



KANENE

The untold stories of 'unresolved'
psychological wounds of combat
after South Africa's demobilisation
among Black SANDF soldiers

Sharon B Sibanda



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Dedication

This book is dedicated to the unsung heroes
of combat in our nation.

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In loving memory of Lt. Gen L. Make, thank you for having carried a soldier's heart.

Acronyms

ANC	African National Congress
APLA	Azanian People's Liberation Army
BDF	Bophuthatswana Defence Force
CDF	Ciskei Defence Force
CHA	Comprehensive health assessment
COSAS	Congress of South African Students
CPTSD	Complex post-traumatic stress disorder
DDR	Demobilisation, disarmament, and reintegration
DESNOS	Disorders of extreme stress not otherwise specified
GNU	Government of National Unity
NPA	National Prosecuting Authority
MK	uMkhonto weSizwe
MONUSCO	Mission de l'Organisation des Nations Unies pour la stabilisation en République démocratique du Congo
PAC	Pan Africanist Congress
PTSD	Post-traumatic stress disorder
SACP	South African Communist Party
SADF	South African Defence Force
SAMIDRC	Southern African Development Community Mission in the Democratic Republic of Congo
SANDF	South African National Defence Force
SAP	South African Police
TDF	Transkei Defence Force
TRC	Truth and Reconciliation Commission
VDF	Venda Defence Force

Prelude

A reconnaissance of the South African socio-political history and context of the military struggle

South Africa is currently categorised as a flawed democracy. We must reflect on our politico-military history to make impactful, socio-psychological and socio-historical restorative policy adjustments. These adjustments can be attained through meaningful and sustainable gains. This requires understanding and learning from the proverbial psychological combat simulation, as the country finds itself perpetually stuck thirty years after democracy. This contrasts sharply with the jubilant celebrations of 1994, when women across the country rejoiced and children danced, expressing hope for a new dawn in South Africa. I recall being one of the jubilant children alongside my country's mothers and fathers, but now I feel the weight of my heavy heart, devoid of the rhythmic hope we once shared. The demobilisation and reintegration process created divisions among ex-combatants and non-combatants politically, militarily, socio-economically, and psychologically. Some approached the demobilisation of arms with a sense of protective pride in this democracy, while others raised red flags of scepticism. The cynicism, rooted in the traumatic aftermath of combat, pierces through the current political landscape like a sharp blade. Even the seven democratic elections held since 1994 have failed to command its unwavering moral compass and thirst for justice. We need to psychologically retrace our steps to confront the scarred cynicism that demands accountability before we can progress towards unified psychological solidarity. This introspection begins with each of us. Black people's collective aspirational dreams were founded on the unresolved pain of our armed forces. A symbolic national cleansing ceremony should have preceded the

establishment of a democracy embedded in the collective tears and sacrifices of soldiers.

The country's cycle of destruction and reconstruction has been steered by a divisive military-political machinery, leaving enduring trauma within the ranks of a now unified national force. The remobilisation of non-statutory forces into a national force was based on demobilisation, disarmament, and reintegration (DDR) motivations arising from feared security threats that were unlikely to lead to armed hostilities and the remobilisation of former combatants along original conflict political lines (McMullin, 2013). We can trace the military prerogative during the armed struggle across the breadth of the South African landscape, from colonialism to apartheid and now to a flawed democracy under the rainbow nation flag. When a majestic ivory horn heralded Africa's unshackling from colonialism, South Africa was plunged into the shackles of apartheid. The legacy of apartheid has woven a complex web of social, economic, and cultural disparities that continues to shape our society today. Its reverberations are still felt in every corner of our Black communities. Kemp and Nortje (2023) trace apartheid's origins back to settler colonialism, with its conceptualisations and formalisation by Afrikaner nationalist intellectual and political elites who rose to power in 1948. As a systemic crime against Black South Africans, apartheid was enforced by civil servants and the security forces, including the police. These authors have significantly contributed to prosecuting crimes against apartheid and have been instrumental in indicting individuals in South Africa for these crimes (Dyani-Mhango, 2022; Kemp, 2019). The era of Africa's decolonisation and South Africa's entry into apartheid, within the context of the politico-military struggle, is undeniably convoluted. The historical legacy of this regime resulted in apartheid military elites driving the negotiations regarding the course and speed of the democratic transition (Agüero, 1998; Rüländ, 2014).

The politico-armed struggle

Ellis (2011) helps us appreciate the importance of the armed resistance in South Africa's transition from colonialism to apartheid. Internal combat shaped the course of the country's

history and was intricately linked to political, social, and historical fundamentals. This created a proverbial shrapnel that continues to shred the political fabric of the South African National Defence Force (SANDF) and fragment the collective psyche. (Re)integration challenges are intensified by the political divides wedged among non-statutory forces during the DDR process that created a national defence force. This is due to the political ideal underpinning the overambitious reconciliatory process (McMullin, 2013). The apartheid government's punitive policies, which sought to uphold racial segregation and white minority dominance, sparked armed resistance (Lissoni, 2021). The brutality of the security forces' enforcement of apartheid atrocities has created psychic shrapnel for many Black South Africans, whose lives now echo the detonation of their disintegrated internal and external realities. Taking a page from McMullin (2013), reintegration involves not just military aspects but also societal ones, with a lack of opportunities rooted in the systemic residues of apartheid's social, economic, and political structures. The apartheid regime systematically stripped Black South Africans of their fundamental human rights and dignity, enforcing segregation that funnelled their access to opportunities and resources.

Thirty years into democracy, the multifaceted oppression that encompasses psychological, physical, social, educational, and economic aspects has had a lasting impact, perpetuating intergenerational poverty and systemic inequality (National Planning Commission, 2012; World Bank, 2022). The goal of apartheid was to strip Black South Africans of their cultural identities, effectively disavowing their personhood. In the oppressive shadow of this horrific system, Black men and women faced a stark, haunting ultimatum: they could either succumb to its relentless weight—perishing both literally and figuratively—or defy its tyranny through armed struggle. In the face of apartheid's dehumanising machinery, Black South Africans put their lives on the line to resist the oppressive nationalist state. By the mere fact of their skin colour, their existence was already endangered, their personhood denied and, therefore, they had nothing more to lose.

In her unpublished manuscript, Ellis (2011) contends that the armed resistance in South Africa, rooted in the historical framework of colonialism and apartheid, was a phenomenon of multi-layered complexity. The spirited armed struggle represented the deep-seated anger and pain of the oppressed Black majority against the injustices inflicted by the apartheid state. The African National Congress (ANC) and other liberation forces, including the South African Communist Party (SACP) and the Pan Africanist Congress (PAC), spearheaded the armed resistance against the brutal apartheid regime. Through the lens of DDR, contemporary understandings of politico-military conflict in Africa and representations of African combatants are generated and perpetuated in a manner that reinforces the notion of Africa as the toxic other (McMullin, 2013). During the armed struggle, these combatants were portrayed as enemies against whom the state needed to protect itself at all costs—including at the cost of their lives. The struggle for liberation used non-statutory armies of divergent political and military philosophies collectively taking up arms, and this now reverberates with a tenacity that splits Black people along geographic and ethnic lines. In the townships, the streets bore witness to flames fuelled by violence and disdain for the oppressor. The streets were illuminated by the glow of burning tyres and fires from makeshift petrol bombs, while smoke hung heavily in the air as though in mourning for the bloodshed that was to follow. These improvised, defiantly wielded weapons were targeted at police and military vehicles and were met with a cloud of tear gas and a rain of bullets in response. The fuelled fires of resentment transformed into collective armed forces and ignited the path to a fervent struggle for justice and intergenerational nationhood. As Ellis (2011) attests, internal military activities conducted underground, armed resistance, and acts of sabotage were some of the defining features of the armed struggle. In response to the Sharpeville Massacre, Nelson Mandela decisively formed the armed wing of the ANC in 1961. This marked the beginning of a guerrilla campaign of sabotage against military and government targets, signalling a significant shift in the ANC's approach to resistance (Mole, 2017). uMkhonto weSizwe (MK) truly became the spear of the nation's liberation movement in efforts to overthrow the apartheid government.

