

# Reintegration of soldiers: The missing piece

*Nomfundo Mogapi*

*This paper is based on findings from a support group that was run at the Trauma Clinic in the Centre for the Study of Violence and Reconciliation (CSVR) in Johannesburg, South Africa. It offered an intensive vocational training course with psychosocial interventions over a period of three months. The psychosocial interventions included a two-hour weekly psycho-education programme and a two-hour weekly support group intervention.*

*This paper discusses the consequences of not offering these interventions to ex-combatants. It also points out that the main themes from the support groups suggest that most of the sufferings that ex-combatants experience are due to the lack of psychological interventions offered to them, their families and communities, rather than living with the war memories. Finally, suggestions are made on how to address this problem.*

**Key words:** veterans, social distress, psychological distress, community assistance, clinical assistance

## **The banishing of memories**

The attempts to wipe away the memories of war existed as early as the First World War. After the war, families and communities expected the soldiers to continue with their lives and forget about war. In some hospitals ex-soldiers were told, 'they should endeavour to banish all thoughts of war

from their mind' (Rivers, 1918). This intervention proved to be futile and instead exacerbated their war trauma symptoms.

Instead Rivers addressed this problem by encouraging the ex-combatants to talk about their war experiences and the emotions associated with them. He noticed considerable improvement in most of his patients. His principle of facing the painful memories and anxieties associated with war has formed the basis of most successful interventions with ex-combatants.

It has been 50 years since River's insightful presentation on war trauma and repression of memories. Subsequent studies with soldiers from Vietnam and World War II confirmed his findings (Curran, 1997; McMahan, 2003; National Centre for PTSD, 2003; Mason, 1995; Bloom, 2003). Despite this accumulated evidence by scholars working with ex-combatants, the attempt to banish war memories still persists in areas faced with the challenge of reintegration of ex-combatants.

South Africa is no exception, our attempt to banish war memories is reflected no better than in the statement made by an ex-combatant: '*forgotten is an understatement, they have wished us away*', quoted in Gear's (2002) research on challenges facing ex-combatants in the new South Africa. The statement

*Reintegration of soldiers: The missing piece**Intervention 2004, Volume 2, Number 3, Page 221 - 225*

points to the country's attempt to not only forget, but wish away some of the painful reminders of apartheid; reminders such as the impact of war on those who fought for, or against, the apartheid regime. This is reflected in several themes.

First of all there is the exclusion of psychological interventions in the reintegration process, (Gear 2002). The reintegration process for ex-combatants focussed mainly on participating in joining the new South African National Defence Force (SANDF) or being demobilised. Some of these ex-soldiers 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. But most of them lost their jobs and are poor, even if they received financial packages.

In the work with ex-combatants at the *Centre for the study of Violence and Reconciliation* (CSVR) it became clear that part of the reason for losing jobs and inability to handle packages was war trauma. Difficulty concentrating on tasks, difficulty managing feelings, leading to outbursts of anger and aggression, difficulty sleeping and fatigue, use of substances in a self-medicating fashion to reduce intrusive symptoms, estrangement from family and friends, a sense of foreshortened future (Gilliland and James, 1997, Gear, 2002). All of these interfere with the capacity to prosper in the employment environment. And there was no attention paid to these psychological consequences in the reintegration process.

The second element was the lack of information about war experiences in the *Truth and Reconciliation Commission* (TRC). The TRC was one of the most powerful vehicles for South Africans to collectively acknowl-

edge 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 has, however, been very little heard in the TRC about the traumatic experiences of the soldiers. The memories of war are still kept only in the minds of the soldiers, who have to struggle daily in coping with them. South Africans still don't understand the pain and impact of war on the soldiers. As a result, war experiences and soldiers are still mystified and stigmatised. And although South Africa has become more empathic and understanding towards victims of trauma, such as abused children and women, there seems to be a deafening silence about the trauma of war. This silence contributes to the perpetuation of myths and the stigmatisation of ex-combatants.

