan African Congress (PAC). These liberation movements were denied any rights in the country, and had to engage in the armed struggle because of the oppression of black citizens. Each of these groups had military wings who suffered a wide range of experiences in their attempts to fight for liberation. The ANC’s military wing, Umkhonto we Sizwe (MK) and the PAC’s military wing, Azanian People Liberation Association (APLA) for example, were compelled to operate from exile.

Defining the meaning of being an ex-combattee is a contested area, even among the former soldiers themselves. This is due to the fact that a number of people who did not go into exile also participated in the conflict. Processes involving former soldiers in the post-conflict era can give rise to other conflicts. One example of this has been the formal programme of integrating various former armed forces into the SANDF, a process that began in 1994. Tensions have been reported between members: for instance between MK members who spent a long time in exile, and others who were locally based in self-defence structures.
Some ex-MK members have transitioned into the new South Africa with relative ease and opportunity. Many others however, found it extremely difficult and face obstacles that represent a mix of the effects of past experiences, where they have difficulty in building new lives for themselves in civilian society. They experience a fundamental break in the way they understand themselves in relation to how they are understood by others. The major problem with many of the ex-combattees who were in exile is that they believe that they deserved to be given first preference in the country. They suffered while in exile, and they suffer more if they are not rewarded by government. When they do not get jobs they believe that they suffer multiple anguishes, the main ones being one from the apartheid government and another from the democratic government.

1.3 Explanation of Trauma

A traumatic situation is one where the person experiences or witnesses an event that involves actual or threatened death or serious injury (Black, 1997). The traumatised person’s response involves intense fear, helplessness and/or horror. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection and meaning. Consequently, a traumatised person tends to lose strength and self-control and sometimes becomes hopeless and in extremely severe cases may even want to commit suicide. Trauma may lead the victim to either know or believe that s/he or other people in the situation were in danger of being injured or killed. Traumatic events confront human beings with the extremities of powerlessness and terror.
The DSM-IV (1994) explains Post Traumatic Stress Disorder (PTSD) as follows:

- The person has been exposed to a traumatic event in which both of the following were present:
  1. The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
  2. The person’s response involved intense fear, helplessness, or horror.
- The traumatic event is persistently re-experienced in one of the following ways:
  1. Recurrent or intrusive distressing recollections of the event, including images, thoughts or perceptions.
  2. Recurrent distressing dreams of the event.
  3. Acting or feeling as if the traumatic event were recurring, includes a sense of reliving the experience, hallucinations, illusions, and dissociative flashback episodes.

1.4 Reasons for Choosing the Topic

Combat history and experiences of ex-combattees impact on lives of the ex-combattees, their families and friends. The study wishes to explicate how combat experiences in the past impact on, and shape current levels of self-image, identity and self-esteem. It also hopes to help ex-combattees manage their frustrations and disappointments in the post war period, as well as visualise a positive future, and identify their strengths and weaknesses.
In simple terms the study wishes to assist the ex-combattees to gain insight into how traumatic experiences in the past affect their behaviour, feelings and attitudes in the present. It hopes to help them learn skills that will help them deal with these symptoms in various ways.

There is little room for victims to recover without formal support, especially where soldiers are concerned. Many ex-combattees do not consider themselves as victims; they even deny the potential for trauma within their ranks (Black, 1997). Trauma experiences of ex-combattees range from imprisonment and torture to harsh living conditions in exile. Cock (1991) points out that some conscripts find the dehumanization of conventional military training, deeply distressing and brutalizing. Different experiences structure dissimilar possibilities of trauma and distress, and the personal context in which ex-combattees encounter the effects of these will influence the impact. Geographical location can also impact on how ex-combattees engage with trauma. For example conflict in Africa has made new demands on understandings of trauma and healing. As a result the usefulness of conventional western approaches and the applicability of Post Traumatic Stress Disorder (PTSD) in non western contexts has been questioned (DSM-IV, 1994). Challenges include continuous traumatic exposure (Honwana, 1997; Straker, 1996); the ignored importance of collective meanings and cultural networks for healing processes and the extent to which current socio-economic hardships complicate the identification of and responses to conflict related traumatic stress (Erickson & Jones, 2002; Hamber & Kibble, 1998). The extreme levels of violence that often continue into post-conflict societies have led to calls for re-conceptualizing the notion of trauma in transition. This is
important in developing a victim empowerment strategy that can accommodate complex trauma and a context of consistent but changing patterns of violence (Harris, 2003).

The intention is to gather information through the study, which could be relevant to assisting ex-combattees improve their qualities of life. It is hoped that the findings could lead to the design of intervention strategies/programmes to help improve the qualities of life of the ex-combattees.

1.5. Aim and Objectives of the Study

The aim of this study was to explicate the experiences of ex-combattees in order to establish a platform to ensure that the plight of ex-combattees can receive favourable attention from various social care givers. The objectives of the study were:

- To illuminate the problems and impact of the experiences of ex-combattees on the lives of the ex-combattees, their families and friends.
- How has the experience of war affect the current lives of the ex-combattees?
- What factors of the war experience shaped the current lives of the ex-combattees?

1.6 Methodology and Design

This study can be addressed reasonably with a qualitative approach. Its central concerns intend to address issues about ex-combattees that are in nominal form. This is the domain of qualitative research. In fact qualitative research requires responses of non-numeric form
(Haslam & McGarty, 2003: 118). This study deals with issues covering trauma, frustrations and the impact of experiences of the ex-combattees on their lives. The specific method used was phenomenology in the qualitative domain (leaving for later in Chapter 3 the details about phenomenology). When the location of subjects who had the required information could be isolated from the rest of the subject, purposive sampling became an appropriate method for selecting the useful respondents (Daymon & Holloway, 2002: 159). Purposive sampling is a kind of non-probability sampling in which the probability of a sampling unit is unknown and may sometimes equal to zero (Ghauri, Gronhaug & Kristianslund, 2002: 74).

The researcher had a working relationship with various trauma centres. Access was granted through the working relationship between the researcher and the trauma centres that deal with ex-combattees. The essence of this research was to elucidate the current system of trauma in South African ex-combattees. After preliminary assessment of the idea to develop mechanisms to cope with trauma, it was decided that the study of the ex-combattees be undertaken in the Gauteng Province's trauma centres that deal with the traumatised persons. According to Angrosino (2004: 167), Daymon & Holloway (2002: 105), and Verschuren (2003: 125), among others, the approach described defines a case study. In addition to the types described, this study is an applied one with the intention to assist these victims to cope with the trauma and retain their efficiencies as well as their institutions to maintain their productivity level in order to match the competitive standards of their counterparts in other industries. The problem being attended to is an existing human resources problem, which needs to be addressed directly. Recommendations are given at the closing stages of this study. Such a study approach that solves a problem
through research is also called action research (Vallaster, 2004: 101) which, in formal terms, is defined as a small-scale intervention in the functioning of the real world and a close examination of the effects of such an intervention. In addition to the intervention, action research is considered an inclusive approach to help keep up with the times (Arnkil, 2004. Ballantyne, 2004; Brandt, 2004; Conwill, 2003: Cook, 2004; Vallaster, 2004). It was the aim of the study that South African ex-combattees receive assistance of the same quality as their counterparts in developed countries where war had traumatised citizens.

The study exploration was intended to be in-depth: seeking as much information as possible from subjects that had the relevant experiences. This only required a few subjects. As a result only few knowledgeable and affected participants were requested to respond to questions for this study.

The empirical study was based on topics from recent literature. The literature consisted of a collection of reading material (mainly books, journal articles, magazines, newspapers, dissertations and theses) as well as the internet. The sources for the literature were collected with the intent to present an international perspective.

1.7 Limitations

The findings of the study were intended and are expected to be useful at an international level, i.e., in all countries where they may be ex-combattees. The empirical study was undertaken in only one province of South Africa, the Gauteng Province. However, literature for the study was based on reading both national and international research.
While the results from the coverage of the limited empirical study may not be wholly generalisable, there will be elements that are common to other ex-combattees around the world. Therefore some research aspects may be internationally generalisable.

There are various traumatised victims in South Africa, other than being ex-combattees, who also need help. However, a wider coverage might lead to loss of focus and deny this study an opportunity to reach its completion. This study was chosen to ensure that it can reach conclusive findings within the given constraints. A focused study with possibilities of reaching completion was therefore planned. The study was not able to categorise ex-combattees in terms of biographical variables such as race or gender. However facts were not avoided where they were of vital importance to the study. Politically sensitive statements were not included in an attempt to treat victims as equal.

1.8 Anticipated Benefits

Some benefits were anticipated from the study. These benefits were expected at both applied and theoretical levels. The following preliminary lists outline the contributions anticipated.

Contributions to the discipline of psychology

♦ Approaches to dealing with traumatized individuals in psychology may be available in literature, but this study hopes to increase their use in practice. The study wants to
establish some new applications and a few modifications, with a focus on recommendations given by ex-combattees.

- The study hopes to adopt methods designed for similar problems experienced by ex-combattees, that were used successfully in other countries.
- The study intends to provide theoretical methods for supporting ex-combattees.
- A journal article is expected to emerge from the study.
- Methods would be available for use by other practitioners.

**Contributions on the applied level**

- The results of the study will be derived from an applied intervention: hence they will inform other interventions when assisting ex-combattees.
- When empowered, ex-combattees will be expected to be able to deal with frustrations on their own or with limited support.
- The ex-combattees will have an opportunity to live worthy lives through learning from the study and becoming stronger.

**1.9 Layout of the Chapters**

Chapter 1 presents the background to this study. It introduces the study by outlining the research problem, aim and objectives, contributions expected from the study, and study limitations.
Chapter 2 discusses concepts that are relevant to the study using literature.

Chapter 3 presents the qualitative research methodology, which covers the how and why of this study. The method that was used is the Phenomological Approach.

Chapter 4 presents and discusses the results of the qualitative investigation. It includes the narratives of the sample group of ex-combattees, based on their interactions with the researcher.

Chapter 5 collects the contributions made from the various sources in an attempt to consolidate the inputs from the ex-combattees and people responsible for supporting them. Such consolidation is integrated with aspects of literature to develop mechanisms for empowerment for ex-combattees. It also reflects the extent of achievement of the objectives. Finally, recommendations are presented.
CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter reviews the literature so as to lay down a foundation for arguments in the thesis. It covers various topics that serve as the core aspects in the research undertaken. The topics of the chapter are repression, psychosocial interventions, stress-related frustrations, sad stories of trauma sufferers, sufferers' statistics, treatment of combattee-related post-traumatic stress-disorder (PTSD), international viewpoint, trans-cultural psychosocial organisation (TPO), war and violence psychosocial consequences, community-based organisations (CBO), South African Police Services (SAPS) approach and diversity in dealing with trauma.

2.2 The Process of Repression

Repression is an undesirable state or condition that may occur in a person. It is a process whereby a person endeavours to thrust out of his memory a part of his mental content. It is also a state which ensues when part of the mental content has become inaccessible to manifest consciousness. The word is used for a state which corresponds closely with that known as dissociation (Rivers, 1917).

Repression plays a prominent role in certain aspects of life. The training of a soldier is designed to adapt him to act calmly and methodically in the presence of events naturally
arising out of war. These emotions are partly dampened down by familiarity as the soldier experiences the same events on numerous occasions and they are also diverted into other channels. The process of repression does not cease when the soldier is removed from the scene of warfare; on the contrary it takes a more active part, maintaining the neurosis (Rivers, 1917: 2).

New symptoms often arise at home which are not the immediate and necessary consequence of the war experience. They may be due to repression of painful memories and thoughts, or of unpleasant affective states arising out of reflection concerning this experience.

It is natural to thrust aside painful memories just as it is natural to avoid dangerous or horrible scenes in actuality. This natural tendency to banish these distressing mental images is especially pronounced in people whose powers of resistance have been lowered by the long-continued strains of trench-life, the shock of shell-explosion, or other catastrophes of war.

An example of anxiety neurosis

This true story was extracted from Rivers (1917). An ex-soldier reported that it always took him a long time to fall sleep at night and that when he succeeded he had vivid dreams of warfare. He could not sleep without a light in his room because in the dark his attention was drawn by every and any sound. Everyone he consulted advised that he ought to banish all unpleasant and disturbing thoughts from his mind. He kept himself occupied for every
hour of the day, in following with the advice he was given and managed to succeed in restraining his memories and anxieties during the day. Unfortunately though, as soon as he went to bed the unpleasant war memories would crowd upon him and race through his mind hour after hour, so that as a result, every night he dreaded going to bed.

He believed that it was obvious that memories such as those he had brought from the war could never be forgotten. Since he accepted that such memories could not be expected to disappear from the mind, he attempted to make them tolerable companions. The aim was to change them from being evil influences which forced themselves upon his mind whenever the silence and inactivity of the night came around, to memories he could tolerate.

The case narrated above is an example of anxiety neurosis. One cannot make real progress as long as one tries to keep out of one's mind the painful memories and anxieties, which have been aroused by reflection on past experiences.

If a person voluntarily represses unpleasant thoughts during the day it is natural that they will rise into activity when the control of the waking state is removed by sleep or lessened in the state, which precedes sleep. It seems as if the thoughts repressed by day assume a painful quality when they come to the surface at night. They are also far more intense at night than during the day.
2.3 Psychosocial Interventions

This section highlights the importance of psychosocial interventions in the reintegration of soldiers in South Africa.

Methods and various attempts to wipe away the memories of war existed as early as the First World War (Rivers, 1917). After the war, families and communities expected the former soldiers to continue with their lives and forget about the war. Rivers pointed out that it is not as much the war experiences that causes most distress for ex-combattees, but the attempt to wipe away the memories of war and the painful affective states associated with them. He addressed this problem by encouraging the ex-combattees to talk about their experiences and the emotions associated with them. This led to considerable improvement in most of River’s patients with his principle of facing the painful memories and anxieties associated with war, which formed the basis of the most successful interventions with ex-combattees.

It has been over five decades since Rivers’s insightful presentation on war trauma and repression of memories. Subsequent studies with soldiers from Vietnam and World War 2 confirmed his findings (Barnes & Harvey, 2000; Mason, 1995; McMahon, 2003; National Centre for PTSD, 1991). Despite this accumulated evidence by scholars working with ex-combattees, the attempt to banish war memories still persists in areas faced with the challenge of reintegration of ex-combattees into society. South Africa is no exception. Despite numerous attempts to banish war memories, these memories are still reflected. These memories are still indicated such as through the statement made by an ex-combattee.
in Gear’s (2002) research on challenges facing ex-combattees in the new South Africa. The ex-combattee made the statement, “Forgotten is an understatement, they have been wished away”. It points to the country’s attempt to forget and also wish away some painful reminders of apartheid such as the impact of war on those who fought for, or against the apartheid regime.

Observers and some ex-combattees argue that this reflects the absence of psychological interventions in the reintegration process: the lack of information about war experiences in the Truth and Reconciliation Commission (TRC) (1998) as well as lack of dialogue about ex-combattees in the South African trauma and victimology field.

2.3.1 Reintegration backlogs

Psychological interventions have been excluded in the reintegration process. “Most of us do not know what debriefing is because we never had it...”, said an ex-combattee (Gear, 2002). It has been over a decade since the reintegration process was started in South Africa (Williams, 2001). In the integration process ex-combattees either joined the South African National Defence Force (SANDF) or were demobilized. According to Williams (2001) a total of 50 000 ex-combattees were excluded from the SANDF. Some of these ex-combattees joined other sectors of government and business, others received financial packages. A considerable amount of effort and money was put into offering vocational training courses in order to help them develop skills to enable their full reintegration into society.
Many ex-combattees from Azanian Peoples Liberation Army (APLA, the armed wing of PAC), Mkhonto Wesizwe (MK, the armed wing of the ANC) and Self-Defence Units (SDUs) who have joined the SANDF lost their jobs. Some of those who received financial packages have are unemployed and as a result poor (Gear, 2002). In the work with ex-combattees at the Centre for the Study of Violence and Reconciliation (CSVR), it became clear that part of the reason for the former soldiers losing their jobs and their inability to handle packages was war trauma. Some consequences of war trauma are: difficulty concentrating on tasks; difficulty managing feelings, outbursts of anger and aggression; difficulty sleeping and fatigue; use of substances for self-medication to reduce intrusive symptoms; estrangement from family and friends; and a sense of a foreshortened future (Gear, 2002; Gilliland & James, 1997). All of the above interfere with the former soldiers’ capacity to prosper in the employment environment. The exclusion of psychological interventions in the reintegration process is a sure recipe for failure.