Pitcher et al. (2022) highlight Mandela's evolution as a leader in the struggle, emphasising his shift from promoting non-violence to adopting armed resistance in response to state-sanctioned violence and repression. This evolution resulted in his 27-year imprisonment. Masvotore and Tsara (2019) present a more nuanced view of the politico-military conflict and South Africa's transition to democracy, drawing attention to the overlooked role women played in this process, particularly through their clandestine operations.

Both the South African Defence Force (SADF) and non-statutory forces employed a complex approach during the country's armed conflict. Bowsher (2019) explains how non-statutory forces, with women at the forefront, utilised insurgency and guerrilla warfare to oppose the apartheid government while navigating a complicated political and social environment. As men were killed and others were forced into exile, women became a powerful force in protests and underground operations. In response to the armed uprising against apartheid by non-statutory forces, the SADF and the South African Police (SAP) brutally suppressed human rights and fostered a culture of violence. The SAP and SADF were deployed against South African citizens in various locations as the apartheid state reacted in panicked rage to rising unrest and violent resistance (Graaff & Heinecken, 2017). This era, marked by both physical and psychological assaults, has saturated the very foundation of our democracy with the blood of its citizens, giving rise to a legacy of intergenerational trauma. The underlying dynamic of the 'culture of violence' that has permeated our politico-social landscape reflects the profound implications of this enduring trauma to the collective psyche.

Frequently using excessive force and violating human rights, the SAP became notorious for its brutality and paramilitary nature in suppressing dissent and upholding apartheid legislation (Steinberg, 2011). For example, Clark and Worger (2023) remind us that at least 91 people were killed and at least 238 injured when the SAP opened fire on an unarmed group of protesters in the Sharpeville township in March 1960. This tragedy marked a major turning point in the global anti-apartheid movement as well as

in the South African armed resistance against apartheid. State troops continued to employ violence against civilians alongside intensified direct combat with non-statutory forces. Townships across the country experienced unprecedented levels of violence, characterised by acts of group aggression directed toward individuals associated with the apartheid government, violence from right-wing vigilantes, and an increase in gang activity, reflecting the bloody struggle for territory, authority, control, and information networks (Rueedi, 2015). Memories emerge like ancestral spirits from the silenced echoes of townships, where stories are woven into the fabric of ongoing psychosocial and economic struggles. Amid this backdrop, women with hearts as generous as the brims of their straw hats provided shelter to those fleeing the SAP. Terrorised and interrogated, resilient women witnessed the cruelty, heard rumours of secrets being sought, and saw sons and daughters either survive or succumb in the struggle for freedom.

The anguish of uncertainty and the gnawing question of whether they would ever lay eyes on their beloved children again cast a steely determination within these resilient women—a resolve shaped by maternal instinct. Shadows moved, and betrayals festered within townships as the treachery of informants coursed through its very core, splitting communities into divisive, lethal hubs. In response, the community, armed with a spirit of resistance, exposed and dealt with the informants in their midst. A symphony of pandemonium ensued as the SAP and SADF descended like a torrent onto townships' dusty streets. Intergenerationally transmitted stories emerged of how, in the throes of apartheid resistance, the air hung thick with the sting of tear gas and the echo of relentless gunfire.

K-9 units, trained bloodthirsty canines of authority, were unleashed, their noses seeking the scent of dissent. Yet, the spirit of revolution remained undeterred. Petrol bombs and stones, symbols of defiance, arced through the air, their trajectories tracing a poetic testament to the indomitable resoluteness of the oppressed. Amid the storm of shots fired, youthful spirits who were too slow to flee faced the sad fate of disappearing or returning as empty echoes of themselves. Bodies that once

pulsated with dreams were dragged into merciless police vans, leaving a trail of unanswered questions and destroyed lives.

Intergenerational collective grief

Years after the furnace of resistance, the suffering is ingrained in the collective consciousness and runs like an uninterrupted river through generations. Invisible tears stain the faces of those worn down by grief and rage, bearing the weight of collective suffering. I am of a generation for whom this history did not have to be taught but was transmitted through intergenerational pain that courses through my veins. By understanding the lived experiences of current Black military members and how they express their politico-military traumas, we can give voice and strength to their stories (Zarowsky, 2004). In doing so, can the tears I shed during this collective reflection help heal what was left unhealed in previous generations? The story of Black people is filled with deep sadness, shaped by the complexities of post-traumatic stress disorder (PTSD) that arise from combat. They have faced unrelenting injustice yet have maintained their remarkable human spirit. As the state's use of violence became more ingrained in the social, economic, and political landscape, many people grew numb to its cruelty. This defeatist acceptance—whether motivated by fear or compliance—allowed the government to carry out its oppressive policies over time with little physical opposition from the people.

During a time of political chaos, many leaders fighting for justice were killed, imprisoned, or forced to flee. I remember my childhood filled with tear gas canisters that the SAP dropped to control the crowds. I can still recall the burning sting in my eyes and nose, a reminder of the armed struggle that continued beyond the borders of South Africa. In those tense moments, my mother was always prepared. She carried a bottle of water, not just to drink but to wet the hem of her skirt, which she would use to help soothe my burning eyes as we took cover. There was a heavy silence around us, an unspoken understanding of the harsh reality we faced, even as children.

We did not ask questions; instead, we learned from the pained expressions of indignation on the faces of the adults. Lingaas (2017), a scholar in writings on crimes of apartheid, asserts that the extreme brutality used by the SAPS and SADF was clear evidence that they employed violence as a strategic tactic to uphold the apartheid regime. The state's use of violence aimed not only at suppressing resistance but was also strategically employed to instil fear and surrender among the local and national population. *Kanene* captures this pervasive fear, which, like a relentless cancer, has woven itself into the very core of being, transmuting into an enduring state of traumatised that silently haunts the aspirations of a generation of remobilised (integrated) Black soldiers in the new democracy. In accordance with Zarowsky (2004), this is not for psychological diagnosis but rather for humanising testimonies of deprivation, anger, and injustice. The cruelty of dimmed hope casts a shadow over the possibility of a fully actualised life, echoing the silent struggles of those who bear the weight of this unspoken burden. The criminal character of the violence bolstered the apartheid regime's authority and power, preserving the unequal and unjust social order (Lingaas, 2017). This strategy exacerbated the brutality and human rights violations during the armed struggle by allowing both government security forces and non-statutory forces to commit atrocities against innocent civilians and each other, thus perpetuating a cycle of retributive justice (Vidmar, 2001).