As a result there has been a lack of advocacy in the country on the traumatic experiences of soldiers. The lack of preparation also meant that mental health professionals lack the specialised skills needed to work with this group, resulting in compromised services offered to ex-combatants.

### **Issues for ex-combatants**

Studies have shown that the attempt by society and soldiers to banish war memories is detrimental to the healing of ex-combatants. The greatest psychological distress of soldiers is related more to the attempt by society and the soldiers themselves to wipe out these memories than to the memories themselves (Rivers, 1918; Bloom, 2003). The themes that are discussed in this paragraph are selected because they were the most distressing for the ex-combatants in the CSVR clinical group.

*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 by a grenade. I watch his body fly in the air. There was no time to think about it, I had to be on the run. The memory still haunts me...*

The first theme is how to live with the war memories. During the war the soldiers were trained to remain calm even in midst of events that would naturally evoke strong reactions. 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 soldiers. When they were back in civilian life, the soldiers experienced these intense memories and emotions. It was as if they were still in the war zone with their bodies and minds re-experiencing the memories of war. 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 alcohol and drug abuse.

*'My sister, I want to be a civilian. I am trying to move away from life of being a soldier. However the civilians don't want us. They do not want us to be part of them. We are seen as criminals, people are scared of us. The police hate us and always blame us for anything that goes wrong.'*

Another theme is about stigmatisation. Ex-combatants have a strong desire to be part of civilian life. However rejection and stigmatisation from the community caused great distress and made full integration impossible. Part of such reactions from society was due to the lack of understanding of the impact of war on these ex-soldiers. Communities and families struggled to understand their anger outbursts, problems with trusting, social withdrawal and other phenomena. They reacted to this confusion by alienating the ex-soldiers and labelling

them as evil and fearful. For ex-combatants this shift from being treated with respect and awe during war, to being stigmatised and feared in civilian life, was very difficult to handle.

*'...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 sweats and blood that they are there...'*

*'...Our families ask us: what has being a soldier done for you? You went away all these years and what do you have to prove for it.'*

These words express their need for recognition. One of the major issues we struggled with in our work with ex-combatants was their strong sense of entitlement. Unlike other groups we worked with in the trauma clinic, we found ex-combatants to be very difficult and sometimes ungrateful. They appeared to believe that we owed them something and that the interventions we offered were our payback. This created powerful inner-conflicts for the therapists. On one hand there was empathy in understanding their struggles in living with war trauma, and on the other hand there was 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-combatants.

This sense of entitlement seems to be rooted in their very strong need for recognition and appreciation. Most ex-combatants felt that their sacrifices were not acknowledged and only high profile MK personnel received any recognition. This is compounded by the difficulty in identifying soldiers in non-statutory armies (Gear, 2002). This need for recognition was also linked with a major sense of disillusionment. For most of their adult life, the identity and meaning of these soldiers was fighting for

*Reintegration of soldiers: The missing piece*  
*Intervention 2004, Volume 2, Number 3, Page 221 - 225*

their country – a cause they were prepared to die for. When this was taken from them through demobilisation, the lack of recognition meant that their sacrifices were for nothing - something too painful for any soldier to think about.

And thus they feel betrayed and disappointed. With every disappointment, their anger was growing into an uncontrollable monster. At times the therapists felt that the ex-combatants were moving bombshells who, if pushed too far, could explode.

*'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, we do not know what we can do if the hope goes.'*

*'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 three days, just because we do not have money for soap...'*

The issues of ex-combatants suggest that even though the country is ten years into the integration process, the lives of the ex-combatants are getting worse not better. This paints a gloomy picture for South Africa. Studies have however shown that offering psychological interventions to ex-soldiers can work even if it is years down the line (Bloom, 2003). In our work with South African soldiers there were improvements identified in their ability to cope with the experiences of war.