2.3.2 Experiences during post-apartheid era

The Truth and Reconciliation Commission (TRC) was one of the most powerful vehicles for South Africa to collectively acknowledge the pain and impact of apartheid. It enabled the nation to understand the pain and suffering of the victims of apartheid. It also contributed in removing myths and stigma around trauma. There was however limited exposure during the TRC of the traumatic experiences of the soldiers. The memories of war are still kept in the minds of the soldiers, who have to struggle daily in coping with them. It is as though South Africa still does not understand the pain and impact of war on the soldiers. As a result, war experiences and soldiers are still mystified and stigmatized.
There seems to be inadequate or perhaps even a complete lack of dialogue on the trauma experiences of the ex-combattees in the country. In the past decade South Africa has become more empathetic and understanding towards victims of trauma such as abused children and women. There however seems to be a deafening silence about the trauma of war. This silence contributes to the perpetuation of myths and the stigmatization of ex-combattees. According to Wells, Williams, Macleod and Carroll (2003) psychiatrists had not the slightest clue how to deal with Vietnam veterans. In fact, they did not know how to treat combat related stress. As a result they could not be expected to provide any guidance for the total integration of soldiers into society.

2.3.3 Analogy with international conflicts

The situation that was experienced after the Vietnam War is the current state of affairs in South Africa. In the integration process there was no involvement of psychosocial professionals to work with ex-combattees. As a result there has been a lack of advocacy in the country on the traumatic experiences of soldiers. Exclusion of psychologists also meant that mental health professionals could not easily apply specialized skills needed to work with this group. This resulted in compromised services offered to ex-combattees.

Studies have shown that the attempt by society and soldiers to banish war memories is detrimental to the healing of ex-combattees (Rivers, 1917). They show that intense psychological distress of soldiers is related more to the attempt by society and soldiers themselves to wipe these memories rather than to the memories themselves.
2.4 Stress-Related Frustrations

2.4.1 Recollection of traumatizing events

During the days in foreign lands as exiles and combattees, many ex-combattees were hopeful that what stood between them and success was apartheid. They thought that liberation would instantly lead to wealth and happiness, and they expected to take leading roles in the army. Now some of them find themselves unemployed and destitute. One of the quotes indicating distress for ex-combattees is: “It was better when we were soldiers, things are worse for us now...”.

These ex-combattees are examples of people living with memories of PTSD (DSM-IV, 1994). The stressed and traumatised ex-combattees tend to interpret the struggle for liberation as “war in vain”, and the feeling of being sold out by their own comrades. They remember their colleagues who died in action. One recalled: “I remember this day, we were about to cross the border, we were walking on a line and my friend was in front of me. Suddenly, he was blown up by a grenade. I watched his body fly into the air. There was no time to think about it. I had to be on the run. The memory still haunts me...”. The ex-combattees believe that the souls of their dead comrades are restless when they are “left out in the cold”. They remember their worst days in the struggle most of all, as if the events took place “yesterday”.

2.4.2 Stigmatisation

Community members sometimes fear the ex-combattees. People tend to dissociate from the ex-combattees for other reasons unknown to the ex-combattees. In one of the interviews one ex-combattee held with the researcher, he said: “My sister, I want to be a civilian. I am trying to move away from the life of being a soldier. However, civilians do not want us. They do not want us to be part of them”.

In some cases the ex-combattees find people fearing them because they associate them with criminals, which they are not. They also find police hating them and blaming them for criminal activities in the surroundings. “We are seen as criminals, people are scared of us. The police hate us and always blame us for anything that goes wrong”. They highlight that there is no evidence that they engaged in criminal activities, and also believe that some criminals take advantage of the above and when things go wrong, point fingers at the ex-combattees living in the area.

2.4.3 Recognition

Ex-combattees tend to utter words of frustration and despair quiet often. One said. “We have sweated and sacrificed so much, but those who did not fight are benefiting and sitting in offices whilst we sit here and suffer. They do not even acknowledge that it is because of our sweat and blood that they are there...”. They also point to the family members' disillusionment. The ex-combattees stated, “...Our families ask us: what has being a soldier done for you? You went away all these years and what do you have to show for it”. 
2.4.4 Betrayal and Disappointment

One source of stress is the feeling of being betrayed by those that the ex-combattees trusted. An ex-combattee said, “We are getting tired, we have had so many promises from our government. With every promise, we have hope and every time our hope is dashed. All we have is hope but now it is slowly dying”. The ex-combattees also feel frustrated because the outside world is convinced that they are being well looked after. An ex-combattees explained this to the researcher by saying, “South Africa looks well and fine on the outside, but underneath it is full of bombs and hand grenades waiting to explode at anytime...”.

“Hey my sister, things are very bad. some of us go without washing for days because we do not have money to buy soap”.

2.4.5 A glimpse of hope

These statements were mentioned after the ex-combattees received some intervention in the form of psychosocial support sessions. After a few sessions with a psychologist the ex-combattees indicated that they were regaining hope. One of them confessed, “Now I understand, all along I thought that I was going mad and there was something wrong with me”. He went further, “This is me, I am standing on one side which is dark and hopeless. I can see colours and light on the other side. It is difficult to go there. But as I listen the darkness is thinning and there is hope that I maybe able to go to the other side”.

21
During the war soldiers were trained to remain calm even in the midst of events that would naturally evoke strong emotions. There was no time to grieve for a lost friend or process a painful memory. As a result many experiences of war remained unprocessed in the psyche of the affected soldiers. When the ex-combattees came back to civilian life, the soldiers experienced these intense memories and emotions. It was as if they were still in combat with their bodies and minds re-experiencing the memories of war. The memories they spoke about in the group sessions were still raw and fresh, as if they took place yesterday. The intense and uncontrollable emotions and reactions of their bodies to these memories made them feel like strangers in their own bodies. They lived in constant fear and confusion thinking that they were going mad. Most of them had tried to cope with these memories and fear, through the abuse of alcohol and drugs.

Many participants had developed PTSD which tends to occur in soldiers who had adjustment problems and little support after war (Mason, 1995). The symptoms experienced were more a result of lack of knowledge and fear of what was happening to them. Something that psycho-education and emotional support could have addressed, if they were included in the integration and demobilization process.

**2.4.6 Desire to live civilian life**

Ex-combattees desire to be part of civilian society. However rejection and stigmatization from the community caused distress and made full integration impossible. Part of such reactions from society was due to the lack of understanding of the symptoms of PTSD and
the impact of war on these ex-soldiers. Communities and families struggle to understand their anger outbursts, problems with trust, social withdrawal and other symptoms associated with PTSD. They reacted to this confusion by alienating the ex-soldiers and labeling them as evil and dangerous. For ex-combattees this shift from being treated with respect and awe during the war, to being stigmatized and feared in civilian life, is difficult to handle.

A challenge that one faces when working with ex-combattees is their strong sense of entitlement. They come across as demanding and ungrateful at times, they feel that the world owes them something. On the one hand there is empathy in understanding their struggles in living with war trauma, and on the other hand there is resentment at their demands and sense of entitlement. Managing these formidable transference and counter-transference challenges is an important and difficult part of therapy with ex-combattees. This sense of entitlement seems to be rooted in their strong need for recognition and appreciation. Some ex-combattees feel that their sacrifices are not acknowledged and only high profile former MD personnel receive recognition. This is compounded by the difficulty in identifying soldiers in non-statutory armies (Gear, 2002). This need for recognition is also linked with a sense of disillusionment. For part of their lives, their identity and sense of meaning was found in fighting for their country, a cause they were prepared to die for. When this was taken from them through demobilization, the lack of recognition was interpreted as that their sacrifices were for nothing. This was a painful time for many soldiers.
2.4.7 Programmes for incorporation into society

In order to deal with the rejection and stigmatization of ex-soldiers, psycho-educational workshops on war trauma and how to support ex-soldiers could be held in communities. This will strengthen the support systems of the ex-soldiers which are essential in facilitating healing from war trauma. Support systems can also be strengthened by working with the existing networks of soldiers to assist them to support each other. The alienation from communities forces the ex-combattees to create their own communities.

Programs provided by the South Africa government cannot afford to train all its professionals on how to deal with ex-combattees. However, they can lead to development of specialized centers that would focus mainly on offering assistance to ex-combattees. In this way the country can have support groups who would develop specialized skills in working with ex-combattees. Such programmes have been started in organizations like the National Centre for Post Traumatic Stress Disorder, closely associated with the Veterans' Administration in the United States of America (Jablensky et al., 1994). This centre managed to offer valuable research and advocacy on ex-combattees, their families and children. It is important to point out that working with ex-combattees requires an integrated approach including vocational training, life skills training and psychological interventions.
2.4.8 Acrimonious mental state

South Africa is known to be at peace. However, one may say that silent war continues in the heads of many soldiers on both sides of the apartheid-era conflict. Their war experiences may have differed vastly, but their disturbed mental state impacts heavily on their families, mainly the children and women in their lives (Dugmore, 2002).

2.5 Sad Anecdote of an Ex-Combattee

"I'm thirsty", whispers Gaby, half-asleep in bed one night. She expects her husband Mark to react with a disgruntled groan; instead, he launches himself out of bed and lands in the middle of the room in karate-attack position with a wild, mad look in his eyes. It is the kind of look most of us have only seen in the eyes of killers on TV or crazed soldiers. Gaby bolts upright in bed. "Mark, it's me Gaby", she whispers, the kind of whisper that she knows is really the only to retrieve him from the violent abyss into which he sometimes slips and remains for days. During this time he flies into rages if she and their two children get in his way or if anything else irritates him. He has never been physically violent, but the emotional violence is terrifying. Mark returns to bed but the look in his eyes remains. Gaby knows that look, and fears that look. "Don't go there again", she appeals, hoping to bring him back, back from the killing fields of Angola. 1975.

There at the age of 18, he was platoon commander of a parachute battalion of 30 South African soldiers, killing and watching friends being killed for months on end. Nameless, faceless war machines. no one was allowed to know that they were in Angola. The
National Party government’s South African Defense Force (SADF) called it a “covert operation”. Mark and his troops had to take oaths of secrecy under the Official Secrets Act. Surviving ambushes and being ambushed day after day, it was so easy to die. Many did, and when the survivors were finally recalled to Bloemfontein at the end of their two years of service, there was no space for them in the South African National Defence Force (SANDF) army. “We are full up”, the army said. Since the new intake of soldiers had arrived, the ex-combattees had to get out. They were told that they were in the way of others. They were told “no thanks”, with no medal parade, no debriefing, nothing. Many of them simply poured back into civilian life. Young, dazed and violent, they hit the bars and drank.

Gaby wanted to leave Mark. she blamed herself when he started changing. She was young, confused and had her own insecurities. Everyone around them thought Mark did not like to socialize. Gaby started to read self-help books. What Gaby did not know was that Mark’s war trauma was surfacing after all these years, and that the mood switches were one of the classic symptoms of combat-related PTSD. Mark, like many veterans who suffer from this syndrome, displayed intense, disproportionate responses to events that triggered flashbacks to the war. Hot days reminded him of the bush in Angola, and a problem with the car represented a life threat. “When one of the army vehicles broke down, we had to fix it instantly or get out immediately before the enemy detected us”. The night Gaby whispered “I’m thirsty” He thought it was one of his troops issuing a danger alert.
PTSD can take anything from a few days to 25 years to surface. This was confirmed by Mark who finally admitted that something was seriously wrong with himself when he almost physically harmed his son. The child had jumped on his back in the swimming pool. Mark got a fright and hauled him over his shoulder in a fit of anger. Mark thought he was going mad until he consulted a professional. He started to learn about PTSD and that flashbacks are common with former soldiers. His problem was that he wanted to be sensitive and emotional, but it was an unfamiliar territory that scares him. He was frustrated because he knew that he did try to adjust, but would simply revert back to aggression again because was an emotion he was most comfortable with.

2.6 Statistics of Sufferers

Substance abuse is frequently added to the explosive mix of the ex-combattecs. Some war veterans become alcoholics or drug addicts. Others commit suicide. U.S. statistics state that 56 000 American soldiers died in combat in Vietnam, and many others have committed suicide since. Statistics further indicate that 80 percent of homeless males in the U.S. between the ages of 40 and 60 are Vietnam veterans. No related statistics are available in South Africa because so little research has been done in this country.

Explanation of the syndrome helped Mark to understand his behaviour, but it could not be a cure. A programme that proved to be highly effective was the self-help group support system initiated by the U.S. Veterans who got together and engaged in a 12-step recovery programme. The programme is similar to the one followed by Alcoholics Anonymous. Two years ago Mark initiated the South Africa self-help programme called Sava (South
African Veterans Association), aimed at veterans suffering from PTSD. Sava is a safety net, a place where men meet with other men who understand what they have been through and whom they can trust. It is a place where they feel at home and tell the truth about what happened to them without fear of judgement. Sava encourages conscious living and spiritual growth. It is about taking responsibility and growing up emotionally. It has branches around South Africa, mostly in major cities. Members meet once a week, usually in church halls, to work through their trauma. Members are given practical guidelines to manage themselves. They learn to start recognizing what triggers their mood fluctuations and hopefully to preempt them.

2.7 Combat-Related PTSD

2.7.1 Effects of cross-border raids

Combat-related PTSD, also known as Border War Syndrome or Vietnam Vet Syndrome, is a psychological disorder that affects 10 to 20 percent of soldiers and policemen who have experienced prolonged trauma, violence and bloodshed (Dugmore, 2002). During this time, certain brain transmitters notably serotonin and adrenalin become over-activated, triggering reactions such as extreme vigilance and extreme aggression. To normalize response, psychiatrists believe that the brain transmitters have to be rebalanced with short or medium term medication. Specialised trauma therapy and self-help therapy is also strongly encouraged to manage the symptoms and to unpack the underlying trauma.
Combat-related PTSD has been around for as long as we have had wars, but was properly researched for the first time after the Vietnam war. Realising how many veterans were affected, the U.S. government established the American National Center for Post Traumatic Disorder (Carlson & Ruzak. 1997; Dugmore, 2002). Specialized treatment and care is still freely available to U.S. veterans and their families.

The intense combat period of South Africa occurred from the early 1970’s to the early 1990’s. Many war veterans from the apartheid government’s SADF suffer from combat-related PTSD. This is also true about soldiers from the liberation armies of MK and APLA. Many, unfortunately, are not aware of it. “It is a real tragedy that the South African government has not established treatment centers similar to those in the U.S.”, says Johannesburg trauma specialist Merle Friedman in one of her talks.

Symptoms of combat-related PTSD include:

- Insomnia and nightmares
- Intense distress at exposure to events that symbolize the trauma
- Hypervigilance
- Irrational anger, severe rage, violent impulses
- Feeling of numbness
- Acute depression, sometimes alternating with manic behaviour
- Detachment from people
- Disinterest in social activities.
2.7.2 Memories for the deceased

A wife told the story of her life with a former MK cadre who is now dead. They got married outside the country and came back to South Africa shortly before the ANC was voted into power in 1994. He was very disturbed when they came back home. He would get very drunk and say to her, “I am a hero but one of these days when I die no one will honour me”. One can say they were “war torn, emotionally”, scarred and violent. Many ex-combattees from exile experienced the same emotional vacuum as the SADF soldiers when they returned to civilian life. They had no helping hand and no heroes’ welcome. This man had two personalities. When he was sober we were the best of friends but when he was drunk he was frightening. He would talk about the war: about the people he had killed and the friends who had been shot dead next to him. He did not want to sleep because he was plagued by nightmares and visions of suffering and mutilated bodies.

The wife continued to explain that he carried his gun wherever he went, most of the time he was careful with it, but when he got drunk he would play with it and say that he was very tired and did not want to live any more. One night he put the gun inside his mouth. He never pulled the trigger but the wife and children watched terrified, silent, not wanting to provoke him but with their hearts racing. One day he and a friend were arguing in the local shebeen, guns were drawn. The friend shot him and he died on the scene. The wife had no idea that her husband was suffering from severe combat-related PTSD. She just kept praying and believing he would get well. The first time she heard of PTSD was after he died.
2.7.3 Related studies

Cathi Draper from the University of Cape Town did her masters on the psychological effects of the border war on former SADF soldiers. She writes that the ex-combattees were teenagers when they went to war. Violence and death occurred too often during the war. They used to cut off their opponents ears in large numbers and strap their corpses to army trucks. When the war stopped, they were expected to adjust emotionally overnight because South African men, by and large, live in a culture where men do not break down: where cowboys do not cry. Some ex-combattees came back to supportive families and got on with lives, while others did not. Many who were unable to find a place for themselves in civil society become gangsters, renegades and criminals. They have been linked to everything from hijackings to right wing assassination plots. This is not to say that all criminal behaviour is linked to combat-related PTSD, it is not. But attacking and killing is what many veterans know well.