The armed struggle: A turning point in national and global justice in human rights

The global movement against apartheid gained momentum due to the armed struggle, which significantly impacted the apartheid government. The regime became increasingly isolated and was ultimately dismantled thanks to the support of people around the world who stood with the South African resistance. The struggle against apartheid evolved into a powerful symbol of the fight against injustice, inspiring groups worldwide to advocate for justice and equality (Burki, 2019). As Ellis (2011) explains, South Africa's transition from colonialism to apartheid caused widespread social, political, and economic turbulence. The

armed struggle facilitated this change by calling into question the legitimacy of apartheid and its crimes against humanity, thus laying the groundwork for the eventual overthrow of the repressive system. The combat also demonstrated Black South Africans' resilience and resolve in the liberation struggle. Significant progress in the pursuit of justice has been achieved during South Africa's transition from apartheid to democracy, as evidenced by the recent indictment for crimes against humanity related to apartheid. Kemp and Nortje (2023) provide a synopsis of the National Prosecuting Authority's (NPA) 2021 announcement, revealing an indictment against two security police officials from the apartheid era. The charges include allegations of their involvement in various crimes, including murder, kidnapping, and apartheid. Notably, the indictment addresses the 1982 kidnapping of one anti-apartheid activist and the killing of three others who were part of the COSAS Four, as well as the kidnapping and attempted killing of another activist. Scheduled to commence in April 2023, the trial represents a significant step toward holding individuals accountable for the atrocities committed during the apartheid era.

However, the institutional, procedural, practical, and historical constraints that impede further apartheid indictments highlight how uncommon these cases are. Kemp and Nortje (2023) add that future South African prosecutions for apartheid crimes are expected to remain rare. The prosecutions are likely to focus mostly on relatively junior to mid-level apartheid-era state officials due to the declining number of surviving apartheid-era officials and the difficulties presented by time constraints.

The January 2024 reopening of the investigation into the 1985 kidnapping and murder of the Cradock Four—another group of anti-apartheid activists—shows how deeply the trauma from South Africa's struggle to move from apartheid to democracy still affects us. Nearly four decades later, this unsolved case highlights the lasting psychological scars left by the violence of that time. The decision to re-investigate the case underscores the families' ongoing search for justice and psychological healing. Despite prior inquests and the establishment of the Truth and Reconciliation Commission (TRC) following the end of apartheid,

the failure to resolve enduring psychological wounds typifies the overall unfinished reform of South Africa's democracy. Reopening the investigation is a heartbreaking reminder of the crimes of the past that still resonate today and the continued need to hold accountable those responsible for apartheid-era human rights violations (TRTAfrika.com). Reopening the investigation would allow families to complete their intergenerational cleansing ceremonies where required.

Burki (2019) points out that South Africa's efforts to address past injustices and create a fairer society are still influenced by the legacy of the armed struggle. Addressing past injustices connects with what this book is about, as this book shares the important stories of integrated Black soldiers and examines their experiences in the context of combat trauma and South African military politics. Their stories resonate deeply with the essence of this book while delving into the honoured narratives of integrated Black soldiers, contextualising their lived experiences within the broader realm of combat trauma and the literature on South African military politics.

Negotiated peace through an integrated South African National Defence Force

On the eve of the country's first democratic elections, the SADF's integration into a unified national force, SANDF, signalled a dramatic change in the post-liberation military landscape. To represent the wider social transformations and the collapse of apartheid systems, the SANDF was intended to be different from the SADF (Cock, 2005). The SANDF integrated forces from several organisations, including the Transkei Defence Force (TDF), the Bophuthatswana Defence Force (BDF), the Venda Defence Force (VDF), the Ciskei Defence Force (CDF), uMkhonto weSizwe (MK), the Azanian People's Liberation Army (APLA), and the KwaZulu-Natal Self Protection Force (O'Neil & O'Neil, 2022). In military terms, integration usually means one army defeating another. However, here we see something different: the path to (re) integration is built on negotiations rather than conquests. These talks led to the 'demobilisation' of both official and unofficial

forces that were once enemies but are now trying to work together. While this process helped create peace, it also brought about a democratic state that is still facing considerable uncertainty. It was a tricky situation, demonstrating just how complicated it can be to move from armed conflict to peace, especially for the integrated Black SANDF soldiers.

Within the South African context, unique clinical presentations must also be understood as translating from culturally and spiritually diverse embodiments of the psychosoma. Since its inception in 1994, the SANDF has undergone a major transformation, adapting to domestic and global changes. Wessel (2010) highlights how much the SANDF has evolved since its beginnings in the post-apartheid era. Originally created to address a perceived 'communist threat', the SANDF experienced a key moment when it shifted from a confrontational stance to a focus on defence and involvement in peacekeeping efforts. This transformation not only demonstrated South Africa's shifting security priorities but also underscored a broader commitment to internal and regional stability and international peace. This perspective enhances our understanding of the SANDF's duties and sheds light on the shift in its organisational culture towards defending democracy. It aligns with earlier studies investigating the extensive influence of military deployments on the marriages of soldiers and the role of public comments in shaping South African foreign policy (Adetiba, 2017; Mtshayisa & Letšosa, 2019). This exploration of the societal and diplomatic consequences of the SANDF's transformation broadens our understanding of its role beyond mere internal policing operations, linking the military's evolution to broader societal and diplomatic contexts.

For the sake of the country's sustainable development, the objective was for various non-statutory forces previously affiliated with domestic anti-apartheid political organisations to unite with the former statutory force within the newly formed SANDF. The challenge lay not only in establishing a unified military structure but also in cultivating a new military culture and ideals that could harmonise the diverse backgrounds and combat histories of individuals from different military units. However, a holistic approach would have forged a cohesive

system and facilitated the processing and healing of psychological wounds among personnel with distinct cultural origins and varied military experiences (Mashike, 2005).

Enduring undiagnosed post-traumatic stress disorder in the national force

Summerfield (2001), a scholar in the sociological and medical aspects of PTSD studies, illuminates a challenging aspect of PTSD and its psychiatric interpretations, pointing out how they tend to pathologise and medicalise what is fundamentally core human pain or tragedy. In the unique context of South Africa's intricate military history, marked by pathologising elements and political complexities, this perspective offers insight into why Black SANDF members who served in the armed struggle might resort to maladaptive coping mechanisms to continually suppress their PTSD. Armed conflict is not just a distant battle; it often involves using individuals for nationalistic and political goals. By humanising traumatised military members, we can see how their experiences with PTSD differ from those of civilians. The effects of armed conflict reach far beyond the battlefield; they touch every part of society, from the economy to cultural norms. Those in power often create narratives to justify their actions, helping them maintain control and continue exploiting others, much like what occurred during apartheid. Understanding this dynamic is essential for extricating the layers of traumatisation interwoven within our military and its profound psychological and societal impacts.

When developing specific therapies for military personnel, the question of whether biological and other features of PTSD resulting from deployment are comparable to civilian PTSD becomes especially crucial (Yehuda et al., 2014). There are clear connections between the notion of historical and collective traumatisation noted in the SANDF and the criticism of PTSD diagnostic criteria as producing problematic authoritarian and oppressive apolitical relations (Eagle, 2014). Stott's (2000) revelations paint a haunting portrait: between 1990 and 2001, the army bore witness to 2,040 suicides and suicide attempts. The

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numbers are a sombre testament to the silent struggle endured by those who served in uniform. As if in solemn chorus, an additional 48 SANDF troops succumbed to the darkness between April 2000 and March 2001. A 2021 report by the South African Military Ombud underscored the need for better mental health support and suicide prevention programmes in the SANDF. Amidst these shadows of despair, the SANDF's footprint marched across distant regions. From the troubled soil of Burundi and Sudan to the cautious steps taken during peacekeeping missions within the Democratic Republic of the Congo (Stott, 2002), the sands of time bore witness to the SANDF's endeavours. Even though the armed forces have integrated, the effects of past conflicts still linger, leaving deep scars on the soldiers.