*'Now, I understand. All along I thought that I was going mad and there was something wrong with me...'*

*'This is me, I am standing on the other side which is dark and hopeless. I can see colours and light on the other side. It is difficult to go there. But as we come here (therapy sessions) the darkness is thinning and there is hope that I may be able to go to the other side...'*

## Fostering hope

I am not suggesting that psychological interventions will solve all these integration problems this country has. Psychological intervention is however an important piece of the puzzle and should not be excluded from the reintegration process. We developed practical solution to including psychological services in reintegration of soldiers, based on our work with ex-combatants, the research conducted Gear (2002) and on what worked for other countries. Most interventions are community oriented as a firm base for individual healing.

Attempts to recognise war veterans have occurred at a national level in South Africa with focus on high profile leaders in the army. But equally important are ceremonies that recognise and honour ex-combatants, to be held at local level, with the communities actively involved in the process. This will assist in restoring the dignity that these soldiers need and also enabling the community to learn about the sacrifices that they have made.

Also campaigns to raise the awareness of the experience of soldiers should take place at local and national levels. This awareness raising should be more directed at community levels so as remove the myths and prejudice that exists in communities about ex-combatants.

The strengthening of support systems must also be community oriented. Communities including families, friends and neighbours are key to the healing of ex-combatants. These people, who form the basis of the support system of ex-soldiers, lack knowledge about war trauma and do not know how to support them.

In order to deal with the rejection and stigmatisation of ex-soldiers, psycho-educational workshops on war trauma and how to support ex-soldiers should be held in com-

munities. This will strengthen the support system of ex-soldiers that is essential in facilitating healing from war trauma. Support systems can also be strengthened by working with the already existing networks of soldiers to assist them in being each other's support. Because of alienation from communities, ex-combatants have already created a community of their own. Work should educate them on how they can be more supportive to each other and develop their own self-support groups.

South Africa cannot afford to train all its professionals on how to deal with ex-combatants. However it can develop specialised centres that focus mainly on offering assistance to ex-combatants. This way the country can have a group of people who will develop specialised skills in working with ex-combatants. This way quality services will also be provided for the ex-soldiers.

## Conclusion

Most of the participants in the CSVN clinical group had developed full blown post traumatic stress disorder (PTSD) which occurs mostly in soldiers who had adjustment problems and little support after war (Bloom, 2003). Their symptoms were also 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, were they included in the integration and demobilization processes. Psychological assistance can only support them effectively if it is, in turn, supported by social and community measures.

## References

Bloom, S. L. (2003): *Our hearts and our hopes are turned to peace*. Origins of the International society for traumatic stress studies. <http://www.1stss.org/what/history.html>.

Curran, E (1997). *Fathers with war related PTSD*. <http://www.ncptsd.org/publications/cq/v7/n2/curran.html>.

Gear, S (2002). *Wishing Us Away: Challenges facing ex-combatants in the 'new' South Africa*. *Violence and Transition series volume 8*. Centre for the Study of Violence and Reconciliation. Braamfontein.

MacMahon, G. *Living with the aftermath of Vietnam*. <http://users.tgp.co>

Mason, H. C. P. (1995). *How does PTSD affect families?* <http://www.patiencepress.com/samples/2ndissue.html>.

National Centre for Post Traumatic Stress Disorder. *PTSD and older veterans*. [http://www.ncptsd.org/facts/veterans/fs\\_older\\_veternas.html](http://www.ncptsd.org/facts/veterans/fs_older_veternas.html)

Rivers, W. H. R (1918). *The repression of war experience* <http://www.sasoonery.demon.co.uk/lan-cepaper.html>.

Sleek, S (1998). Older vets just now feeling the pain of war. *American Psychology Association*. Vol. 29, 5.

William, R. *The other armies: A brief historical overview of Umkhonto Wesizwe (MK)*. 1961-1994. <http://rapidftp.com/ilhist/vol11srw.html>

*Nomfundo Mogapi is a clinical psychologist and a director at the South African Institute for Traumatic Stress (SAITS). E-mail: nomfundom@saits.org.za*