Johannesburg-based trauma therapist Merle Friedman states that the country is put enormously at risk when we do not acknowledge this syndrome and its destructive effects on our lives. Exposure to prolonged violence and killing in the military leads to ongoing violence in civilian life if it is not addressed. The negative impact of this is enormous on the lives of their women and children. Some of the affected women become neglectful mothers, and they get frightened and withdrawn. Neglected and traumatized children are at risk of developing personality problems. Wives and children often start mirroring the veteran’s PTSD symptoms, alternating between withdrawal and aggression. Living with someone who suffers from combat-related PTSD is incredibly difficult. It is difficult for
an individual to change a learned behaviour. Thus, patience should be practiced to enable the PTSD patients to recover swiftly: with the family support.

Partners need to encourage their men to talk about what happened in the war. They both need to seek help from therapists specifically trained for trauma. Unfortunately it seems as though help is not forthcoming from the state. The country needs effective trauma clinics in all the major centers to help people with this syndrome. Many men seem to be reluctant to independently approach the military psychiatric hospital for assistance for fear of being labeled as cowardly or weak, hence they should be encouraged and supported when doing so.

2.8 Treatment of Family Members of the Ex-Combatte

2.8.1 Knowledge as a tool for recovery

Family members of traumatized individuals need to read and educate themselves about trauma and recovery for all family members. Families are systems, what affects one member will affect others. Kiser & Black (2005) describes the ways functional and dysfunctional families cope with trauma. Functional families acknowledge and accept that there has been a trauma. The problem belongs to the family, which looks for solutions together. Family members do not allow the PTSD patient to suffer alone or blame him for it. They also seek outside help when necessary and are flexible about family roles.
Families tend to focus on the survivor's problem, which are the symptoms of PTSD. They generally feel good when the survivor is doing well. The trauma survivors often have no idea that their behavior is in any way related to the trauma. The family members should realize that nothing can be done to change what happened to survivors in the past. To keep the family system running smoothly, the families could establish effective ways for dealing with their loved ones.

2.8.2 Vicious cycle

A vicious cycle may sometimes occur during PTSD experience. If family members have been dealing with PTSD for a long time with no help, or without taking time to take care of their needs, they may be caught in a cycle. They start with indications of love and pity, and the will to help the survivor. However, if they do not know what the problem is, their attempts to assist do not work. Part of recovery for trauma survivors is regaining control of their lives.

Family members of trauma survivors tend to be frustrated by lack of progress. They may deny that there is a problem, or lose hope that anything can help because they have tried everything. They may also end up blaming each other for anything that goes wrong. Over the course of time family members' genuine loving and caring can become directing and manipulative, thus leading to resistance from the survivor. Traumatized people develop sensitive control or manipulation detectors because they cannot control the trauma. Autonomy is one of the goals of recovery. PTSD can affect families in many ways.
In a study of Vietnam War veterans with PTSD, Linda Reinberg, PhD, a psychologist in private practice, found that mothers were just as or more depressed than the veterans (Kiser & Black, 2005). The children of the war veterans were depressed too. The families felt different from other families and felt grief over that. The fathers were overprotective and emotionally distant. The children thought they and their mothers had to take care of their war veteran father. These children had a cluster of symptoms, such as aggressiveness, underachievement at school, a sense of feeling that they had to take care of their parents, numbness, problems with concentration, an impaired feeling of belonging, and a tendency to self-medicate with alcohol and/or drugs. The effects of PTSD included childhood abuse. Some survivors passed the abuse on because they were often so numb they could not tell how much it hurt.

PTSD can lead to violence and terror in the home. People who often experience flashbacks and rage are terrifying. One example is the sound of someone screaming in a nightmare. Survivors may hit out in their sleep. If one gets hit, it is traumatic. Rage attacks can wind up in beatings. The traumatized families of trauma survivors have PTSD of their own. A traumatic stressor is worse when the cause is human neglect or human cruelty, such as experienced in survivors of war.

2.8.3 Denial and numbness

Denial and numbness affect families profoundly. Secrecy becomes a family pattern. PTSD is even worse in families with existing problems outside of the PTSD, such as families who do not speak, who do not trust people, and who do not feel or think about their
problems. Denying the effects of trauma makes it hard to be accepted by the family or receive help from others. The survivor’s numbness prevents family members from acknowledging their feelings too. The PTSD may produce children who have to look good so the parents feel good about something; or who have to be bad so the parents can focus on the problem child and try to straighten him or her out instead of facing their personal PTSD and relationship problems.

2.8.4 Family recovery

To expect a trauma survivor to do the recovering all by him/herself is to place an unfair burden on him/her. It is also unrealistic to expect to be unaffected by the problems of a next of kin. One cannot be just fine when a survivor of trauma is upset or crying. Families also battle to find the strength to let the survivor feel what he/she feels. Families need support systems. These may be friends and other family members who understand, a professional, or a group of people who have been through something similar. Families need to know that it is okay to take care for themselves. There are numerous instances that show trauma for the disaster it can be, however, it does not have to stay a disaster: it can be an opportunity for growth.

In order to recover, family members need to relax their focus on the survivor. Families should place their focus on what they have the power to do, which is to change their own actions and reactions. They cannot change other people, even the survivors, they will waste their lives trying. According to Kiser & Black (2005), the principles of recovery for the whole family are:
• Pay attention to the trauma and respect the survivor
• Imagine the pain of your partner who has been affected
• Rethink your lives in a no-fault way
• Develop and practice respect for each other
• Do not compare pain but share it
• It takes time
• It is okay to hurt
• We heal by degrees.

2.9 PTSD and Relationships

2.9.1 Effects of trauma in relationships

Kiser & Black (2005) stated that trauma survivors with PTSD often experience problems in their intimate and family relationships or close friendships. PTSD involves symptoms that interfere with trust, emotional closeness, communication, responsible assertiveness, and effective problem solving. The following effects may result from trauma:

• Survivors may experience a loss of interest in social or sexual activities, they may feel distant from others, and they may be emotionally numb.
- Partners, friends, or family members may feel hurt, alienated, or discouraged because the survivor has not been able to overcome the effects of the trauma, and they may become angry or distant towards the survivor.

- Feeling irritable, on guard, easily startled, worried, or anxious, unable to relax or socialize, or be intimate without being tense and feeling controlled.

- Difficulty falling asleep and severe nightmares may prevent both the survivor and partner from sleeping restfully, which may make sleeping together difficult.

- Trauma memories, and their avoidance can also strain the brain of the survivor.

- Living with an individual who has PTSD does not automatically cause PTSD, but it can produce vicarious or secondary traumatization, which is similar to having PTSD.

- Trauma memories, and struggling with fear and anger interfere with a survivor's ability to concentrate, to listen carefully, and to make cooperative decisions.

- Significant others may come to feel that dialogue and teamwork are impossible.

### 2.9.2 Trauma impact on families

According to Hajiyiannis and Vienings (1999) war trauma has far reaching consequences. It affects the entire world of individuals and their relationships with their families and society at large. They continue to state that reintegration is hindered in the presence of traumatic stress. If the individual finds employment, they lose it and the stress can result in a lack of initiative, and an inability to concentrate on or even care about the future. Stress may manifest in episodes of severe rage and violent impulses towards what may be indiscriminate targets (Sandler, 1989).
Research suggests that violence perpetrated by former soldiers has often been located in the domestic arena. Studies from the United States (US) have shown that the military and prison populations are high risk wife abusers (Segel & Labe, 1990). Psychologists working with Vietnam veterans estimated that approximately 50% of their clients batter their wives (Danieli, 1999; Williams & McShane, 1999). With Israeli veterans of the Lebanon war, isolated instances of physical violence were reported, where wives and children were victims (Solomon, 1993). PTSD seems to increase the likelihood of domestic violence. Research into demobilization in South Africa suggests that the stresses of the reintegration experience might well see violence materializing in the home.

Family problems and domestic abuse are often reported from ex-combattee populations (Preston, 1997). Reports from the case of Uganda state that the most negative impact of veterans was the conjugal relationship of veterans. Family instability in the form of separation of spouses and departure of wives was reported to be high. In cases where wives had stayed, they were reported to be in a critical state of dependency as well as physical and mental abuse (Muzaale, 1995). In South Africa no studies have been conducted to investigate the effects of a combattee history on the family lives of ex-combattees. Nevertheless, there are incidents of family violence reported.

For the ex-combattees, material needs often contributed to family tensions and psychological pressures. The families of exiles had also experienced financial and emotional difficulties, physical harassment, and detention as a result of their relations with exiles. The returning former soldiers could place additional pressures on already
overstretched domestic resources and many former soldiers reported feelings of being a burden on relatives.

One ex-combattee explained: "I was staying with family but because of problems I decided to build myself a shack. This is not a problem for me, but my family finds it hard to accept. My children just cannot adjust to these conditions (MK cadre in Mokalobe, 1999)."

Cock (1993) said that the expectations of ex-combattees have not been fulfilled, and also those of their families. Returning hero syndrome generates its own stresses and is intertwined with expectations that the family's financial standing will improve (Cock, 1993). Some ex-combattees had no family to come back to (Mashike, 1999). Many cadres and other returning exiles in the Western Cape battled to locate and reconnect with their families, generating additional trauma (Skinner, 1998).

A mother whose son became an alcoholic following border duty as a SADF conscript, wrote to Arch Bishop Tutu:

“One morning a bum will be found dead a child of God whose only mistake was to fight for his country. I hate the government for turning my son into a zombie. Somewhere, someone should start a place for such boys, because when he marches his troops through the night there must be many others doing similar things” (TRC, Vol. 4, 1998).

Emotional, health and social problems are common. Many ex-combattees indicated that they were suffering from depression. Drinking problems arose often and more symptoms
of PTSD were reported. According to Cock (1993) only a few that reported symptoms of PTSD got treatment. Apart from one mention of the MK Military Veteran Association, which is not active according to ex-combattees, individuals referred to doctors and clinics as possible sources of help. Visits to health centers were often not made due to lack of resources.

Manifestations of these emotional problems include self-destructive impulses and violent impulses directed at others. One ex-combattee said the following about himself: “I am an emotional wreck. I have twice come close to committing suicide. I stopped because of my children but I am useless to them and to myself (Cock, 1993).

Family relationships often suffer and ex-combattees can become ostracized and alienated further from family, friends and others in the community. As a brother of one former MK cadre explained:

“Every time when he is upset he threatens to shoot us. The situation is worse when he is drunk. He threatens to shoot all those he suspects of hating him in the community. People complain every weekend about him to my mother. They resent him (Mokalobe, 1999)”.

2.9.3 Trauma effect

The experience of trauma in the aftermath of violence is something many South Africans are facing in the wake of the country’s troubled past. This trauma is influenced by a myriad of dynamics and factors that have fed South Africa experiences and contributed to a blurring of the traditional polarities of war. Large sections of the civilian population
have been affected by the militarization of society and the consequences of state-sanctioned violence, repression and discrimination. Many South Africa’s former combattees continue to suffer as a result of their militarized histories and involvement in violent conflict. The sources of trauma may differ substantially and are wide ranging. These include the conditions under which MK members lived in exile, government security force’s harassment of the families of liberation fighters and frequent witnessing of, or participation in violent acts. The communities to which combattees return, are also often traumatized.

Trauma became a focus of attention after the Vietnam War when the term Post Traumatic Stress Disorder (PTSD) was used to explain the symptoms presenting in numerous veterans. These include the intrusion of distressing recollections of the aftereffects such as nightmares, hallucinations and flashbacks; and an avoidance of anything associated with the traumatic event, among other issues (Sandler, 1989; Hajiyiannis & Vienings, 1999). The individuals also experience hyper-vigilance, sleep disturbances, exaggerated startle responses, fear, concentration difficulties and increased aggressiveness. These symptoms are habitually accompanied by disorders such as anxiety, depression and substance abuse (Hajiyiannis & Vienings, 1999). According to Sandler (1989) Vietnam war veterans in the United States have been struggling with substance abuse, depression, as well as higher rates of divorce, suicide and unemployment.

Military training may also generate trauma in combattees as a result of its harsh and inhumane tactics. In some situations, trauma may arise as a result of unrealistic expectations. Eisenhart (1975) terms his analysis of the potential for future violence
amongst Vietnam veterans, as "impacted sexuality". He argues that an impacted sexuality is the result of a disjuncture between actual war experiences and the construction of the soldier's identity. He believes that the male identity and sexuality that are constructed and brutally instilled by war are not allowed to be expressed post war, thus these soldiers, have no way of expressing their masculinity; therefore the frustration created results in a sexuality linked to violence and aggression (Eisenhart, 1975).

One young veteran the researcher worked with became completely impotent three years after discharge. He purchased a weapon, a pistol and began brandishing and discharging it. His sexuality was blocked by a frustrated idealized male role, which could not tolerate intimacy. This means he used to affirm his manhood was through He had a constant fear of being harmed by someone and constantly sought to eliminate real or fantasized adversaries in order to maintain a feeling of adequacy and security (Eisenhart, 1975).

2.9.4 Numbness through trauma

Psychological numbing is not something which only emerges after the war, but it also manifests during the war itself, effectively protecting the soldier from facing the horrors of combat and the threat of death (Solomon, 1993). Soldiers often utilize an automated, automatic, detached response set. It is during these moments that soldiers experience events as if they are taking place on a video screen. It is the ability to dissociate which keeps soldiers alive (Perry et al. 1995). This experience has been described as a trained inability to feel. The effects of dissociation in response to trauma resonate with the feelings typically experienced by former combatees, in that it usually entails a sense of
estrangement from others and lack of purpose. An Israeli veteran of the Lebanon war explains: “I don’t care about anything. I don’t feel anything about anything. As if the feelings I had dried up or evaporated. Now I simply exist until I die” (Solomon, 1993).

Those individuals that are addicted to “action” usually have a history of multiple experiences of traumatic events. Violanti (1992) draw a link between risk addiction and other excitatory experiences, which include the seeking of physical confrontation and the compulsive need for the presence of readied weapons. Violanti further says that people who have been severely traumatized have difficulty in making calm and rational decisions: they tend to rely on instant action rather than thought.

Psychological problems may emerge only months or years after the initiating trauma, and may also intensify with time (Sandler, 1989; Shepard, 1999). Shepard further says that not everyone has similar psychological responses to traumatic events. While rates of PTSD are high after certain stressors such as rape, they are much more variable after combat, and comparatively low in workers in the emergency services (Shepard, 1999). International studies drawn from a cross cultural spectrum have pointed out that child activists display fewer symptoms of PTSD than non-activists in the wake of similar experiences.

In other traumatic situations, action is more rewarding than inaction, particularly when action is associated with a cause. Under these circumstances participation, even in horrendous events, can reduce children’s feelings of helplessness and give them a sense of power and purpose (Apteker & Stocklin, 1995). While the events may be experienced as
less traumatic, the loss of this sense of power and purpose and the identities that often accompany it, have their own far-reaching implications.

2.9.5 Vulnerability to PTSD

It is also clear that socio cultural factors influence the manifestations of trauma. This can be seen in the differences displayed between veterans of different wars. These are the impact of the nature of the conflict, society’s perception of the conflict as well as its reception of soldiers. All victims of trauma are vulnerable to PTSD. Vulnerability has been described as a complicated process of interaction between the degree of trauma and numerous other variables, family, genetic background and social support (Shepard, 1999).

In Straker’s (1988) research with child victims of violence in South African townships, he defined PTSD as a misnomer in that these children’s exposure to trauma was not exclusively the result of past experiences, but continuous in nature. He further said that the notion of a “talking cure” was regarded as foreign to most black youth (Straker, 1988).

Findings based on work with ex-combattees in Angola and Mozambique make a similar point that PTSD was conceived as an instrument to deal with psychological distress in people who went from a situation of relative normality into a traumatic experience, and then return to normality: hence the prefix “post”. The South African situation is different in the sense that in Angola and Mozambique the children were born during the war and in the aftermath of the war. These children are still living under violent and potentially traumatic circumstances (Honwana, 1999).
2.9.6 Possibilities for survivors

This narration comes from personal experiences of traumatized victims. Survivors of childhood sexual and physical abuse and survivors of rape, domestic violence, combat, terrorism, genocide, torture, kidnapping, and so on, often report feeling a lasting sense of terror, horror, vulnerability, and betrayal that interferes with relationships. Survivors who feel close to someone else, who begin to trust and becoming emotionally or sexually intimate may feel like they are letting down their guard. Having been victimized and exposed to rage and violence, survivors often struggle with intense anger and impulses. In order to suppress their anger and impulsive actions, survivors may avoid closeness by expressing criticism toward or dissatisfaction with loved ones and friends. Intimate relationships may have episodes of verbal or physical abuse.