On military bases, the invisible wounds of war show up in many ways: in the distant looks of soldiers, the heavy silence that fills the air, and the shaky hands that once held weapons with force. Many soldiers have undiagnosed PTSD, which leads to mood disorders, confusion, broken relationships, and physical health issues. Their stories, both told and untold, remind us of the deep human pain and resilience that come from the struggles of combat. In the world of Black SANDF soldiers, Brooke's (2017) wisdom takes on a poignant resonance. Combat experiences are more than just one-time events; they leave a haunting echo in the hallways of memory. A soldier must go through it twice: once with unflinching devotion to the task, where survival frequently necessitates sacrificing one's humanity in the face of depersonalisation, and then, in the aftermath, to deal with the raw human suffering that initially was defended against and appeared inaccessible. For these soldiers, emotions become a perilous terrain, perceived as overwhelming and annihilatory. Failure to develop the ability to fully experience these emotions activates defence mechanisms, which serve as a vital buffer against the impending threat of disintegration. According to Andrews et al. (2009) and Frueh et al. (2009), the likelihood of developing PTSD increases when further stresses or traumas occur against the backdrop of this emotional disconnection. The scars of current operations that Black soldiers bear may linger, unveiling a delayed onset of underlying PTSD symptoms or persistent functional

impairment. Repeated exposure to traumatic events impairs soldiers' self-object capacity, revealing a profound impact on their psyche. Seminal literature implies a complex interplay between previous and present traumas, each layering on top of the other like sediment in the river of memory (Van der Kolk & McFarlane, 1996). Breslau et al. (2009) highlight an important point: PTSD symptoms can worsen when someone faces additional trauma, adding to the heavy burdens of those who have already endured so much. Van der Kolk (2000), a leading expert on PTSD, emphasises how ongoing trauma can slowly chip away at a person's spirit, much like a chisel gradually wears something down. Wright (2021) cautions against the uniformity imposed by the biological model of PTSD by highlighting the cultural specificity of 'presenting problems' across various regions and by proposing alternative terminologies that encompass socio-cultural aspects, such as Kleinman's (1997) concept of 'social suffering' and Eisenbruch's (1991) term 'cultural bereavement'.

At the very heart of this crucible is a sobering reality: the (mis)-non-diagnosis and, thus, non-treatment of PTSD can have far-reaching, functionally debilitating consequences. When left untreated, battle wounds fester, casting shadows that span generations, demanding acknowledgement, understanding, and healing. The path to healing for Black SANDF soldiers is laden with hurdles, but their resilience stands as a testament to their resolve in their call of duty, which must be honoured and not buried in our history. The aftermath of apartheid and the armed struggle created significant national reconciliation and economic recovery challenges, as the World Bank (1996) point out. The integration process was initiated to address these issues, but it did not adequately consider the deep psychological effects that soldiers faced after experiencing the trauma of armed conflict. Naidoo (2007) and Gear (2002) critically underscore the flaws in demobilisation and integration, emphasising the unfortunate omission of psychological interventions. Within the intricate web of political and economic complexities steering the integration process, the psychic wounds of traumatising, often manifested as undiagnosed PTSD, were tragically overlooked. These are important interventions that not only bring back social and

cultural factors but, most importantly, bring back the political context. Introducing traumatic causation that is often thoroughly downplayed in a narrow biological framework (Wright, 2012), *Kanene* unfolds as a poignant exploration, guiding us through the mental and emotional landscapes of Black soldiers whose lived experiences bore the weight of this oversight. The serious psychological effects of trauma weigh heavily on both individual soldiers and the entire SANDF, highlighting the profound impact of this collective oversight. In the quiet corners of the SANDF, a story unfolds behind the tough exterior of its members. For Black SANDF soldiers, their experiences during the armed struggle have left lasting marks on their souls—marks that go deeper than what can be seen on the surface. When they stand on the parade grounds, their demeanour, often misinterpreted by those in charge, hides the inner turmoil they face. The turmoil is not just about poor discipline or other issues; it is the lasting effects of past combat and deployment-related trauma that stay with them. These Black SANDF soldiers, now part of the national force, carry the heavy burden of PTSD, a silent struggle that often goes undiagnosed and misunderstood. Their ongoing symptoms reveal deep inner pain that transcends the typical understanding of military trauma.

The Black SANDF soldiers' experiences are unique, shaped by the armed struggle, long and repeated deployments, constant threats, and repeated exposure to the horrors of battle. Because of this, their trauma cannot be easily categorised into standard clinical diagnoses (Yehuda et al., 2014). Within the SANDF, there has been a real disconnect when it comes to understanding the struggles of these soldiers. Instead of recognising their true challenges, many commanders just see them as outliers in the strict military system. What they often do not realise is that these brave soldiers are dealing with the aftermath of combat—an aftermath that does not fit neatly into any of the standard diagnostic categories from the DSM manuals, defying the classifications across the DSM-III, DSM-III-R, DSM-IV, DSM-IV-TR, DSM-5, and DSM-5-TR. For these warriors, war-related PTSD is a very real issue, but it often goes unrecognised in the official diagnostic framework. The focus in the scientific

community has largely been on veterans from the Vietnam War, which means that the unique experiences of Black African soldiers have been overlooked. Many of them face delayed-onset PTSD and ongoing physical and psychological challenges (Garland, 2018).

This silent buildup of trauma has been unfolding over the years, showing similarities to the struggles of soldiers worldwide, even while they are still in service. As the gap between their painful past and the symptoms they experience widens, it becomes clear that the typical timelines for diagnoses do not capture the complexity of their situation. The story of these Black SANDF soldiers deserves to be recognised as it is shaped by their experiences in the armed struggle and woven into the fabric of the national force. As we learn more about their journey, the need to highlight the nuances of their trauma becomes more urgent, challenging the conventional thinking that has kept their PTSD hidden in the shadows of South Africa's military history. In exploring the nuanced landscape of PTSD symptoms, Shay (1994) sheds light on the subtle phenomena that often elude conventional diagnosis. Shay's (1994) insights resonate within the camouflage fatigue of the SANDF, where soldiers and veterans of the armed struggle bear the weight of experiences. Within the intricate tapestry of combat-related trauma, PTSD symptoms manifest, presenting a clinical picture much like the struggles of veterans worldwide. In the shadowy corridors of the SANDF, the echoes of Shay's observations reverberate. The numbness, mistrust, and hallucinated voices and incidents that characterise combat PTSD, as Shay (1994) highlights, connect with the experiences of SANDF soldiers. These presenting symptoms, though indicative of the aftermath of combat exposure, are easily confused with other disorders, including a lack of discipline, perpetuating a history of misdiagnoses. For the soldiers who once fought on the front lines of the armed struggle, the social withdrawal inherent in combat PTSD might be misconstrued, as its subtleties are lost amid the rigid expectations of military discipline. Shay's exploration of alternating states of numbness and intrusive re-experiencing finds resonance in the lives of Black SANDF soldiers. In the process, misdiagnoses, such as those attributing symptoms to

bipolar or substance use disorders, become threads woven into their narratives.

The multifaceted nature of PTSD symptoms, including the loss of effortless control over perception, memory, and thought, creates a complex camouflage that challenges the very essence of feeling sane among these warriors. Intricately intertwined with their combat exposure, SANDF soldiers grapple with understated symptoms that are difficult to articulate, reflecting the persistence of symptoms from their time on the battlefield. Shay's (1994) eloquent use of language attempts to define PTSD in ways that resonate with the experiential reality of veterans and apply to Black SANDF soldiers. Survival skills, isolation, betrayal, and meaninglessness become poignant markers in the trenches of their trauma, elements that persist beyond the confines of combat and deployment zones. Within the pages of Shay's work, there is an acknowledgement of the depth and complexity of trauma survivors' experiences, a sentiment that parallels Herman's (1992) approach to understanding the complex maze of PTSD. Within the revered ranks of the SANDF, where veterans of the armed struggle navigate the aftermath of continuous combat exposure, this meaningful conception becomes a crucial lens through which to view their struggles. Shay's (1994) insights become not just clinical observations but a reflection of the silent battles fought by SANDF soldiers, whose symptoms, like those of veterans worldwide, demand a more nuanced and culturally empathic understanding. In exploring the nuanced landscape of PTSD symptoms, Shay (1994) sheds light on the subtle phenomena that often elude conventional diagnosis. His insights resonate within the camouflage fatigue of the SANDF, where soldiers and veterans of the armed struggle bear the weight of experiences that echo those studied by Shay.

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A proposed criterion for a diagnosis of complex PTSD (CPTSD) by the International Classification of Diseases and Related Health Problems (ICD-11) was developed to indicate the heterogeneity of PTSD. This requires the satisfaction of the criteria for PTSD plus symptoms of mood dysregulation, negative self-concept, and persistent difficulty in sustaining relationships and feeling close to others. SANDF soldiers could thus meet the diagnostic criteria in one diagnostic model but not in the other, owing to the differences in the presenting clinical syndrome of PTSD (Maercker et al., 2013), especially when left untreated long-term. The ICD-11's definition of CPTSD is rooted in Herman's (1992) concept of CPTSD. This concept emphasises that repeated and varied interpersonal traumas, especially those hard to escape from, significantly impact emotional regulation, self-identity, and the ability to relate to others. The CPTSD clinical picture includes both PTSD and disturbances of self-organisation (DSO) and implies that a sense of threat and a disturbed sense of self are dynamically and integrally related to each other over time (Cloitre et al., 2020).

Punctuating the work of Sibanda (2020), the symptom profile of CPTSD also takes cognisance of the loss of emotional, social, cognitive, and psychological competencies that either failed to develop sufficiently or deteriorated due to prolonged exposure to complex trauma. The treatment for CPTSD for integrated Black SANDF soldiers points not only to the reduction of psychiatric symptoms but equally to breakthroughs in key functional capacities for self-regulation and strengthening of

psychosocial and environmental resources (Cloitre et al., 2012), as well as socio-political and cultural integration. This broader understanding highlights how emotional regulation, identity, and relationships are connected. The broader understanding also provides a better way to look at the complexities of CPTSD in the context of the SANDF and other militaries across Africa. Taking this holistic approach is key to grasping the intricacies of PTSD, which is crucial for creating assessments that are sensitive to diverse cultures and personal experiences (Patel & Hall, 2021). It is also important to remember that long-term trauma can significantly change how the brain works. Therefore, we need to think about the complexities of trauma in ways that go beyond just the standard diagnostic criteria (Singh et al., 2021).

While objective measures are helpful for understanding the effects of trauma, we must also recognise the personal stories and experiences that are often overlooked when we rely solely on these objective assessments (Boals, 2018; Rizeq & McCann, 2023). Using a Lacanian approach, testimonies of experiential evidence (when not silenced) can humanise the clinical and conceptual frameworks associated with 'objective' disease models of trauma (Wright, 2021). Iversen and Greenberg (2009) highlight a lived experience that has slowly come to be accepted as delayed-onset PTSD. Interestingly, people dealing with this type of post-traumatic stress often show symptoms early before six months have passed. As time passes, many find that their symptoms become more pronounced. The symptoms can be especially taxing on the internal resources of those who lack the support they need or those who struggle to adjust to returning to how their lives were before the trauma. It is vital to recognise the importance of personal experiences and the complexities of trauma, particularly in military environments. We need to look beyond clinical diagnoses to understand the deeper realities that individuals are facing.

The methodological framework

There is a dearth of research into the experiences of Black soldiers living with undiagnosed PTSD in the African context. *Kanene* is grounded in a phenomenological study, which was imperative to

provide a more authentic and psychologically rich understanding of what it is like for Black soldiers to have certain experiences and reactions that stem from their enduring undiagnosed and continuously activated PTSD (Sibanda, 2020). Phenomenological studies strive for an understanding of the psychological realm that emerges at the convergence of consciousness and the world of human experience. Employing phenomenology to explore traumatisation manifesting in undiagnosed PTSD was pertinent because it is the meanings that the participants attach to their experiences that are sought (Van Manen, 2017). Building on the strength of Schleiermacher's (1998) theories of interpretation, Heidegger (1962) posits that human existence is entirely and indissolubly bound up in the world that comprises people, things, language, relationships, and culture. This resonates with the concept of Dasein, where being-in-the-world is explored through being with others (Horrigan-Kelly et al., 2016). Moreover, through Dasein, individuals can be understood as relational beings who exist alongside others. Within this context, the self is thus formed through dialogical interactions with others in the world. Individuals may be imagined as giving form and meaning to one another through words (Gibson & Sullivan, 2012). This aligns with object-relations theory as a theoretical framework grounding the interpretative discussion of interviewed soldiers' lived experiences. Phenomenology comprises various research methods, including hermeneutic phenomenological inquiry, descriptive phenomenological analysis, and interpretative phenomenological analysis. Interpretative phenomenological analysis (IPA) is an organic methodological approach that is fitting for the study. IPA enables the process of understanding the meaning ascribed by an individual to their lived experience of a particular event or phenomenon (Smith, 2004).

IPA places individual participants in the role of experts regarding their own experiences, thus allowing them to tell their stories in considerable detail (Reid et al., 2005). By exploring the meanings and experiences of individuals, the researcher is afforded an insider perspective of the phenomenon under study (Smith et al., 2009). By employing a double hermeneutic process, IPA allows researchers to master the distinction between

discourse and cognition (Smith, 2019). Pringle et al. (2011) add that double hermeneutics may be a beneficial tool for in-depth analysis to capture participants' worldviews. Thus, the researcher may be envisaged as being located both inside and outside their research (Goldspink & Engward, 2018). In line with this paradigm, the writing style of the book organically blends academic analysis with narrative storytelling, incorporating my resonant lived experiences. Before commencing data collection, written permission was first obtained from Defence Intelligence. Once permission was granted, ethical approval to conduct the study was granted by a Faculty of Humanities Ethics Committee.

Participants were selected because they could provide a variety of rich descriptions of their understanding of traumatic responses to combat exposure from previous and current military experience, as well as experiences related to the manifestation and effects of undiagnosed PTSD (Smith et al., 2009). Accordingly, I chose members who were involved in former statutory and non-statutory armed forces and who had been exposed to combat trauma during their past and current SANDF operations. The selection process involved identifying the population to be studied, while sampling involved selecting a smaller subset of the original population. In order to identify the possible population for this study, social work officers employed in the military were invited to recruit participants from their client population. Individual briefing sessions were conducted with those social workers willing to participate, during which more information was provided about the study. Discussions were open to understanding from a general perspective the extent of social problems with which Black SANDF members present that their undiagnosed traumatic distress may drive. This facilitated a process through which they identified and approached suitable participants for the study among their clients who had experienced traumatic combat exposure and presented with anger management issues, relational difficulties, substance dependence, somatic preoccupation, or poor overall functional capacity (Sibanda, 2020). My interest in the research topic was sparked by how members preferred to consult with social workers for presentations that seemed to be driven by a clinical syndrome that remained undiagnosed, thus necessitating the involvement

of social work officers in the recruitment process. Upon meeting with the potential participants, I explained the study in detail and requested that they sign consent forms if they were willing to participate. The process of informed consent was explained to the potential participants, including the voluntary nature of participation, confidentiality, and all the activities encompassed by the study.