Survivors may be overly dependent upon or overprotective of partners, family members, friends, or support persons. Alcohol abuse and substance addiction, which can result from an attempt to cope with PTSD, can destroy intimacy and friendships. In the first weeks and months following a traumatic event, survivors of disasters, terrible accidents or illnesses, or community violence often feel an unexpected sense of anger, detachment, or anxiety in their intimate family and friendship relationships. For many trauma survivors, intimate, family, and friend relationships are extremely beneficial. These relationships provide (as reported by individual clients):

- Companionship and a sense of belonging, which can act as an antidote to isolation.
- Self-esteem, which can act as an antidote to depression and guilt.
• Opportunities to make a positive contribution, which can reduce feelings of failure or alienation

• Practical and emotional support when coping with life stressors.

2.10 Outlook on War Trauma

This section describes the perspectives on war trauma from national and international perspectives. It commences with the South African perspectives, and thereafter collects experiences from other countries that also had war problems.

2.10.1 South African perspectives on war trauma

The TRC’s findings on the Bonteheuwel Military Wing (BMW) provides an instance of violence. The consequences of participating in the violent activities of the BMW, prolonged detention, brutal torture and imprisonment together with common criminals were experienced by the individuals concerned as well as their families and friends. The BMW members who came to the TRC displayed symptoms of PTSD. They reported similar symptoms in comrades who chose not to approach the commission. Many of them discontinued their education to fight and many could not resume it post-war. Thus the unemployment rates amongst them were high, and having few skills, were forced to take on low wage jobs. Some turned to drugs and alcohol abuse to obliterate their painful memories. Others transferred their “skills” of violence and armed conflict to gangsterism. (TRC Report Vol. 4).
When a country embarks on demobilization and reintegration process, its main aim is to avoid the security threat posed by ex-combattees (Mokalobe, 1999). The fear is that unemployed ex-combattees could become disillusioned and turn to crime, or political insurrection, or even threaten national reconciliation efforts (World Bank, 1996). There is a general agreement that demobilization and reintegration are absolutely necessary to avert possible threats to security and stability. There is progress in increasing limited resources in assisting ex-combattees. The effects of inadequate demobilization processes can take years to materialize.

2.10.2 Namibian perspectives on war trauma

In 1998, eight years after demobilization in Namibia, ex-combattees from both the South West African Territorial Force (SWATF) and People’s Liberation Army of Namibia (PLAN) launched protest marches and sit-in strikes, demanding jobs and pensions (Kingma, 2000).

South Africa’s history provides an example of why governments may consider it important to appease ex-combattees. Disillusioned veterans of the First World War contributed significantly to the defeat of Smuts’s South African Party in 1924 (Cock, 1998). Demobilization involves more than disbanding of troops. Cock (1998) argued that the state has to take responsibility for its soldiers after war, in favour of a demobilization programme for former MK soldiers in South Africa. The objective of all demobilization and reintegration efforts should be to improve the welfare of people (Nubler, 1997). In
South Africa it was argued that MK soldiers should be granted demobilization support on the basis of the hardships they endured during the conflict and on returning to the country: their particular vulnerable status in civil society and as a gesture of reconciliation (Cock. 1998). The extent to which this humanitarian aspect forms a primary motivation for governments is unclear. Efforts targeting demobilizes combattees in Namibia, have been described as containment strategies to minimize unrest (Preston. 1997).

War is such a patriotic affair, and those who fought in it require recognition at a national level when it is over. A central component to the humanitarian way of thinking about demobilization and reintegration in post conflict situations is a debt of gratitude for the sacrifices fighters have made. In South Africa those who fought for or against the apartheid government claimed moral justifications for their involvement. Most soldiers reported that they saw service in the SADF as a natural part of growing up and becoming a man. The national education system presented military training as a given part of the rites of passage of white men and the moral duty of anyone concerned with defending order and morality against forces of evil and chaos (TRC Vol. 4).

The success of demobilization and reintegration programmes depends on adequately addressing the problems that ex-combattees encounter in the process of moving from military to civilian life. With limited experience outside the military and few skills suitable to civilian work, they are handicapped when competing in labour markets (Motumi & McKenzie. 1998). These ex-combattees suffer from psycho-social problems as a result of their exposure to, and participation in violent conflict (Motumi & McKenzie. 1998). It is important to note that different contexts, needs and opportunities necessitate
different approaches when dealing with ex-combattees. In South Africa ex-combattees have had a variety of experiences. The needs of former SDU members whose operations were based in the local communities, former MK and APLA cadres who were in exile, are likely to vary considerably with one another, and also with former SADF members who received retrenchment packages. Cock (1993) investigated the situation of MK cadres who returned to South Africa as unarmed civilians. He illustrated the multifaceted challenges that face combattees as they attempted to reintegrate, economically and socially into civilian life. Many of them were unemployed and experienced difficulties securing accommodation. They were reliant on their families for support, which caused levels of tension and frustration. These problems were compounded by the disorientation and alienation they experienced on arriving home from exile.

Many ex-combattees suffered from emotional or health complaints and displayed symptoms of trauma. The ANC had suspended the armed struggle, but despite ongoing negotiations, South Africa remained in a state of war. Cadres felt helpless in the face of ongoing violence that terrorized the communities they returned to (Motumi & McKenzie, 1998; Mokalobe, 1999; Mashike, 1999). Instead of coming home with pride, ex-combattees came home to destitution and joined the unemployed masses of society (Mashike, 1999). Hostile economic circumstances awaited ex-combattees returning from war. The physical infrastructure and the environment were damaged and destroyed during the conflict. This had severe implications for the agricultural sector.

Ex-combattees who sought employment were discriminated against. Employers such as government and other departments considered ex-combattees as potentially violent people
who would disrupt the workplace (Vines, 1998). A similar stigmatization of ex-combattees by the private sector took place following demobilization in Zimbabwe (Musemwa, 1996). The poverty to which many ex-combattees returned confounded their expectations of what peace would hold for them. Skinner’s (1998) study of returned exiles in the Western Cape found that most had expected to come to a situation where they could at least obtain housing and employment. Many MK cadres expected a hero’s welcome and special treatment in recognition of their sacrifices outside the country (Skinner, 1998; Cock, 1993). For many their homecoming was characterized by poverty and unemployment. resentments surfaced.

One of them confessed: “I am very bitter. what makes it worse is to see people who have never gone to exile. some of whom never cared about the ANC and were not even interested in the revolution. But today they are holding jobs in the organization and are driving smart cars. At the same time those of us who fought for liberation have to start from scratch (Cock, 1993)”. Disillusionment and resentment both towards those who are perceived as not having made any sacrifices and towards former leaders. are not uncommon among former combattees. especially in the context of liberation politics (Kingma, 2000).

2.10.3 Former Yugoslavia

In Yugoslavia, workshop participants who worked with refugees and other trauma survivors. reported that one symptom of war trauma is a feeling of utter impotence and powerlessness. These field workers asked for help in handling their own reactions to
dealing with deeply traumatized people. Issroff (1997) pointed out that trauma is contagious. Becoming affected by those who have been deeply traumatized is unavoidable. Field workers should have debriefing, co-counseling, training and support built into their work situations. This is not a luxury but a necessary and integral part of their working lives. This will limit or prevent breakdown, attrition and burn-out.

Traumatization is also transmitted trans-generationally. If recurrent cycles of violence are to be broken, it has to be recognized that treatment of trauma is as essential as any other part of work in conflict situations. A traumatized person may be physically present but emotionally unavailable for any sort of constructive work. Sniezana Mrse, who worked with traumatized refugees in Yugoslavia, pointed out that people suffering from trauma are highly resistant to talking about it. The supporter’s role is to listen and wait. Eventually the wound will surface so it can be worked on (Issroff, 1997).

2.10.4 Colombia

Roughly 1% of Colombia’s population dies from violence each year, and less than 10% of those deaths are directly war related. There is a strong government backing for establishing community conflict resolution programs, some operated by non-governmental organizations (NGOs) (Issroff, 1997). Even in the midst of this need for structural change, few voices were heard on the need to deal with war and violence related trauma in the Colombian society as a necessary step towards building a culture of peace. People in Colombia according to Frieda Spiwak, acquired trauma from just knowing what the situation was, much less having been victimized directly. There is a need to build broad
social support for traumatized people, to find ways to share experiences and accept what has happened. Gissela Parren of Switzerland, observed that a traumatized population is not sick. What it needs is justice and solidarity. She encouraged looking for building culturally relevant rituals for accomplishing this. One suggestion was to begin with Colombia’s Catholic tradition and create some form of confession.

2.10.5 Into Africa

Issroff (1997) informed that the children of war conference, held in Mozambique drew a more therapy oriented international group of participants. Some heated exchanges came from Africa where it was felt that many foreign trauma experts attempt to impose western therapeutic models on Africa without regard for existing local beliefs and customs. A positive example is South Africa where trauma reduction work is involving traditional healers. Healers and therapists are working alongside each other in flexible arrangements that are still firmly grounded in a theoretical understanding of the nature of trauma.

2.10.6 South African Veterans Perceived Doom

The habit of violence is reinforced through military training. Violence is legitimated as an effective response to conflict. Eisenhart (1975) links this to the veterans’ potential for violence. This potential lies in the feeling of dissatisfaction by being asked to fight in such an ambiguous situation as Vietnam and by the nature of the treatment received upon return to the society that sent them to war (Eisenhart, 1975). The conditions are further exacerbated by their reaction to the inability of society, peers and family to understand. It
is a rage at being rebuffed in an attempt to explain one’s experiences or at sharing one’s world experiences and being cruelly rebuked (Eisenhart, 1975). The stories of South African men who fought in South West Africa (which is now Namibia) and Angola are much like the tales of America’s Vietnam generation. They found themselves far from home, fighting for an uncertain cause, being lied to by their officers, fighting battles that, in the official version, did not happen (Emprile, 1992). It is one thing returning from a war for which there is widespread support; it is another if the war has been shrouded in secrecy or misinformation. As a former conscript explained, “I was in Angola when on television they claimed that we had no intention of going into Angola. It was incredible. I had friends who’d been killed there, and they were saying we’d never been there in the first place” (Emprile, 1992). The alienation felt by these soldiers returning from combat was immense.

For the predominantly black South African citizens who left the country to fight apartheid, socio-economic conditions have played a significant role in dashing their expectations since their return. Many ex-combattees battle with the indifference of community members towards issues that motivated them to fight in the first place. An ex-MK soldier explains: “You come back from combat and you realize that life has gone by. We have our new democracy yet not much has changed. But you realize that you have changed, that you will never have your old life back. I can never be what I was. You think to yourself, “What did we do? What were we fighting for?” We live in an era of forgetfulness. I see my nieces and nephews dyeing their hair red or blond, and I get so angry. I am weird to them. I am weird to many people. There are many people like me who were in this war and who cannot go on with their lives. They feel forgotten. Many of us live with
frustrations. We struggle to survive economically and are stuck in a negative social environment, with no hope or dreams anymore (Tham, 1999).

An increased use of violence by veterans with PTSD has been associated with the psychological numbing and detachment from others that are typical of the avoidance symptoms. This dissociation happens when the sufferer is faced with a situation that he associates with the traumatic experiences (Vetten, 1998). The reduction in empathy that goes with the dissociation from others means that sufferers can more easily harm others in this state. Other veterans have described how their outbursts of violent behaviour have taken them by surprise as it has their victims (Solomon, 1993).

2.11 Transcultural Psychosocial Organization (TPO)

2.11.1 Characterisation of TPO

TPO is an international NGO with its central office in the Netherlands. It is committed to assisting developing countries, especially those affected by war and violence, to establish comprehensive sustainable systems of effective community-based psychosocial and mental health assistance (Issroff, 1997). The TPO East Africa programs promote a series of guiding principles of psychosocial and mental health interventions, namely:

- Follow a public mental health community based approach
- Integrate local context and culture into all interventions
- Build local capacity and maximize the use of local human resources
• Utilize a cascade of helping approach
• Combine biological, psychological and social initiatives
• Increase community sensitization skills for self-help
• Empower individuals, families and communities toward self-help
• Encourage human rights
• Promote peace
• Build local sustainability of helping services.

2.11.2 Mental disorders

It is believed that there are 450 million people with mental and behavioural disorders throughout the world (World Health Report, 2001). The World Health Organization (WHO) defines people with mental and behavioural disorders as:

Mental and behavioural disorders are clinically significant conditions characterised by alteration in thinking, mood or emotions, or behaviour associated with personal distress and impaired functioning. Mental and behavioural disorders are not just variations within the range of normal, but are clearly abnormal or pathological phenomena. One incidence of abnormal behaviour or a short period of abnormal mood does not, in itself, signify the presence of a mental or behavioral disorder. In order to be categorized as disorder, such abnormalities must be sustained or recurring, and must result in some personal distress or impaired functioning in one or more areas of life... Not all human distress is mental disorder...” (WHO, 2001). Categories of mental health problems are clearly defined in
internationally recognized guides like the DSM IV. Problems like schizophrenia, psychosis, manic depression, depression, anxiety disorders are common throughout the world.

2.11.3 Psychological problems

All people struggle with psychosocial problems at some time in their lives. Psychosocial problems are the results of situational, inter-relational and individual issues. Psycho or psychological components include the mind, thinking, emotions, feelings and behaviour. Social problems include living and relational contexts such as the environment, culture, economics, traditions, spirituality, interpersonal relationships with family, community and friends and life tasks and responsibilities. Issues or problems that affect psychological and social components of people’s lives are referred to as psychosocial problems. These can include:

- Psycho-problems related to emotional distress, sadness, fear or anxiety, etc.
- Social-problems related to relationships with family, friends, community, spirituality, work, school living environment, economics, etc.

The following are examples of social problems and potential psychological and biological consequences (Baron, Jensen & de Jong, 2003):
<table>
<thead>
<tr>
<th>Social Problems</th>
<th>Potential Psychological Consequences</th>
<th>Potential Health Consequences</th>
</tr>
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<tbody>
<tr>
<td>Rape</td>
<td>Anger</td>
<td>STDs, Injury</td>
</tr>
<tr>
<td>Unemployment</td>
<td>Frustration</td>
<td>Malnutrition</td>
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<tr>
<td>Alcoholism</td>
<td>Despair</td>
<td>Illness like liver damage</td>
</tr>
<tr>
<td>Robbery</td>
<td>Fear</td>
<td>Physical injury</td>
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2.11.4 Indigenous treatment of PTSD

Another key criticism of PTSD analysis is the applicability of a treatment that is located at the level of the individual. Such a treatment ignores the role of families, communities and socio cultural networks that draw heavily on spiritual ancestors which are so integral to psycho social relations in many cultures (Honwana, 1999; McKay, 1997). Researchers of demobilization in Mozambique highlight the invaluable psychological and social impact of traditional healing methods for both ex-combattees and the communities into which they are integrating (Mausse, 1999; Taju, 1998; Chachiua, 1999; Honwana, 1999). The healing process performed by the receiving community is imperative for the collective and the individual ex-combattee because it is understood to protect the community from pollution. Healing is achieved through non-verbal symbolic procedures and not through verbal exteriorization of the experience (Honwana, 1999). In Mozambique and in most rural areas, traditional rituals of welcoming and cleansing have arguably played the most
important role in connecting both severely brutalized former child soldiers and their older colleagues with civil society.

In developing countries attempting to recover from war situations, psycho-social care for ex-combattees and others is not afforded high priority. The demand for survival is high and takes up much attention of any poor person and addressing psycho-social issues may seem something of a luxury. The Non-Governmental Organization (NGO) Network Services (1996) identified psycho-social care as one of the most neglected and pressing issues in that region. Many Southern African countries lack systems of support and care (Cock, 1993; Mashike, 1999, Motumi & McKenzie, 1998). Hamber’s (1998) evaluation of psychological support services offered to victims through South Africa’s TRC examines the issues further. It focuses on the symptoms of stress and the extent to which current socio-economic problems complicated the identification and treatment of conflict related traumatic stress.

Many individuals have presented with a mixture of issues related to social, psychological and medical problems. Uncomplicated post traumatic stress (PTS) is not a common feature because in most cases, individual traumas are overshadowed by psychological and social problems. Social circumstances have made it difficult for individuals to deal with past psychological traumas. The so-called present difficulties such as substance abuse, relationship breakdowns, and so on, are symptoms of long term traumatisation, which has been compounded by impoverished living conditions. At other times the impoverished living conditions have heightened the primary trauma and have also in themselves caused a range of new psychological difficulties and problems (Hamber, 1998). In addition, for
militarized people, the instilled notion of hardiness and invulnerability, which is so important to the construction of militarized identities, may have severe consequences for their attempts to deal with trauma. Research on youth combattees in KwaZulu Natal has found that a range of hardships inherent to their marginalization, in combination with experiences of violence, have fed an attitude of "stoic survival". It is not permissible to talk about fear and vulnerability and not coping (McKay, 1997; Straker, 1988). Dealing with issues of emotion is hindered by their self-perception as strong and invulnerable youth leaders at the forefront of community struggles (McKay, 1997).