The participants were also asked to complete two screening instruments for screening and inclusion criteria: the Rapid Diagnosis of PTSD Toolkit and the Event Scale-Revised (IES-R) Questionnaire (Beck et al., 2008). The IES-R was employed to provide more information about the participants' symptoms. Two inclusion criteria were applied. First, an experience of a traumatic event related to military activities, as evidenced by their responses to the four questions in the Rapid Diagnosis of PTSD Toolkit. This screening instrument was designed to determine if participants had been exposed to trauma. The IES-R was an appropriate screening instrument, as its administration must be followed by the Impact of the IES-R Self-Report Questionnaire. Second, participants had to exhibit symptoms of undiagnosed and untreated PTSD, as indicated by their pre-determined score on the IES-R Questionnaire. The four questions in the Rapid Diagnosis of PTSD Toolkit were asked prior to administering the IES-R to ensure that the individual had experienced a traumatic event. Subsequently, the IES-R was employed to arrive at a preliminary diagnosis (Sibanda, 2020). The IES-R is a revised 22-item self-report questionnaire that measures subjective distress and impairment severity caused by traumatic events. Items relate directly to 14 of the 17 DSM-IV symptoms of PTSD, reflecting the classic tripartite model of PTSD (Beck et al., 2008). Furthermore, the IES-R has been translated into several languages and applied cross-culturally, demonstrating good psychometric properties. This scale was adequate for diagnostic purposes despite DSM-5 criteria for PTSD somewhat differing from those in the DSM-IV.

In the DSM-5, the avoidance and persistent negative alterations in cognitions and mood categories retain most of the DSM-IV numbing symptoms and also include symptoms such as persistent negative emotional states. The alterations in

arousal and reactivity cluster not only retain most of the DSM-IV arousal symptoms but also include irritable or aggressive behaviour and reckless/self-destructive behaviour (APA, 2013). Thus, undiagnosed PTSD symptoms screened for cut across both the DSM-IV and DSM-5 diagnostic criteria, informing the recruitment and selection criteria. The participants had to obtain a total score of between nine and 12 on each of the three sub-scale scores of the IES-R to meet the inclusion criteria. Those volunteers who met the criteria for undiagnosed PTSD were to participate in a face-to-face semi-structured interview. Those who scored less than nine on each of the three sub-scale scores were excluded. The protocols for the Rapid Diagnosis of PTSD Toolkit and IES-R for those volunteer participants who did not meet the inclusion criteria of the IES-R score were destroyed. At no stage during the recruitment and data collection phases were volunteer participants informed of their scores and possible PTSD diagnosis. The semi-structured qualitative interview constituted the primary source for data collection. The complex and intimate descriptions, which encompassed a rich database for analysis, were collected through these open-ended interviews (Sibanda, 2020). As the researcher in this study and a clinical psychologist, I conducted the interviews and collected the data accordingly.

In endeavouring to understand the experiences of long-term undiagnosed PTSD among Black SANDF members, semi-structured face-to-face interviews facilitated close engagement and allowed participants to clarify what was not easily understood. An advantage of qualitative interviews is the focus on the lifeworld or *lebenswelt* of the participants and their relationship to it. The objective is to describe and understand the central themes of the participants' experiences, as well as the meanings of these themes (Smith, 2011; Willig, 2008; Yardley, 2008). To extract the themes, I had to register and interpret what was said and how it was said, while observing their vocalisations, facial expressions, and other bodily gestures (Smith, 2011). Accordingly, as the interviewer, I was intent on formulating implicit messages based on what had been said by reverting ideas back to the participants for confirmation (Willig, 2008). This back-and-forth process of discussion and confirmation facilitated a dynamic process,

thereby forming a relational space between both the participant and researcher, wherein each endeavoured to understand the other. The research interview allowed for an exploration of the participants' understandings and experiences of trauma, emotional and physical traumatic reactions, personal exploration, and dealing with PTSD response experiences.

The interview guide was used as a "virtual map" (Smith et al., 2009, p. 59) to guide me as an interviewer; it was not used to direct or restrict the flow of the interview in any manner. These questions served primarily as a guide, allowing the interview to be shaped by the stories the participants wanted to tell. While conducting the interviews, I was cognisant of understanding the participants' lived PTSD symptom experiences and how these manifested in their interactions with their internal and external worlds. The participants' perceptions of their physical, emotional, psychological, and relational changes within themselves were explored in relation to their undiagnosed PTSD symptoms. I also examined how these changes were perceived to affect each participant and the consequences of the experiences on their lived experiences. These effects included characterological changes, relational patterns, and functional, emotional, and cognitive decline (Sibanda, 2020).

Furthermore, the participants' perceptions of relational dynamics with themselves, within the organisation, and with other people in their lives outside of the SANDF were unpacked during the interviews. Therefore, the interview provided insight into the relational patterns that resulted from the participants' experiences in their interactions with others, specifically their family, friends and peers, as well as with authority figures from the previous armed forces and within the national force. Additionally, the meanings ascribed to traumatic responses and the reported ways of coping with associated feelings and/or reactions were also explored. Once all the interviews were conducted, I transcribed the data verbatim into a written format to immerse myself in the data and translated those conducted in isiZulu into English (Sibanda, 2020). In line with IPA data analysis, I endeavoured to remain as faithful as possible to the experiences of the participants, using their exact wording, including the semantic content of the

interview, significant pauses, and hesitations. Verbal data are the expressions phenomenological researchers endeavour to explore (Smith & Osborn, 2008).

The nine interviews were transcribed and re-read to appraise their suitability for phenomenological analysis. In assessing each of the transcribed interviews, I deemed it appropriate to focus on all nine participants' interviews due to the rich descriptions and linguistic enunciation of the related experiences. Data analysis is an iterative procedure, necessitating close engagement with the data to enable the researcher to access an insider's perspective on the topic being explored (Reid et al., 2005). Each transcript was analysed and interpreted methodically. Clusters and themes within and between each participant's experiences were identified. Subsequently, the findings were reported and discussed by employing a narrative account of the participants' experiences. The interpretation of the findings was presented in detail and supported by verbatim excerpts from the participants (Smith et al., 2009). The analysis was a cyclical process during which I regularly moved between stages rather than proceeding linearly. In summary, the main stages of analysis involved the following, as Smith et al. (2009) describe: During several close readings of the data, detailed reflective comments were noted. Reflections noted while the interviews were conducted were also utilised. Codes were generated and assigned to data units. The language of the codes was kept close to the original data to maintain fidelity of the participants' experiences. In order to preserve the detail and idiosyncrasies of the participants' experiences, interesting quotations were highlighted throughout the transcripts. Emergent themes were then assigned to capture my interpretation of the codes. Emergent themes were written on notes and along page margins.

The emergent themes were clustered in various compilations of collated themes until a final grouping was achieved that accurately reflected the participants' experiences. Master themes were generated at this stage of analysis. A table that captured the master themes, superordinate themes, and their associated quotations was then constructed. At this stage, further re-clustering and renaming could be accomplished. Following the

individual analysis of each case, a group analysis was conducted, thereby eliciting patterns across participants. This stage of analysis consisted of the following steps: The superordinate themes for each participant were written down with notes and accompanying quotations. The master themes were then clustered and re-clustered until a pattern was reached that adequately reflected individual participants' experiences. Master theme names were assigned at this stage, reflecting the interpretative and conceptual levels of analysis. The master themes and their superordinate themes were transferred into a table with accompanying quotes/keywords from all participants (Sibanda, 2020). Nine master themes from nine participants formed the basis for nine chapters in this book. Each chapter concludes with an intimate letter written by each participant to the others, expressing their lived experiences related to the chapter's theme. Despite the absence of a definitive set of criteria for determining the validity of IPA studies, many researchers (Elliott et al., 1999; Smith, 2011; Yardley, 2008) have provided guidelines for the evaluation of qualitative research.

The first guideline applies to the verification of findings through a transparent audit trail that provides a logical account of how the research progressed from conception to the final report. This process is employed to demonstrate the rigour of the research (Smith et al., 2009). This included material related to the recruitment process, interview questions, interview transcripts, and the processes involved in data analysis. A second guideline entails the verification of research findings (Yardley, 2008) through another reader. This was performed by the research supervisor, who ensured that the data had been systematically analysed and the findings accurately recorded. The third guideline involved the supervisor ensuring that the methodology is sufficiently detailed, coherent, and evidenced (Yardley, 2008). In order to ensure there is sufficient evidence, each documented theme was substantiated by participant extracts appropriately, thereby demonstrating how the theme manifested (Willig, 2008). To ensure the accuracy of the methodology, the rationale for choosing IPA as the preferred method was also justified. Sensitivity to context, to ensure quality, demonstrates a

commitment to handling the data in ways that exhibit sensitivity to theoretical and empirical literature as well as the participants' socio-cultural contexts (Shinebourne, 2011).

Sensitivity to context was demonstrated by assimilating a broad range of empirical and theoretical literature related to two domains: first, object relations theory within the psychoanalytic paradigm, and second, military trauma and PTSD. Furthermore, I recognised that the participants' recall of events may be clouded by the value they assign to the phenomenon of combat trauma. Therefore, the interview guide was designed to allow participants to explore the phenomenon from varying perspectives and reflect on the personal meaning they ascribed to it. In addition, empathy was displayed during the interview process by ensuring participants were comfortable and at ease, allowing them to engage openly with me. According to Yardley (2008), commitment and rigour are also measures for ensuring trustworthiness. Both commitment and rigour were implemented in the current study.

Commitment was demonstrated through the exploration of the relevant literature. Commitment and rigour were also evidenced in the dedication to developing relevant research skills and a comprehensive explanation and understanding of the research design and methodology chosen to realise the research aims. Comprehensiveness was further enhanced by ensuring that relevant quotations from the participants substantiated the emergent themes. Transparency and coherence also constitute part of ensuring trustworthiness (Yardley, 2008). Transparency was facilitated in various ways. First, an audit trail of the data analysis process was detailed. A research supervisor audited the interview transcripts and primary findings. Second, quotations and verbatim excerpts from the interview transcripts were included to enable readers to evaluate the comparability between the raw data and associated interpretations. Finally, given that reflexivity is important for transparency, a section was included to depict assumptions and other factors that could have affected the research process. Coherence places emphasis on the integration of information in a logically coherent manner (Smith et al., 2009).

Coherence was demonstrated throughout the research process by explaining the rationale for the research question, the reasons for the use of IPA to achieve a systematic method of data analysis, and the integration of the findings with existing literature. Transparency also entails a detailed description of all the steps taken during the research process. This was achieved by detailing the selection and recruitment of participants, as well as the entire research process, including the data analysis. Shinebourne (2011) states that importance and impact, which are holistic quality measures, are imperative in an IPA study. Impact and importance are illustrated by the significance of the research findings in relation to the stated aims and objectives (Yardley, 2000). Evidently, the findings of this study have some significance and relevance for the targeted audience.

In appraising the ethical considerations, informed consent, protection of participants, confidentiality, anonymity, and accountability were relevant (Yardley, 2000). Each participant was provided with information about the research: how it would be conducted, what was required of them, the role of the researcher, the duration of the interviews, and their rights as participants. Before signing the informed consent, the research aims and process were explained to each participant. In addition, potential participants were informed that they had the right to withdraw from the research at any stage without any adverse consequences. They were also allowed time to deliberate on their participation and have any unclear aspects of the research clarified. To ensure that participants were well informed of the research process, I allowed them space to ask questions about the study and about my expertise and interests, as well as to express any concerns they may have had regarding their participation (Yardley, 2000).

Once the informed participants decided to participate voluntarily in the study, they signed informed consent letters. These letters indicated that participation was voluntary, their confidentiality was assured, and they could withdraw from the study at any time. Furthermore, the letters made provision for the participants to give consent for the interviews to be recorded and for their words to be used anonymously in the final report as well as in any future publications on the research findings. At no stage

were the participants pressured to answer any uncomfortable questions. They were afforded some debriefing time following the interviews, during which some containment was facilitated (Sibanda, 2020). Contact details of consulting psychologists at their military bases were shared with them in case they needed continued therapeutic input. It was imperative to show sensitivity so as not to alienate the participants' experience of traumatisation by displaying any form of judgement. Prior to the interview, I assured the participants that they only needed to disclose what they felt comfortable with and that the interview would be conducted at their own pace. I ensured that good rapport was established so that the participants felt safe to share their experiences of how CPTSD symptoms from continuous traumatisation manifested intrapsychically and interpsychically (Sibanda, 2020).

In qualitative research, and more particularly in phenomenological studies, eliciting personal experiences is essential for the investigation; thus, it is imperative to keep personal information anonymous to conceal participants' identities from the public (Yardley, 2000). Anonymity was maintained in the research report by utilising pseudonyms. The names of the participants were not revealed in the verbatim transcripts. Any information that may have led to the identification of the participants was altered to maintain anonymity. Voluntary participants were assured that once transferred electronically from the dictaphone, the recordings would be deleted. Furthermore, all information would be kept confidential on a password-protected computer. This was adhered to. The possibility of evoking certain painful feelings posed a risk in relation to the participants' reliving of past traumatic experiences. In order to mitigate potential emotional distress, debriefing sessions were offered after the interview. Although follow-up sessions with other psychologists were available, they were not required at the time the study was conducted or subsequently. The cost would have been covered by the participants' military medical aid.

The debriefing sessions at the end of the interviews, conducted by myself, allowed for some reflection, containment,

and psychoeducation regarding adaptive coping skills in particular. The participants were also informed about how their questionnaire responses and interviews would be utilised, assuring the participants understood that the responses and interviews were not for diagnostic purposes (Sibanda, 2020). Furthermore, the participants were told that they could access the results of the completed study should they be interested. They were informed that once all the data were analysed and interpreted, the interpretation would be written up in a research report, which would be available to the academic community. The participants were assured that no identifying details would be included. They were also informed that the objective was to use this information to influence military mental well-being policy and develop relevant wellness programmes. Anonymity is assured as participants' names were not mentioned in the report (Sibanda, 2020).

Master and superordinate themes identified during the analysis of the transcriptions are presented as findings and discussed narratively in each chapter in relation to the relevant literature and the theoretical framework, with each master theme informing the title of each chapter. In this book, we take a closer look at the experiences of members of the SANDF who have been living with undiagnosed PTSD for a long time.