2.12 Psycho-Social Consequences of War and Violence

2.12.1 Effects of violence

The problems experienced by those affected by war and violence change over time. In the emergency phase during and immediately following displacement or other traumatic experiences, many people appear fearful, and psychosocial distress seems to be due to the immediate experiences, worry about survival and uncertainty of the immediate future. Though people vary in their levels of symptoms of distress, they tend to concentrate their psychological energy on survival (Baron, Jensen & de Jong, 2003).

Levels of intensity or number of traumas experienced and extent of distress are related, but not in a one-to-one fashion. Some people are victim to extreme events without developing problems during the initial displacement, yet have symptoms of stress later, while others never have symptoms. Others may have symptoms at the beginning that later disappear.
Some people experience what appears to be minor traumas, yet develop serious psychological reactions. Thus, simply experiencing an event does not necessarily trigger the symptoms of distress or more serious emotional reactions, like PTSD (Baron, Jensen & de Jong, 2003).

Protective factors related to the individual, family and community play a role in minimizing stress, aiding coping, and preventing PTSD and other disorders. For refugees, these protective factors include extended family involvement as a unit of mutual support, access to employment, sharing, small camps, freedom of cultural practice, and ability to frame problems in terms that transcend the immediate situation and give it meaning (Jablensky et al., 1994). The balance between the number and severity of stressors on the one hand, and protective factors on the other, has an impact on possible traumatisation. This might explain why some people develop reactions and others do not, even though they are exposed to the same experience (Baron, Jensen & de Jong, 2003).

The intensity, severity and meaning of complaints immediately after a crisis may vary, but the nature and types of symptoms seem quite consistent across cultures (Baron, 2000). Typical symptoms are similar to those reported by a focus group of southern Sudanese refugees soon after exile in neighbouring countries. They include feelings of fear and anxiety, physical pain (head, neck, back, chest, stomach, joints), shortness of breath and tightness in chest, loss of energy and motivation, change in temperament, estrangement from friends and family, disturbed sleep or nightmares, inability to make decisions, concentrate, or remember, loss of faith and spirituality, inability to work, loss of interest in care of family and self, and change in their interest in food or pleasure (Baron, 2000).
2.12.2 Past deficient counselling

An ex-combattee told that they once went to see the local psychiatrist who was resident in Oshakati and the major in charge of the South Africa medical services up the there. There they were basically told to grow up and carry on: that there was nothing wrong with them. There was no debriefing, no one wanted to know what happened to them. They were not prepared on what to expect when they went back home, or how they could try and integrate when themselves back into the society (TRC Report. Vol 5). Colonel Eugene De Kock, a South Africa’s former apartheid combattee, left the notorious police counter-insurgency unit, Koevoet in the early 1980s. He was suffering from what he believes was PTSD. This was a condition which went unrecognized by his superiors and he received no counseling. De Kock claims he was involved in 350 contacts with the enemy during the four years he spent in Koevoet (Ellis. 1998).

2.12.3 Security after war

Issues of oversight and control became central bargaining concerns. Individual ex-combattees returning to war-torn communities often feared for their well-being and physical safety. This prompted them to hold onto their weapons for self-defense (Potgieter. 1997). In South Africa in the early 1990s many liberation movement cadres returned to communities that were under siege from violent conflict. The armed struggle was officially suspended, but MK members urged the ANC leadership to take action. This resulted in a decision to train and arm Self-Defence Units (SDUs) in affected areas. These
weapons formed part of the SDU arsenal and many remain unaccounted for (TRC Report. Vol. 2).

Apart from political incentives for retaining weapons, ex-combattees are holding onto their guns for economic purposes (Berdal, 1996; Cock, 1998; Gamba, Meek & Potgieter, 1997). They sell the weapons for much needed income. Guns have also been exchanged for food, clothes and blankets (Cock, 1998). Disillusioned ex-combattees may decide to use their guns for criminal purposes in order to meet their economic requirements (Potgieter, 1997). Despite the growing international awareness of traumatic stress and its particular focus on soldiers and veterans, the “schizophrenic” nature of these soldiers’ lives receives no attention from the military structures.

2.13 Community-Based Approach

2.13.1 Signification of community-based approach

This section provides the messaging and purpose of community-based approach (CBA) and its purpose. Then it explains its contribution in psychology in dealing with stress and trauma. The principal purpose of CBA is to empower families to assist the traumatized victims in the home to save costs and increase effectiveness of the treatment.
2.13.2 Why is a community-based approach the preferred treatment?

According to Baron, Jensen and de Jong (2003), people with mental health and psychosocial problems can definitely be helped. Families and communities offer the best venue for the helping with both psychosocial and mental health problems. This help is enhanced when given new knowledge about how to help. Families and communities usually want to help, but often, lack of knowledge prevents them from doing so.

2.13.3 Transcultural Psychosocial Organisation (TPO) in Community-Based Approach CBA

Traditional healers and rituals can be useful in pulling a family or community together to address a problem and search for a solution. Traditional efforts, however, often do not succeed with mental health problems (Baron, 2000). A great deal of money is spent on traditional cures but none is found. Traditional healers try to help utilizing the methods they know. Often they are aware of the limitations of their methods and prefer to not be involved in unsuccessful cases. TPO discusses with the healers, elders, community leaders and members, the strengths and weaknesses of existing helping methods. Cooperation and collaboration are encouraged and referrals are also made among role players.

TPO works in close collaboration with local community leaders, government officials, civil authority, international and local NGOs and United Nations Organizations. It provides preventive and curative psychosocial and mental health interventions to assist people who suffer from emotional distress caused by trauma, displacement, psychiatric
illness, psychological, social, domestic and socio-economic problems. TPO interventions promote respect for human rights, peace, reconciliation, community, family and natural healing systems (Baron, 2000). Its community based interventions include:

- Cascade of training
- Individual/Family/Group/Community counseling
- Crisis intervention
- Community workshops to raise awareness and to educate
- Youth, children and community activities
- Mental health and epilepsy education/referral/and treatment
- Referral to other resources i.e. health care/legal services/relief assistance etc.
- Advocacy
- Effective research.

In order to implement these interventions TPO East Africa follows a series of programmatic guidelines that respect the context and culture of the local communities. These guidelines include:

- As an NGO, TPO is a cooperating partner with the public sector. Initiation of any programming requires cooperation and planning between TPO and public sectors such as government, civil and community structures.
- Helping interventions need to be well planned with clear goals and objectives from the beginning in order to lead to sustainability.
- From their initiation, interventions include ongoing means of assessment to monitor and evaluate their effectiveness.
• Interventions are integrated into the full public sector such as local government, civil and community structures.

• Interventions should respect the beliefs of the people and encourage changes in attitude and potentially new methods of helping if the traditional methods are not effective or there are violations of basic human rights.

• Families and communities are expected to participate in interventions and to be responsible for helping themselves.

• Interventions should be easily accessible and based inside the communities.

• Helping teams made should be made of local people. The teams should not be made from imported expatriate helpers, but rather from locals trained to help their own communities.

• Guidelines for confidentiality must encourage privacy, but should not impede the ability for the community to make referrals and for the helpers to work with the community to assist with problems that arise.

• Comprehensive community awareness campaigns are essential for the promotion of community-wide understanding of the purpose, goals and strategies for psychosocial and mental health helping.

• All interventions must be transparent.

Self-help groups are a sustainable means to encourage people with similar problems to help each other rather than depend on the help of a helping person. The TPO counselor utilizes a family and community focused approach. Counselors provide the basics of good counseling by giving understanding, compassion and support to their clients. They work
with an individual and his/her family to empower them using an action-oriented problem solving approach. In addition, encouragement, advice, cognitive, behavioural interventions and stress reduction techniques are used.

2.13.4 SAPS Approach

This section discusses building psychological resistance through learning from the South African Police Service (SAPS). Grossman (1998) explains that building the fortitude of fighting men has traditionally been the business of the military. However, in recent years growing concern about the stress experienced by police officers has prompted a range of studies aimed at understanding, and coming to terms with this problem. Williams (2001) postulated that while there are remarkable similarities between the types of stressors and responses of police officers and the Vietnam veterans, there is also one crucial difference: For police officers the war never ends because they are on duty for 24 hours a day, 7 days a week to protect and serve. The police officer does not, however, always undergo the high level of sustained stress that the combat soldier does, instead there are repeated episodes of major or minor traumas over a prolonged period of time (McCafferty et al., 1990).

Many police officers cope with the ongoing traumatic exposure that their occupations demand. Effective and ineffective coping strategies amongst police officials have become a focus of concern. One coping strategy that has long-term effects on the belief systems of police personnel is the assimilation into the police role, a necessary and important part of becoming a successful professional. Violanti (1992) describes how this role assimilation
has both personal and social features, and results in cognitive inflexibility and diminished use of other roles both of which may increase the potential for PTSD. Reducing stressors and increasing people’s capacity to cope may not be sufficient, especially when those people’s occupation places them in life threatening situations. For people who risk serious injury and death on a daily basis, the capacity to resist the negative effects of traumatic exposure is invaluable.

2.13.5 Ex-combattee community

The NGO Networking Service (1996) suggest that one way of avoiding the burden of reintegration may be to keep former soldiers together, essentially in a community of their own. One example of this possibility is being implemented in Ethiopia where former fighters are being supported by the government to build their own civilian community. Many people remain skeptical about the presence of a large number of ex-fighters in close proximity to each other. However, there are arguments that because of the high levels of organization and discipline in this particular group, the communities will succeed (NGO Networking Service. 1996).

2.14 Reintegration

2.14.1 Process of reintegration

The term reintegration suggests a return to a prior condition (Taju. 1998). The long term transition of combattees to civilian life, may be described as integration, especially if the
combattee has spent most of his or her adult life in the military environment. According to Kingma & Pauwels (2000) and Taju (1998), ex-combattees do not necessarily return to the areas and communities from where they came. They are also not the only members of war-torn societies who have to make new beginnings. Some family members of combattees have also left their home country to go into exile (World Bank, 1996).

The communities that former combattees return to may be damaged and unstable. In Mozambique many communities were affected by the war, which resulted in displacement and thus the reintegration process was affected. Massive movements of the population had adversely affected the ability of many communities to participate in the social integration of former combattees. The receiving communities were also engaged in the task of social rebuilding after trauma of conflict and new power relations had emerged as a result of the conflict (Taju, 1998). The lasting success in meeting the challenge of reintegrating arms and soldiers into society after an internal armed conflict depends on the extent to which short-term concerns about security and political stability are addressed and effectively reconciled with long-term strategies for economic reconstruction and development (Berdal, 1996).

Kingma and Pauwels (2000) argue that issues of security and threats to derail peace processes are powerful motivating factors. He further said that a consensus should be developed emphasizing that special efforts for ex-combattees were necessary during demobilization. Support, according to Kingma and Pauwels (2000), should be community based and part of general post conflict rehabilitation efforts. Mainstream programmes that offer assistance with skills development and training, should include ex-combattees. A
specific focus on former combattees may contribute to further marginalization and isolation (Nubler, 1997). The programme orientation should be towards meeting the needs of ex-combattees and the communities to which they return, and must also encourage full reintegration by ensuring that ex-combattees are not a special group among the community. It is important that the programme design should recognize where and how their individual experiences differ (NGO Networking Service, 1996). The challenge lies in striking a balance between the two.

2.14.2 Ex-combattees' complexities

Many ex-combattees felt that the extent and nature of their experiences as soldiers in exile was not appreciated by those at home (Cock, 1993). This is compounded by the fact that ex-soldiers are reluctant to share their military experiences with civilians. Military veterans are subject to emotional problems. They feel unreasonable hostility towards civilians who carried on with their lives while they suffered. They also have problems in verbalizing their experiences because their loved ones cannot fully understand what they are talking about; they feel like nobody cares (Military research group, 1993).

Skinner (1998) noted a tendency specifically related to MK cadres. He stated that they were reluctant to expose themselves emotionally and sought to preserve a façade of invulnerability. Problems of trust are evident in their lives, their experiences in the camps eroded trust. There is a strong need to contain within themselves information that might damage them in some way if it were leaked. Fellow ex-combattees were the only ones trusted with such information (Skinner, 1998).
The tendency of ex-combattees not to disclose details of past experiences have implications for any research that attempts to deal with military experiences of ex-combattees. For most former soldiers, feelings of alienation were often compounded by disorientation experienced on their return and general unfamiliarity with civilian life. The ex-MK cadre's basic needs during war time were met by the ANC, and therefore ex-combattees were not used to organizing their own lives. They struggle with day to day chores such as opening a bank account. Similar experiences of alienation and disorientation were faced by Angolan guerillas who were dependent on their leaders (World Bank, 1996).

The stresses of reintegration into civilian life are often complicated by trauma induced by ex-combattees' experiences of war and the hardships experienced during their time in the military.

Mashike (1999) conducted research with former MK combattees. He emphasized the need for rehabilitation programmes to address both difficulties of adjusting to normal life and trauma as a result of war experiences. This was a challenge as most ex-combattees refused to discuss their personal problems.

It is the story of war, soldiers are forgotten, that is what happens after war, society carries on and soldiers are left behind. It is a problem which cuts across armies (Motumi & McKenzie, 1998). This is dependent on an ex-combattee's ability to form and maintain trusting relationships with the community. Research in Uganda supports Cock (1993).
findings in South Africa, and shows that the community’s reception of veterans in Uganda was largely ambivalent and at times negative. This was attributed to veterans’ poor financial status and lack of property, which prolonged their dependency on extended family and neighbours. Their poor health was described as a mental burden on the community (Mondo, 1996).

Tensions between combat-generated identities of ex-combattees and civilian identities of the community often arose. Women ex-combattees frequently faced particular difficulties when returning to civilian life. Having embraced combattee roles that challenged those traditionally ascribed to women, they are expected to comply with traditional gender norms upon their return (NGO Networking Service, 1996). Their involvement in a conventionally male domain can also lead them to be confronted with moral suspicion. In Zimbabwe female cadres were accommodated in the same facilities as males, prompting allegations of immorality. Some South African civilians have articulated similar sentiments: “I cannot imagine being involved with a female ex-combattee. I really doubt their moral standing. I even fear a situation where she might shoot me when we have a row” (Mokalobe, 1999).

2.15 Acknowledgement of Diversity and Differences in Recovery from Trauma

Individuals’ responses to any event differ enormously. Some people are temporarily overwhelmed by traumatic experiences and are forced to put a great deal of energy into coping. Others seem not to be affected at all. Kobasa (1982) defines hardiness as a personality construct that moderates the effects of stress on individuals. Commitment, and
control characterize the hardy personality. Commitment is the belief in the value of what one is doing and the resultant tendency to become fully involved in the world as a social being. Control is the belief that, within reasonable limits, one’s actions do influence the course of events. Hardiness has been found to provide a buffer against PTSD in veteran populations. King et al. (1998) found that hardiness mediated the relationship between war zone stressors and PTSD in a sample of Vietnam veterans. In a further study of Vietnam veterans, findings endorsed hardiness as an interpersonal resource that promotes long-term well-being in the face of negative life events (Boyd, Guy & Moore, 2005).

2.16 Conclusion

South Africa has a vast and heterogeneous ex-combattee population. They derive from a multitude of armed structures that were drawn upon to fight in South Africa’s conflict. Since the transition to formal democracy, many of these ex-combattees’ situations are unknown. Studies that explore ex-combattees’ issues tend to be focused on the formal process of demobilizing former non-statutory force members who did not qualify for reintegration in the SANDF. It is important to understand these processes for insight into the context affecting many ex-combattees: as well as for informing the development of appropriate strategies to support them in making the transition.

Fears are fuelled about ex-combattees’ involvement in cash heists (Laurence, 1998): investigations into the actual involvement of ex-combattees in violence have not been conducted in South Africa. These issues raise a number of questions and outlines some of
the key factors informing the violence potential that have been identified within the
literature drawn from other sources. It is therefore necessary to address the numerous and
complex stressors and challenges faced by ex-combattees as they attempt to move into
civilian life.

How ex-combattees negotiate various war generated identities when they depart from
militarized structures, is a neglected area. The expectation is that ex-combattees will leave
war generated identities behind. This does not happen easily especially when there are few
opportunities through which alternative identities can be built. War generated trauma also
continues to have an impact on the lives of many ex-combattees with consequences for
those around them and society at large. Psycho-social challenges facing ex-combattees in
their transition require attention. The lessons drawn from the few that have engaged with
these issues are valuable and require further development. Ex-combattees are generally
considered to represent a threat to peace and security in post conflict societies.
CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

The previous chapter presented literature review to explain theoretical concepts about ex-combatants to direct the empirical study. This chapter explains and justifies the research methodology followed. It also leads to the next chapter which presents the research findings. The topics discussed in this chapter are sampling, research design, data collection, data analysis and limitations of the study. The necessary details are given under each main heading.

3.2. Sampling Design

3.2.1. Research type

Various authors (Creswell, 1994; Denzin & Lincoln, 1994; Lee, 1999; Miles & Huberman, 1994; Stroecker, 1991; Swanborn, 1996; Verschuren, 2001; among others) accept the categorization of research into qualitative and quantitative types. In general, if a study requires responses that require numeric responses, it is called a quantitative study while that which requires non-numeric responses is called a qualitative study (Clarke & Dawson, 1999: 65; Hatton, 2004: 48; Smith, 1990: 123; Winter & Munn-Giddings, 2001: 14). The data required in this research were mainly of exploratory and strategic nature for explication and intervention, and development of
guidelines to help the ex-combatants. Thus, this study required a qualitative approach. It was action research orientated to the extent of its intention to improve the lives of ex-combattees

Further, the researcher intended to acquire an understanding of the conditions, feelings as well as perceptions of the ex-combatants. According to Parse (2003), the appropriate research approach in such a case is phenomenology, which helps to understand the unique meaning and significance of the descriptions of the phenomenon in question. The essence of this research was to investigate the experiences that the ex-combatants lived since they came back from exile. Sadala and Adorno (2001) explain how a phenomenological research method is useful in understanding such experiences.

3.2.2 Rationale behind use of phenomenology

Phenomenology is an analytical method that focuses on what people experience and how they interpret the situation (Creswell, 1998; Patton, 1990). It is concerned with the study of phenomena. It is also a philosophical movement that deals with human and social sciences such as psychology with regard to attitude, approach, design, strategy, method, or technique with lived experience (Edwards, 2001). It facilitates an understanding of lived experiences in everyday life and the ways in which people make sense of the social world and its political organisations and affiliations (Gubrium & Holstein, 2000).

The idea of phenomenology is explication and intervention with the aim of bringing about beneficial change in the researcher, therapist, client, research participant, caring dialogue, research setting and/or therapeutic alliance (Gilliland & James, 1997). It helps people to
live in improved conditions, to solve, improve and accept problems in life. Intervention brought by the approach implies intentional action to bring about an immediate and effective form of beneficial change. The conditions of the ex-combatants were somewhat underprivileged, and needed to be changed in order for them to live better lives.

3.2.3 Population and sample

The study population refers to the entire group of people or items that would be available to provide the responses required in the study (Chia, 1995: 580; Eden & Huxham, 1996: 79; Hand, 1997: 129; Hassard, 1991: Putnam, 1999). In many cases the population is so large that it cannot be used due to inability of the researcher to handle it. In this case a carefully selected subset of the population is used for the study. A subset of the population that is used for the study is called a sample (Crombie & Davies, 1996: 88).

Initially, all ex-combatants served as possible participants that might be included in the research sample. However, for appropriate delimitation, the study focused only on ex-combatants who were at the Trauma clinic in Braamfontein, Johannesburg. In particular only those ex-combatants who suffered from Post Traumatic Stress Disorder (PTSD) and visited the clinic regularly were considered to be involved in the study. Therefore, these people formed a sampling frame, which is that portion of the population from which the sample would be selected (Daymon & Holloway, 2002: 157; Grubbs, 2001: Haslam & McGarthy, 2003: 110; Johnson & Cassell, 2001). The research sample was selected from the sample frame. A sample of size six respondents was selected for the study.
3.2.3. Sampling methods

Probability sampling was not applicable in this study because it would make available every ex-combatant in the clinic. It would therefore risk the inclusion and use of members who would not have the required information. This study was an in-depth study, which means that it required detailed responses from a few respondents who had insight into and in-depth information about the topic being explored (Haslam & McGarty, 2003: 110). An in-depth study does not require many respondents; it requires few respondents who would provide enough information to accomplish the study. As a result it was decided that twelve ex-combatants be interviewed informally in order to extract information and clarify issues regarding the topic. Specifically, the sample was selected to glean information with regard to their conditions in the country since they returned from exile and for intervention purposes as described above.

Focus groups, non-probability methods used when groups of sampling units are formed by selecting only those elements from the population that have a particular characteristic (Haslam & McGarty, 2003: 110), were found to be relevant for this study. This method was used because the study had a specific task to accomplish, namely: to explore their conditions in the country after hoping to live better in a post-apartheid South Africa. The respondents who formed the focus groups were targeted with the help of the clinic management who had the information that ex-combatants themselves were not likely to disclose with clarity.
3.3. Research Design

3.3.1. Study coverage

This research focused on ex-combatants with PTSD. The reason was that it was intended to establish a sustainable model for improving life conditions of the ex-combatants. Literature was reviewed to observe the patterns that were used by the international ex-combatants in developed and developing countries outside South Africa. This was pursued in order to develop benchmarks with the hope of customizing useful methods from other nations for South Africa. Focus of the study was not extended to those without PSTD, and those employed.

3.3.2. Instrumentation

Informal questionnaires and unstructured interviews were used to collect information that would corroborate and/or justify any changes needed to help the ex-combatants. It was not easy, and sometimes it was impossible to find accurate information inside the industry because such information was considered sensitive and/or exclusive to the ex-combatants left out by their comrades who were working. The reasoning given by the possible sources of information was that giving away such information could be misused. Some psychological reports or extracts from reports were also used for collecting data. Observation was an additional tool in the research because the researcher was involved in helping PSTD patients in the clinic. It was important to collect the information the way it happened because there were simply no better possibilities.
Questionnaire development was not a major task because the questionnaire was informal. The questions prepared were written down as a guideline for the unstructured interviews. In the act of piloting the questionnaire, the copies of the questionnaire were sent to, and then discussed with statisticians at the University of South Africa (Unisa). For the type of study undertaken and the given objectives, there was a general agreement that the approach and instrumentation were acceptable.

3.4. Data Collection

3.4.1. Data gathering methods

Clarke & Dawson (1999: 67) and Yin (1994: 78) point out that the six major possible sources of evidence for a case study are documentation, archival records, interviews, direct observation, participant-observation and physical artifacts. The conditions of ex-combatants were unique and could not rely on archival records for improvements. Direct observation and participant-observation were limited to events that took place during the duration of the study. Physical artifacts did not apply to this study. Hence, the major methods used were interviews, even though unstructured; and documentation in the form of reports.

At the beginning of data gathering a protocol was prepared to set the stage for the process. The nucleus of the protocol was a set of substantive questions reflecting the actual inquiry, which, according to Yin (1994: 69), should have two characteristics. These were the questions were posed by the researcher to elicit information required, and a list of probable sources of evidence.
The latter included the names and profiles of the individuals targeted for the unstructured interviews and discussions, as well as the documents required for the information needed.

3.4.2. Persons involved

The researcher was a source of information during participant-observation due to being a practicing psychologist. Other participants were students enrolled at the former Technikon South Africa (now part of the new Unisa). There were also facilitators contracted by the clinic to run psycho-educational sessions with the ex-combatants. The participants were affiliated to various political organisations.

3.4.3. Data gathering management

Management of the data gathering process is important because relevant data are needed to produce useful results. Yin (1994: 90) provides three data gathering management principles. These are use of multiple sources to gather evidence, creation of a database and maintenance of a chain of evidence. This study used multiple sources of evidence employed to gather information. There were informal interviews, informal questionnaires and use of reports from the therapists who worked with the ex-combatants. Multiple sources would ensure corroborations of the same facts and supplementing of other information where necessary. Further, a database in the form of study notes was also created to organise the data/evidence collected. Thirdly, a chain of evidence was maintained when the various sources of information were used to collect data and corroborate the evidence collected.
3.4.4. Duration of data collection exercise

Data collection is not always a once off exercise. When a need arises, data are collected in the act of an ongoing process that takes many forms because of their value to the study (Costello, 2003: 39). This was one such study especially due to it being a phenomenological and action research orientated. The informal part of the preliminary data collection exercise started from the year 2002 when the researcher registered as an educational psychologist. More informal data were collected when the researcher was invited for various sessions at the clinic in the years 2003 onwards. Information gathered from these preliminary exercises served as motivation to conduct this study. The final, formal data collection exercise took about one month to complete.

3.5. Data Analysis

3.5.1. Data analysis methods

Analysing data consists of examining, categorizing, tabulating or recombining the evidence to address the initial proposition of a study (Yin, 1994: 102). In some more specific terms, Kleiman (2004) pointed out that in phenomenology, data analysis is a way to search for meanings that takes the form of open-ended critical reflection, which involves questioning spontaneous interpretations of events, sharing, and then comparing interpretations and questions to create an opportunity for challenge, surprise and mutual learning.

Holland, Daymon and Holloway (2002: 231) point out that data analysis does not take place in a single stage after data collection. In their description, it is a continuous, systematic process
which runs simultaneously with data collection. It is in this sense that data analysis for this study started from preliminary stages. Idea generation advanced more during literature review and interviewing, before reaching its final form when the South African ex-combatants were compared with the international perspective provided in the literature.

Costello (2003: 70) insists that all the data collected should be discussed in the report. Where some data were not discussed, reasons for their collection must be given. Appendices should be used to offer the reader a more extensive account of the research where some useful information could not be permitted in the main text of the research. This may result when important issues arose in the study even though they were not in the scope. In this thesis, appendices are included.

3.5.2. Data handling

Data handling of already collected data starts with data organisation, which involves putting data in a form that is appropriate for data analysis and also fitting the study objectives (Crombie & Davies, 1996:251). Dennett (2001: 119) informs that assessment sheets may be used for data handling. This includes data checking, data editing such as reduction (if required), data coding and graph plotting. For this study, data handling involved arranging of facts from the various sources according to the themes in line with the literature review. The main purpose was to enable comparison of the current situation of the ex-combatants with what the international successes entailed. There was limited editing to make. reduction of data was not necessary, and since data was qualitative, there were no plotting of graphs.
As implied in Costello (2003: 70), data collected should be partitioned into two parts. One was for analysis and inclusion in the main body of the thesis and the other for appendices. Data handling in this study covered this exercise.

3.5.3. Preliminary analysis

Preliminary data analysis refers to the initial stages of data analysis that involves finding out the indications of what the main findings would entail. It may start in an informal pattern, and this makes a research ‘reflective’ diary necessary to establish and use (Kemp, 2001: 90). The reflective diary is usually used to record personal assessment, feelings, reflection and interpretations. Preliminary data analysis assisted in determining the optimal approach to undertake the main data analysis. After the final main data analysis, the records from preliminary data analysis were then incorporated in and consolidated with the main data analysis records to compile a complete report.

3.5.4. Computer programs

Depending on the study type (O’Neill & Heathfield, 2004) computer programs are available to undertake research. Quantitative research software packages include Statistical Application Software (SAS), Statistical Package for Social Scientists (SPSS), StatGraphics, Statistica, Excel and Lotus 1-2-3. Odom, Klingerman and Jakowski (2004: 284) point out useful programs in quantitative research such as the Social Skills Rating Systems (SSRT), the Teacher Rating of Social Skills (TRSS), the Vineland Adaptive Behavior Scale (VABS), Observer, MOOSES, and
PROCODER. These packages are used worldwide for different studies, and are more useful on very large text data and complex researches.

The message put across by the various authors is that the choice of a computer program depends on the complexity of the study. This study was very important but did not require large data. The computer program used in this study was Microsoft Word. The work for this study did not require any sophisticated programs.

3.6. Limitations

The study was limited to the ex-combatants in South Africa, who were admitted at the Braamfontein clinic for PSTD. Other ex-combatants outside the clinic were not formally explored. Further, the length of the thesis is limited by the available literature and the empirical research. Therefore, the study was constrained within a fixed scope. There was also a time limit within which the study must be completed. The implication was about speeding up the research process so that the due date of the thesis could be satisfied. Even though literature covered ex-combatants globally, the empirical part of this research was limited to the South African environment.

3.7. Conclusion

The study discussed sample designs, research designs, data collection methods, data analysis methods, and limitations of the study. In sampling design research types, population, sample and sampling methods were discussed. Research design covered study coverage and instrumentation.
Data collection included data gathering methods, persons involved, data gathering management and duration of data collection exercise. Data analysis covered the methods, data handling, preliminary analysis and computer programs. In addition to presenting the above in a more encompassing form, they were customized for this research. This was done in order to support the phenomenological and action research nature of this study.
CHAPTER 4: RESULTS

4.1 Introduction

Chapter 3 explained the methodology that was followed in this study. This chapter presents the results, i.e., research findings. They were in the form of discussion held with the ex-combattees. The ex-combattees narrated stories of their experiences since they came back from exile, where they fought in the struggle for the liberation of South Africa. The current chapter presents the discussions held with the ex-combattees as the empirical research. This chapter will be followed by a presentation of the conclusions, in which recommendations and implications will be presented. For the empirical study of this chapter, the researcher was part of the psycho-social group sessions that were held to assist ex-combattees with their trauma experiences. The researcher made a follow-up with four survivors of the group who told their stories then. They told these stories again, post the intervention through the psycho-social support group. Pseudo names were used in the stories that follow below, the first one being the experiences of the researcher. These names ensure anonymity of the respondents.

4.2 Trauma Experiences of ex-Combattees

Chapter 3 informed that the study followed the phenomenological approach. According to Edwards (2001), phenomenological methodology requires persistent discipline and insistence on continuous careful bracketing of bias and rigorous suspension of
assumptions, preconceptions and theories. This is done in order to reveal continually original, new and fresh reality. Consequently this chapter includes a personal description of the phenomenon being investigated, namely: the experiences of ex-combattees.

My personal experiences were informed by the counseling practice, which involves many of the ex-combattees. At the trauma centre in Johannesburg where I served for a few years, my work was to deal with the traumatised ex-combattees. I have attended various workshops and training sessions held by various international experts with diverse experiences from their own countries, who had worked with ex-combattees from their own and other countries in which they served.

The other respondents' identities have to be protected. Their choice to participate was based on their relationship with the researcher, their willingness to “talk their hearts out” in frustration and to distribute information widely, as to increase their chances of securing empathy from others. They were asked to share their experiences since returning from exile, and participating in the struggle for liberation. The progress of the interviews was conducted using Edward's (2005) code where the questions posed, served as the fundamental theme that “was maintained with appropriate reflective techniques throughout the interview”. The respondents duly accepted when asked to edit the transcribed narratives and thus the research remains valid as well as reliable.

To ensure that readers understand the discussion, each narrative commences with an introductory summary in italics. The discussions then follow to elucidate the crucial
constituent of the experiences. Data analysis is presented after these discussions. It is explained in detail before it is done.

4.2.1 A’s story

A appreciated the contribution made by the ex-combattees during the struggle for liberation, and sympathised with them because they were unemployed and society reject them by refusing to socialize freely with them. She then explained the trauma of ex-combattees, and the extent to which it affects them. She also felt that they had a role to play in society, but need to be retrained for relevant work if they are to be given tasks to undertake in society as non-combattees. A also appreciated their willingness to discuss their plight openly for the benefit of this study.

A described meaningful trauma experiences shared by the ex-combattees she worked with (A1). As a counselor and a psychologist, she personally discovered the extent of the impact the traumatic stories of ex-combattees have impacted on her life (A2). The most meaningful moments in her life have been related to the impact of trauma.

The whole experienced raised important questions about the self (A3): who is this person, the thought of her being in the position she is at presently, appreciating what ex-combattees have gone through and the sacrifices they have made (A4). All these were done for the freedom of the all inhabitants of South Africa (A5).
We sometimes forget the value of being in relationships (A6), of being loved and belonging to a supportive (A7) family. The experience that was touching for the researcher in the group was the pain (A8) that most of the group members carried from being rejected by their loved ones (A9) post war. The people they thought would be there for them no matter what. A lesson the researcher learnt is that in order for one to feel good about themselves, they must be acknowledged, appreciated and loved unconditionally (A10). This brings a sense of fulfillment.

By just being among people one might think that communication would be automatic (A11). From the stories told in the group process, the researcher realized that to communicate with others is a skill that needs to be learnt and practiced (A12). The pain and sadness that is brought about by miscommunication or lack of communication is profound (A13).

Ex-combattees are also human and all they need is to be accepted as members of families and communities (A14). They need to be recognized for their efforts in liberating the country from apartheid (A15). The trauma (PTSD) they suffer from needs to be attended to and the researcher (A16) feels strongly that the state must take the responsibility for initiating programmes and processes to assist ex-combattees (A17).

Equipping these ex-combattees with skills and training is essential, if they are to be fully reintegrated into civilian life (A18). The plight of these former soldiers needs to be known so that the ordinary South African citizen becomes aware of how our country came to be
democratic (A19), and for all of us to give credit where it is due. Once the truth becomes known (A20), then we can all work together towards healing and reconciliation.

4.3.2 B’s story

_B indicated that he had no regrets for participating in the liberation struggle. He blamed the wealthy people in government for failing to fulfill the promise that the ex-combattees would be the beneficiaries of a free South Africa. He felt sad that they were not admitted in the army. He explained the transformation he underwent through being a member of ex-combattee group. B acknowledged the relief he felt after being interviewed by a psychologist._

_I am proud of myself because I fought a good battle (B1). We are now free but I say it with a heavy heart because some of our comrades have forgotten us (B2). We were in the bushes together but today they are the only ones benefiting (B3). They are in positions of power in the government. driving big cars but we are poor (B4). we do not have jobs as a result we cannot provide for our families (B5). There were so many promises. We are tired of people calling us for meetings and nothing materializes after the lip service (B6)._  

_It is so sad that some of us were in high positions in the struggle but now we have been sidelined. It brings so many negative thoughts in my mind (B7). I do not want to resort to violence against my brother but for how long will I live like this (B8). Something must be done otherwise we are sitting on a time bomb (B9). It is no joke that comrades out there have run out of their patience (B10). We are experiencing discrimination of a different_
kind (B11), when you apply for a place in the SANDF they need a certain qualification (B12) or they only take people under a certain age group (B13). No one prepared us for all this; instead there were so many promises (B14). The conditions we find ourselves in make things worse (B15).

I felt much better when we started the group session with the other ex-combattees. I benefited from the sharing and discussions we held (B16): for the first time I understood what was happening to me (B17). I now understand what trauma is and the symptoms of trauma, sometimes I thought I was going crazy (B18). The group sessions yielded positive results in my life. I was fortunate to have a family that is supportive and they were patient with me, even now they are supportive (B19).

My attitude towards others is not hostile like before, my aggression is reduced and I can manage my anger appropriately (B20). I have grown to be a better person and I give credit to the help we got in those group sessions (B21). I feel I could have benefited more if there was more time given to those sessions. I still feel the process was cut short at a time where I opened up to the process and was starting to use it to heal myself. There are a lot of comrades who need this kind of help but only a few of us were given that opportunity (B22). I am appealing to you the psychologist to use your influence so that counseling is provided for all ex-combattees in South Africa (B23).
4.3.3 C’s story

C acknowledged the importance of the formation of ex-combattees group for those who were still unemployed. This assisted in valuing the struggle for liberation. He explained how his family had ridiculed him for the contribution, which ultimately leads to no rewards. He also believes that all ex-combattees need counseling. C reiterated his wish to see all the ex-combattees being incorporated into the workforce and enjoy the rewards of the struggle which had given them hopes of freedom and wealth.

The group sessions came in the right time for me (C1). What I was going through in my family was not pleasant at all. I was being blamed for wasting time (C2) being a member of a political organization that did not care about my well being. They accused me of putting their lives in danger (C3) while I was in exile because they had to make up stories of my whereabouts when the police demanded to know. I agree that I had caused problems for them but they would not give me a chance to tell my story and the reasons that pushed me to choose that path (C4).

When my own family made such accusations and refused to even acknowledge the difficulties I went through (C5), I got really angry and disappointed. My relationships suffered (C6) as a result and I also did not know how to manage my anger. Everything ended up in an argument. Then I was fortunate to be part of the group sessions. At first I was not sure whether to trust the process or not (C7); but as the people were explaining the aim of the group sessions then I felt at last somebody is doing something for us (C8).
As I said, this help came at the right time for me; I was at a point where nothing mattered anymore. I had given up, but now I am gradually starting to rebuild my life (C9), especially with my family. The skills I learnt were really helpful in dealing with my anger (C10), lack of trust and the past trauma. I still cannot fully trust but I do at least give a person an opportunity to say what they have to say.

I really feel that all former soldiers need counseling (C11) because these sessions have made me realize that I could not manage on my own. Most comrades have lost their jobs (C12) because they could not manage their anger and were always defensive, but in the civilian world it does not work that way. I cannot pretend that we are satisfied, the government still owes us a lot (C13), and promises that were made have not been fulfilled. Comrades are still patient but we are running out of our patience slowly. The ones at the top have conveniently forgotten us (C14), but I can tell you we are a time bomb. The status quo will not remain forever.

We cannot just sit and see our fellow comrades die everyday (C15). Some abuse substances, as it is their way of coping, which in fact make their situations even worse (C16). I would like to see all former soldiers being taken care of by the government, which we put into power (C17). It is our country and we must all enjoy the fruits of our labour (C18).
4.3.4 D's story

D explains the shatter of his hopes and dreams when he returned to the country and joined the masses of the unemployed. He is frustrated that some of their subordinates in exile hold senior positions in government and do not think of them. D is also sad because some comrades who die do not receive the respectful burials like ex-combattees would normally have received. He explained that he still has flashbacks of the battlefields. This angers him even further. He appealed to the psychologist to pass the message to the minister of defense to note and remember their condition.

When I came back home to a now free South Africa. I thought I was going to rest and just live my life peacefully (D1). I found myself in a worse situation than under the apartheid government (D2). This frustrated me so much that I just thought of going back to the bush to fight (D3), but this time not the enemy, but my brother. I saw no hope in the way our brothers are treating us (D4). Some of them were our juniors in the political movements but today they ignore us as if we have never met (D5).

I still have flashbacks and nightmares about the torture that I went through (D6). The scars are so deep. When I see that my situation is actually worse than when I was in exile (D7), I get even angrier (D8). Young comrades are dying from HIV and AIDS (D9), we were promised medical aid cards for easy access to medical treatment but so far nothing has been done (D10). We bury people every weekend (D11), and those poor families see to the financial burden (D12) without any support from the political organizations. When we
came back the leaders spoke of veteran associations (D13), those structures are there in name only. they serve no purpose at all. they are ineffective (D14).

I appeal to those that have access to the government especially the ministry of defence so that you can advocate on our behalf (D15). What we need now is for them to pay for our counseling (D16). There is desperation among former soldiers (D17): I think the counseling is necessary because it has made a difference in my life. I want to see all other ex-combattees benefit from this kind of assistance (D18).

4.3.5 E’s story

E complained that ex-combattees only receive promises, but never the benefits. He also acknowledged the significance of ex-combattee group, which has helped them to recognise the value of their involvement in the struggle for liberation. He believed that family members of ex-combattees should be counseled together with the ex-combattees because they also suffer. E acknowledged that he was not aware that he was traumatised until made aware during the counseling sessions and the ex-combattee group meetings.

I am worried about the segregation between the demobilization and reintegration of ex-combattees (E1). We know there is money set aside for us (E2) but only the elite few benefit from it. We have been promised all sorts of things but there is no delivery it is only lip service in the meetings (E3).
I am grateful for the group meetings we held even though the time was limited (E4). What I benefited from those interactions was the networking and interaction with other comrades (E5). I felt alone in my corner but after hearing other comrades relate their stories in the group I felt I belonged somewhere (E6). It was a comforting experience for me. Our experiences were common yet they differed in intensity (E7). I was not aware that I was traumatized (E8) but after the discussions I even told my family the experiences I was going through. My wife was saying that it is good that I was aware because they just kept quiet when I acted in a defensive way. They were glad that finally I was doing something about my past trauma (E9).

The group sessions brought a better understanding of those we regarded as our enemies (E10). These were former members of the SANDF. They were in-fact victims because the actions they took were instructions from their leaders; and what was amazing for me was that I felt sorry for them (E11). The exercise opened my eyes to see that all Africans were victims whether you worked for the political organizations or the SANDF (E12).

What I would like to see is for even members of our families to get counseling (E13) or some form of intervention to help them deal with us ex-combattees and also deal with their own fears and traumas. I think members of our families have gone through a lot and educating them about trauma and counseling even if it is in groups would benefit them and assist us so that we lead quality lives (E14). I really appreciate the opportunity given to me to attend the group discussions and today I am living a better life (E15), and it does not mean I do not have memories of the past, but the good thing is that I can cope with those memories and still live a full life. I have acquired skills for life and wish that all ex-
combattees (E16) in South Africa could be given that opportunity to live their lives with dignity. My wish is to see the counseling being rolled out to all provinces in South Africa where there are ex-combattees so that our country can really heal the injustices of the past (E17).

4.3.6 F’s story

*F has his own experiences working with ex-combattees. He explains that at the beginning, their stories touched him and he empathized with them. He agrees that some form of intervention is needed to resolve their predicaments. However, they also have a manipulative and demanding attitude.*

I listened to some of the horrible stories ever in my life about ex-combattees’ past experiences in exile (F1). It was very traumatic for me (F2) and I would not help it but empathize (F3) with them. They are a vulnerable group (F4), which has needs (F5) at all levels that is socially, medically, emotionally and educationally. Even though their stories touched me, as I continued working with them and got to understand how they operated (F6), I started to develop feelings of resentment (F7) because of their demanding attitude (F8). They have this tendency of threatening (F9) others if their demands are not met. Sometimes I had difficulty believing their stories (F10) because they could use their plight to manipulate (F11) any situation.

Working with them individually and in a group was very challenging (F12), because of their sense of entitlement (F13). Most of them joined the armed struggle when they were
young and inexperienced (F14). They were still developing and as a result were easily
influenced (F15) and they ended up making uninformed decisions about their futures. In
exile they experienced difficult circumstances (F16) and they had no choice but to adapt to
those situations. One way that they mentioned helped them was to distance themselves
from their emotions (F17). According to them there was neither time nor space (F18) to
deal with the traumatic situations. for instance death of a fellow combattee (F19). They
had to be strong emotionally because they did not want to be seen as weak (F20).

Based on F's personal experiences and the workshops he attended that dealt with ex­
combattees, F believes that a comprehensive programme (F21) that looks at their
difficulties holistically needs to be implemented in South Africa This brings to mind the
challenge that the South African government (F22) is faced with in provision of these
needs. Manpower is of importance because skilled personnel (F23) has to deal with issues
of concern for ex-combattees Collaboration (F24) with other government departments for
instance defense, labour, health, education, trade and industry. is needed to address ex­
combattee needs. Proper planning and needs analysis (F25) are important to ensure
sustainability (F26) of the programmes. Another area of concern is with the families of ex­
combattees (F27), they complain about being rejected (F28) and having difficulty forming
relationships (F29) with members of their families. Family members need to be involved
in the reintegration (F30) of ex-combattees and most importantly be educated about PTSD
(F31) and its effects on ex-combattees.

The issues ex-combattees are faced with are not in isolation, they have to be resolved in
their various communities (F32). It must be a joint effort (F33) to initiate and sustain
comprehensive programmes to help ex-combattees integrate fully into civilian life and most importantly to become self reliant (F34). Ex-combattees also mentioned that they use different methods in dealing with their own trauma (F35). Some say they use traditional ways of healing (F36), for instance cleansing helps them a lot. It is important for those who work with ex-combattees to include and respect various beliefs and cultural rituals (F37) which individual members have.

Local NGOs can initiate programmes like the ones implemented in the US for their war veterans (F38). These institutions are concerned with re-skilling war veterans (F39), assisting with their emotional needs, and eradication of abuse of substances, medical attention and other areas (F40). Assessments are also conducted (F41) to determine individual needs (F42) of these veterans. Family members of war veterans are believed to be educated and important in the reintegration process (F43).

4.4 Summary of Findings

The stories that the ex-combattees narrated were presented exceptionally differently with varying emotions. The ex-combattees indicated grave frustrations about being left out of the new SANDF militia after a spell and experience of combat in exile due to what had become unappreciated sacrifices (A4, B1). They had left the fun, families and friends in the country. They pointed that trauma (A1, F2, F35) was very high among the ex-combattees. We empathised with them as they explained their pain and sadness, and they gave the impression that they felt being victimised (A8, E11, E12, F3). Their stay in exile had had malicious impact (A2) because some of them had developed a sense of
entitlement (F8, F11, F12, F13) shown by demanding and attempting to manipulate those in government to provide them with help without having to go through the set channels.

Relationships in families were ruined (A6, C6, F29) by the isolation from other family members. The ex-combattees who did not work could not afford to support their families (A7, B5, B19, F27) due to lack of money. As a result they felt that their families ignored or sidelined them (C17, D5), that the community rejected them (A9, B11, D5), that companies discriminated against them (B2, B3, F28), and that former comrades forgot or sidelined them (A9, B3, B7). They also felt that they were not benefiting from being free citizen of the country (A5).

The ex-combattees showed desperation and frustration, and their expressions showed to be somewhat dangerous and violent (B8, B9, B10, C3, D17). They expressed anger and aggression, and they made threats and suggested that their plights were “time bombs” as they would stand and fight if delayed further (B20, C10, C18, D8, P9). They blamed lack of communication (A11, A13) by former comrades who seemed to be failing to recognise past efforts in exile (A15, C5, F6). They stated that they were poorer than before they took up arms (B4) and that they were becoming even more vulnerable when their plight was not being addressed urgently (A14, F4, F15).

According to the ex-combattees, former comrades had made empty promises (B6, B14) to them several times, which had given some hope (C15, D1, D4, D10, E3). However, as they were not coping due to being unemployed and emotional distress, their overall live conditions were deteriorating (B15, C21, F7, F20). They expressed their desire to be loved
unconditionally (A10, C2, C23), which was not forthcoming. They showed to be losing patience (C16) with inaction by government to address their plight. Some had lost jobs (C13) by going to go to exile and could not get them back. They felt that SANDF discriminated against them unfairly with age discrimination (B13, B14) because young and inexperienced recruits were being introduced hired.

These ex-combattees could not support their families financially (D12, E2). They were developing a kind of resentment (F7) for the democratic structures. Their frustrations and despair (D2, D3, D7) was only increasing. They were also losing patience (C16) with government. When they were refused opportunities they were told that they lacked proper qualifications (B12). The ex-combattees agree that they lacked skills (A12, C10, E16, F23, F39) for jobs other than military.

Other negative impacts (A2) that have cropped up due to diverse ex-combattees problems are trauma (A1, F2, F35) deaths that include HIV/AIDS related causes, and abuse of drugs and other undesirable substances. Some of them realised during their counseling that they had PTSD (A16, B17, B18, C8, C9, D6, E6, E8, E9, F18, F31). They have also stopped trusting government (C7, F10). They believe that since government has power and people in charge of it know their plight and background, they should advocate for their assistance using their power (B14, C14, C22, D15, F22).

Ex-combattees stated that they also have needs (B23, D16, F5, F25, F42). One of their needs is to be fully re-integrated into society (E1, F43). They believe that they need to interact (E5) with civilians without limitations. They indicated their desire to cope with
life challenges (F17, F34, F36, F37, F40). They also believe that for them and their families to cope, they all need to be counseled (B22, C12, D16, D18, E14, E17).

The ex-combattees had already embarked on some initiatives for coping. Some of them had formed/joined veterans associations (D13, D14), and others were sharing ideas and information in groups sessions (B16, B21, C1, C7, E4, E10, E15). The programmes for coping need to be sustainable (F26, F33). The ex-combattees believe that if government with its power (C14, D15) and communities (F32) can be involved, sustainability of these programmes can be realised. They further believe that some assessment (F41) is necessary to ascertain the needs of different ex-combattees.

4.5 Concerns from Discussions and Interactions

The next discussion emanates from the interactions with the ex-combattees as well as their diverse inputs in this study. It is not the focus of the thesis but we need to consider possibilities and other objective external factors that impact upon the current situations of ex-combattees. One asks oneself from a critical evaluative perspective that are there factors besides the political and war like conditions that contributed to the plight of ex-combattees: who have not been able to find jobs and not been able to re-adjust to civilian life? Would they have been very young when they joined the armed formations, that they got stuck in those past traumas? Were there characterological factors that were recognized by their leaders? To what extent were the ex-combattees problematic in earlier years: any behaviour problems, impulse control problems or anti-social behaviour early in life? Was there rejection by their families that led them to exile? Perhaps this made them ideal
candidates to be used by the political machine to bring about change in the country. Their comrades and leaders may have recognized those particular cadres and gave them positions of leadership in the army; but later post war they were isolated or side-lined.

4.6 Conclusion

The ex-combattees narrated their stories and these were transcribed. These served as the study results. These narrations were the data for the study. The data was analysed in line with the topics of Chapter 2, the literature review. Another dimension emerges from the study, which seeks to questions the exclusion of some ex-combattees when others were placed in the job sector. However, it does not form part of the scope and is left for other researches. The next chapter will use these results to formulate recommendations and conclusions.
CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The previous chapter presented the research findings through the discussion narrated by the ex-combattees who shared their South Africa experiences with the researcher since their return to the country. The narrations were geared to address the research topic. This chapter presents conclusions, implications and recommendations.

5.2 Conclusions

5.2.1 Trauma, the state of repression

The ex-combattees experienced repression. They were not employed, but were trained to be soldiers. The South African National Defence Force (SANDF) did not employ them, and they believed that they were qualified for employment in the organisation. Many former comrades are in government, while others have benefited from government programmes to embark on entrepreneurial activities. They have not received any of these benefits and as a result they feel betrayed. Their frustration is fueled by the fact that their comrades do not have time for them. They felt that their former comrades who had received the benefits of their efforts rejected them. Some ex-combattees construe their contribution in the struggle for liberation as wasted time. This repression constitutes a severe state of dreadful health that enhances trauma.
5.2.2 Victimisation

These ex-combattees blamed government for mediocre approach to caring for people, which included failure to cater for the ex-combattees. Their families were failing to acknowledge the pain they went through since their days in exile. Government was also not seen to be fulfilling its promises. As a result they considered themselves victims of government’s reluctance and unwillingness to assist and families’ lack of enthusiasm to consider them worthy members.

5.2.3 Impact

The ex-combattees insist that South Africans should acknowledge that they made a huge impact by going into exile to fight for liberation. It frustrates them that people do not take them seriously, or fail to respect them due to being unemployed. They highlight that the impact of their efforts for going to exile and fight are the democracy which everyone is enjoying, and the freedom that led to the democracy. Even though this is not disputed, the ex-combattees seemed to want anyone who addresses them to show sensitivity to the impact of their efforts.

5.2.4 Sense of entitlement

The sense of entitlement was evident when the ex-combattees stated that they deserve to be the first ones when wealth is distributed. These included when senior jobs are given
and when awards are made. They emphasised that they were promised these while in exile, and since they came back there were no signs of anything coming forward. Their tone was of demand for intervention. They also wanted to manipulate the situation of the study, demanding that the study be used to expose government and some specific government officials. Without negotiations this study would have stopped when they made their demands and accusing the research of being biased towards government by failing to expose it.

**5.2.5 Relationships**

Family relationships had virtually collapsed among many ex-combattees as they were being blamed for being irresponsible. Some ex-combattees were being accused by their families for leaving their jobs for exile and then coming back with nothing. Their plight received little sympathy. However, from powerful institutions such as government, they were not being attended to. They also lost friends, and were not able to gain new friends because they were being seen as different.

**5.2.6 Support**

The ex-combattees were males who were mostly fathers with children and grandchildren in poor families. A lot was expected from them. In fact, they were expected to provide support for the families. To be able to do this, they needed support from government, which they were promised. Since government support was not forthcoming, that placed a stop on possibilities for them to support their families. Since they did not have money.
they could not offer financial support to families. It also became difficult to suddenly be in control of the families by virtue of being father when they were being fed like children. They were being frustrated by being controlled by wives and working children simply because they could not introduce themselves to the families through financial strength.

5.2.7 Discrimination

There were claims by the ex-combatants that they tried to find jobs but failed. They did not get the jobs, apparently because companies were not comfortable with the way they presented themselves. This was considered as discrimination. In some cases the job sector tended to classify some of the ex-combattees as being older than the entry age desired for employing for long-term. They saw this as age discrimination. They also believe that the reason that the ex-combattees were only skilled in military was an excuse for refusing to hire them. They claim that security companies could have seen them as useful candidates, which was not factual.

5.2.8 Desperation and frustration

The ex-combattees were becoming more desperate because of waiting for too long for the promised intervention by government. It emerged from the discussions that frustrations emanated from the treatment that the ex-combattees experienced from their former comrades, especially when they recalled that they came from exile with them. These situations included their state of being unemployed, rejection by their communities, their families who felt they were a burden, and their exclusion by government. The ex-
combattees specifically stated that they were frustrated by their conditions. These conditions remembered their days in exile and the history they created. In addition they explained that they still recollect memories of traumatising events, and that they could remember the painful events vividly. These memories led to stress. This stress was inflated by being stigmatised, for receiving no recognition for sacrificing their personal development by going to fight for liberation in exile and for the betrayal by their former comrades.

5.2.9 Danger and violence

The lives of the ex-combattees were at risk, and this is known. When they mentioned this, they also stated that only heroes put themselves in danger, which they did. However, they stated that they got no reward for it. They pointed out that they were exposed to violence at an early age, which they did not deserve. They compare the physical danger and violence to which they were exposed as similar to the treatment they were receiving from people and from government. They stated that their return from exile exposed them to emotional danger and violence.

5.2.10 Anger and aggression

Sometimes the ex-combattees would try to keep calm. However, they could not always maintain their cool as there were indications of anger when they felt impatient with some of the questions. Their voices were hard and they spoke strongly. In many cases their
tones would embody aggression and rarely, impertinence. Generally, the ex-combattees showed to have respect when discussions were not sensitive.

5.2.11 Unemployment

The respondents were all unemployed. This bothered them. They were also bothered by that some of their juniors while in exile were employed, and sometimes the ones refusing to hire them. They mentioned that they were given promises, and at some point they were given hope. Promises and hope, they said, does not remove unemployment.

5.2.12 Deteriorating conditions

The prolonged and indefinite duration of obtaining no help from government or anyone was affecting the ex-combattees emotionally. Some of them were also realising that they were becoming worse, physically and emotionally, too rapidly. Communities and their families were also being dreadfully impatient with their plight, and sometimes blaming them for this plight. It was becoming unbearable for them to wait for promised help and keep applying for jobs without obtaining any positive results. They stated that their conditions were deteriorating.

5.2.13 Unwillingness by government

The ex-combattees argued that government has all the power to changes the law, institute new laws, provide funds, introduce programmes or do anything that it wants. To them, if
government was willing to help them. They could have allocated funds and gave directives to the effect that ex-combattees be placed on assistance and support programmes. They state that any inaction by government is unwillingness. Thus they believe that people in government lack interest in addressing their plight.

5.2.14 Needs of family members of the ex-combattees

The families of some of the ex-combattees were also frustrated by having their loved ones from exile unemployed while other ex-combattees occupied positions of influence in government and other practices. The stress was also affecting the members in the ex-combattees' families. The ex-combattees believed that their family members also needed counseling. They felt that their families were on the brink of collapse, and without external help or intervention, they were at risk. There was little or no trust from other ex-combattees. Family members blamed them for choosing to live in exile and fight in the struggle, only to reap no benefits, rewards or even recognition. The ex-combattees made a stern appeal for psychological help for their entire families.

5.2.15 Lack of opportunities

The ex-combattees were neither offered military positions for which they were trained nor other opportunities that were not military security related. Opportunities were lacking for them. The ex-combattees acknowledged that they observed lack of opportunities and reasoned that experienced people were being retrenched from their jobs in large numbers.
5.2.16 Lack of qualifications

Many of these unemployed ex-combattees did not have formal qualifications. However, they argued that some companies could employ them for unskilled labour where they have to use physical strength. However, they believed that employees did not want them to prevent mobilisation of employees when necessary. They want to remain in comfort zones of their apolitical employees.

5.2.17 HIV/AIDS

Some ex-combattees had acquired HIV and others were dying of AIDS without any help or support from the government. They argue that they got the syndrome while in exile. In exile the ex-combattees were exposed to the HIV/AIDS risk, and this became evident when the ex-combattees came back to South Africa. During the time of the surveys some comrades were suffering from HIV and AIDS and others were dying of AIDS. There was no doubt that they acquired the epidemic while in exile, yet they received no help from those that were in positions of power in government. This occurred despite the promises of receiving medical aid and other communal help for the sacrifices they made fighting in the struggle for liberation. This issue also led to repression.

5.2.18 Substance abuse

The ex-combattees were able to survive the worst conditions in exile. There they knew it was not home, and there were no promises there that they would live well. When they
came back to South Africa, they had been promised quality lives. It was expected that the returnees from combat would be placed in the army if they wanted. Some expected them to occupy the most senior ranks ahead of those from the former SADF and those from the former homelands for the blacks. Due to the pressures mentioned where their wait for government intervention is indefinite, the daily emotional harassment that they claimed they received, family pressures and the stress and despair that resulted, some resorted to substance abuse in an attempt to forget their miseries.

5.2.19 Counseling

It was clear that many ex-combattees needed counseling. Earlier it was stated that some of them resorted to substance abuse. When situations turn to this level it illustrates the seriousness of its impact. Their families could also not cope with them sometimes. This shows that the family members of ex-combattees too need to be assisted. Therefore, the ex-combattees and their families need to be counseled.

5.2.20 PTSD

PTSD was a common feature in the ex-combattees. At the beginning ex-combattees did not formerly know about this condition. However, their interaction with some psychologists educated them in this regard. Many started to understand why they behaved in certain ways. They could understand PTSD and what it could do to a human who had experiences similar to theirs. Some, however, remained in denial. The ex-combattees who were able to gain from the understanding of PTSD were expected to be of help to the ones
who had no exposure to the counseling sessions. PTSD was apparently also due to the memories of cross border raids that had been carried out by SADF during apartheid in South Africa. When they mentioned these, they had tears in their eyes.

5.2.21 Lost trust in government

At the beginning of democracy in 1994 government and the ex-combattees were closer than they were when this study took place. The ex-combattees felt being betrayed by their former comrades who were benefiting in government jobs but not opening up opportunities for them. They were losing trust in government.

5.2.22 Ex-combattees’ needs

There was an indication that the ex-combattees suffered mentally after being rejected by the communities in which they had lived. The ex-combattees had initially thought they were going to be hailed as heroes of the struggle. As this was not forthcoming, they attempted a social association among themselves in an attempt to release the seclusion that they were suffering. They formed a get-together club, which was weakening because the members were not able to raise money to attend to its activities and some were lost due to death. Thus, this was a further frustration because in addition to the physiological needs that were not easy to satisfy; their need for social acceptance was also not being fulfilled. They needed to be accepted by people, to be re-integrated into society, and to be absorbed into the job sector, among others.
5.2.23 Re-integration

The ex-combattees saw themselves as being isolated from society, and they emphasised how important it was for them to be fully re-integrated into society. They desired to be entirely re-integrated. Re-integration was apparently not possible because some communities perceived the ex-combattees as being different. This led to the ex-combattees expressing their hope for society to acknowledge and accept diversity. The ex-combattees maintained that they were not different because they are from exile, but due to the fact that everyone is unique.

5.2.24 Veterans associations

Loneliness and despair in the home country was more unbearable for some ex-combattees than when they were in exile. Some claimed that there was a point at which they were thinking to be mischievous to earn a living. Fortunately, veterans associations for those from exile and ex-combattees was introduced where the memories of the past were shared and tension somewhat alleviated. Veterans associations assisted many veterans from exile to refocus and remove the bad feelings they had for those in government.

5.2.25 Group sessions

The group sessions were having similar objectives as the veterans associations for the ex-combattees. The membership was however different. It was not limited to those from
exiles, but some former activists who were based in the country and other community members who were able to show commitment were allowed to join.

### 5.2.26 Community involvement

Communities stigmatised the ex-combattees and government intervention had not been directed and forceful to deal with this stigma. These communities feared the ex-combattees and did not trust them. This hindered the ex-combattees’ re-integration into society. The ex-combattees felt that the communities did not want them in their residential areas. They felt hurt by this, as they too were civilians of South Africa, who went on to fight for the country’s freedom and did not get acknowledgement for liberating people but instead received punishment for their contribution. They stated that community based approaches (CBOs) were necessary to empower communities and ex-combattees to be one synergistic community.

### 5.2.27 Sustainability of programmes

The ex-combattees were concerned about weak programmes that may be introduced due to pressure on government, which they felt may collapse. They expressed their desire for a more formal structure benchmarked from successful international ones. It was evident that before intervention most of them were becoming or had become mentally devastated. The ex-combattees who were recovering could also point this out, and confessed that they were not able to recognise the extent of their mental devastation until they had recovered. They were shown cases of problems similar to theirs in other countries. They agreed that
the Transcultural Psychosocial Organisations (TPO) model of similar form to the one in the Netherlands would be an effective model for them. They stated that they needed security because they lived under threat due to being suspected criminals. They questioned why South Africa, which has adequate resources to initiate their own version of TPO, had not embarked on such an initiative.

5.2.28 Assessment of needs

The ex-combattees believed that their needs differed from person to person. They stated that for successful programmes to be introduced, each ex-combattee needed to be treated and addressed according to individual needs. They also mentioned that screening of ex-combattees for specific needs was necessary so that each of them received a specialized and customised programme. They were comparing this approach to the international ones to which they were exposed when they were in exile, which they stressed, yielded important worthy results for the ex-combattees, government and communities.

5.3 Conclusion

5.3.1 Wrapping up

The ex-combattees made contributions in the liberation struggle that are not disputed. However, the ex-combattees felt that their contributions were being disputed and in vain because of the situation in which they found themselves. The dreadful situation faced by the ex-combattees who had not been integrated into civilian life through reconciliation
oriented interventions. evoked serious concerns. The consolidation of a human rights culture in South Africa was facing a growing threat in the form of multitudes of ex-combattees who were demobilized after 1994 elections, but who had not been effectively re-integrated into society. The consequences of this situation had included increased ex-combattee involvement in violent crimes as well as ongoing political and social instability in the communities where they reside. Many ex-combattees were living without dignity in situations of extreme poverty and social dislocation. A lack of effective government services to address their social and economic rights and psycho-social needs led to increasing tension regarding the ex-combattees' position in society.

The non-governmental organisations (NGOs) that had worked with ex-combattees had demonstrated that there was willingness among the ex-combattees to actively contribute to reconciliation and healing in South Africa. The economic aspects of re-integration, such as education, training, job placement and small business development: was considered a central feature of any re-integration process for ex-combattees. Through its various departments the government had shown a commitment to take on more responsibility for the economic aspect of the re-integration policy. This government was identified by the ex-combattees, as being the only body that could address the economic re-integration needs of ex-combattees and address their needs holistically.

There is an indication that if all the interventions were to be aimed at psycho-social support, skills development and economic empowerment could be integrated through one model. A process of identifying local needs and abilities that could link these to available skills development and support opportunities through a range of NGO partners would
enable ex-combattees to engage in a series of training opportunities and back-up support activities.

5.3.2 Shortcomings of the role players

The NGOs, churches, veterans associations, ex-combattee organisations and government agencies that attempted to address ex-combattee re-integration needs in South Africa had little communication with each other. They did not work together to develop and advance the re-integration policy.

On the other hand the interventions with ex-combattees had shown that the ex-combattees were eager to be involved in projects that contributed to community healing and development. Their particular abilities and needs had not been properly utilized in building the re-integration initiatives. Ex-combattees were also keen to be given opportunities that demonstrated their commitment to being positive community role models. They believed that their involvement in peace building could contribute to a more inclusive peace building agenda in communities that linked the history of apartheid conflict to emerging challenges of crime, poverty and exclusion.

5.4 Recommendations

Appropriate recommendations emerged from the discussions. There are recommendations that were intended for interventions to help the ex-combattees and recommendations for further research on the topic.
5.4.1 Recommendations for ex-combattee support

It is recommended that:

- Peace building initiatives be embarked upon to help address ex-combattee experiences of trauma, militarized identities, social and political exclusion and stigmatisation.
- Psychological work with ex-combattees should be more sustainable.
- Ex-combattees should be trained to be facilitators of support groups in their communities to enable government to focus on other issues in the country.
- Families of ex-combattees should be educated and trained in order for them to understand the impact of trauma on their loved ones and learn ways to handle emerging cases.
- Awareness and training of military veterans’ associations and other relevant government department should be introduced concerning the needs of ex-combattees.
- Trauma management training should be initiated among ex-combattees in order to build sustainable capacity and self-development.
- There should be more governmental and non-governmental inter-departmental collaboration to address the plight of ex-combattees.
- A complete, up-to-date database of all ex-combattees is needed to know their number in order to plan service delivery for them and also assist the government in the distribution of resources.
5.4.2. Recommendations for further research

It is recommended that:

• The number of unemployed ex-combattees be estimated from a database.

• A research project be undertaken to investigate the feasibility of an economic model that would enable government to assist the unemployed ex-combattees.

• A study be undertaken to determine if the ex-combattees from exile, who were excluded from the economy of the democratic South Africa had any contribution in making their plight as discussed.

5.5 Finale

The study exploited direct narrations from the ex-combattees. It then compared the ex-combattees' inputs with the literature. The ex-combattees had problems such as stress, PTSD and other mental problems that were due to their experiences as fighters in exile. Possible programmes that could be used to address their plight and improve their lives were identified, some with potential benefits that may encourage influential persons to take them seriously. Some recommendations for further research were also mentioned.
References