Traumatised Black SANDF members' journeys reveal the profound impacts of trauma, often echoing the symptoms of CPTSD, characterised by an ongoing sense of danger and a fractured sense of self. The term 'continuous undiagnosed CPTSD' is used to describe their lived experiences of traumatisation. It encapsulates the reality that traumatised Black SANDF members have not only not been formally diagnosed with PTSD, but, crucially, there has been a lack of targeted treatment interventions embedded in their political reality that aim to alleviate their combat-related CPTSD symptoms. When soldiers do not receive the acknowledgement and support they need, they have to face the tough challenges of post-combat trauma on their own. To truly grasp the ongoing struggles that Black SANDF members experience, we need to look beyond just the obvious signs of PTSD and CPTSD.

Prelude

We need to notice both the obvious signs of trauma and the more subtle ones. However, just recognising these signs is only the beginning. We also have to consider the unique psychological, social, political, and cultural subjectivities that shape their experiences. It is important to see the whole picture when it comes to healing. By taking these varied factors into account, we can provide the kind of support that truly makes a (re)integrative difference. This way, as these SANDF members work towards finding peace within themselves and their communities, they can feel a true sense of belonging.

The prelude is a moving introduction to South Africa's socio-political past, focusing on the tragedy of apartheid and the resulting armed struggle. I briefly unpacked the difficulties of national reconciliation and economic recovery, casting light on the political and psychological architecture of the SANDF and the often-overlooked psychological toll borne by Black SANDF members. The prelude also details the methodological integrity of the study on which the findings of the book are based.

As the prelude closes, the transition to Chapter 1 provides a deeper exploration into the burden of unresolved trauma within the integrated national force, focusing on the SANDF as a perceived traumatising system that perpetuates PTSD. The next chapter centres on the experiences of Black SANDF serving members, demonstrating the internalised trauma and psychological disintegration caused by untreated PTSD within what is purported to be an integrated force. Chapter 1 emphasises the need for a psychological and political deconstruction of the administrative integration processes, leading to the difficulties soldiers experience in recognising and adaptively managing their enduring state of traumatisation. This seamless transition from the prelude to Chapter 1 establishes a compelling narrative thread, guiding the reader from the broader historical context to the complexities of the SANDF's silenced organisational and psychological structural struggles with unresolved enduring traumatisation.

Chapter 1

The burden of unresolved trauma in an integrated military: SANDF as a traumatising system perpetuating PTSD

The marching lines, orderly drills, and planned exercises in military bases often create a sense of controlled disorder, a collective story that is often silenced. This narrative is hidden beneath the thunderous cadence of marching boots and shrouded in the shadows of continuous combat exposure through peace missions. It is an agonising story of undiagnosed wounds festering in the souls of unsung serving members, internalised as shameful. These are untold, lived experiences of serving Black men and women in the SANDF, who carry the weight of politically embedded untreated traumatisation, deeply ingrained within their psyche from the armed struggle. Among the ranks of the SANDF, I encountered fragmented experiential realities, each revealing a different facet of the human spirit tested by the inferno of combat. Fragments of the human spirit, which once symbolised a beacon of hope through their now fading combat uniforms, are never heralded at half-mast, a poignant symbolic omission in our national narrative. These soldiers, whose internalised identities and afflictions are deeply interwoven with past affiliations to statutory and non-statutory armed forces, entrusted me with their stories.

Through these narratives, we gain insight into lives defined by sacrifice, resilience, and the haunting shadow of untreated long-term PTSD and CPTSD-related symptoms. Kienzler (2008) reminds us that, despite intense debates surrounding the universality of war-related trauma, PTSD, and other trauma-related disorders, some critics argue that the political implications of PTSD illustrate how societal and political factors

have contributed to a pathologising construction of mental illness. Feelings of distress and suffering should not be perceived as inherently pathological reactions to traumatic experiences; instead, these feelings can be understood as normal aspects of human existence (Summerfield, 2000; 2005). This perspective is particularly relevant in the military context, where stigma and misconceptions have led to the silent affliction of many service members.

From a Lacanian viewpoint, individuals shaped by cultural contexts experience a symbolic and recursive causality. The causality framework enables suffering individuals to move beyond mere victimhood and become active subjects of their own narratives (Wright, 2021). The interpretation of their lived realities interconnects, creating an intricate pattern of grief and resilience stitched into the camouflage fabric of their military and psychological reality. However, beneath the façade of instilled bravery lies a vulnerable silent cry for help and psychic relief. In the crucible of their pain, they find solace in shared silence, their sacred cries resounding through history's corridors. We witness their raw truths as we navigate the shadows of their combat experiences. We must not forget that our freedom was negotiated at the cost of shattered dreams and souls. The legacy of fallen and surviving soldiers, etched in blood and sacrifice, honours the unyielding spirit of the human soul dedicated to the nation's greater good.

This silenced phenomenological national narrative is expressed through the voices of nine courageous, integrated Black soldiers. This occurs within an organisation seemingly oblivious to the emotional turmoil within its ranks, where politically charged narratives about ex-combatants during DDR processes exacerbate reintegration challenges (McMullin, 2013).

Participants whose lived experiences are honoured

Private 1's lived experience can be encapsulated as 'a private's tale of disintegration'. At 49 years old, this former APLA member's narrative is intricately laced with threads of trauma and disintegration. Divorced and distanced from his family, he carries

the weight of a system that, in his eyes, not only disintegrates families but also inflicts wounds that fester beneath his corporate demeanour. His narrative is one of survival, stretching beyond the battlefield to an aftermath where the scars of combat exposure seep into the core of his identity as a man and father. Through his eyes, we glimpse a world perceived as dishonest and injurious, where trust is elusive, and survival depends more on military proficiency than on relational bonds or reciprocated loyalty. It is as though this private equates being alive with his trauma syndrome; otherwise, he would be object-less, as surviving with trauma is the only life he knows.

As we turn the pages, we meet Private 2, whose life story can be captured as 'bearing the weight of a haunted identity'. At 52 years old and still a private at the time, his sense of self is bandaged in memories full of bloodshed and lost lives. For him, the military is not merely a job but an all-encompassing identity. It is a realm where survival instincts overshadow the everyday nuances of civilian existence. While he may seem detached when sharing his combat stories, his narrative lays bare the deep psychological scars that manifest as cognitive deficits. Survivor's guilt haunts him, and he finds a troubling kind of peace in the constant vigilance and emotional reactivity of deployments, even as his wife's concerns grow. His tale is of a man tethered to his past, tormented by ghosts of battles fought before and after military integration, desperate for the psychological and physical salvation he once felt in former service.

'Unravelling in the complex dance of denial and survivor's guilt captures Private 3's lived experience of traumatisation. At the time of the interviews, a 49-year-old former MK member was thrust into the trenches of denial, veiling his traumatisation behind organisational stressors and a rigid psychic defence structure. The emotional demands of the family became a triggering source that he defensively avoided, driving him to drink as a coping mechanism. He constantly tugged at survivor's guilt, concealed behind a façade of self-reliance. His story reveals a complex dance between concealed distress and an unconscious yearning for psychological containment.

Private 4's 'battle of internal annihilation' is a poignant example of the complex and paradoxical nature of combat-related trauma. The 54-year-old former SADF member willingly returns to the battlefield despite acknowledging trauma-induced anxieties. His lived narrative is marked by palpable paranoia secondary to traumatisation, extending to his personal life. With a disposition rooted in control, he faces family, friendships, and the world beyond the military with a detached demeanour. This detachment is a coping mechanism born from the internal anxiety about self-annihilation he harbours. To counter this, he employs a determined resolve to cope through self-medication, underscoring the momentary effectiveness of alcohol in both concealing and numbing the pain.

In Private 5's narrative, the phrase 'a father and a soldier' emerges organically, reflecting the intricate fusion of these two identities. This 51-year-old former SADF member embodies the complex interplay between his role identities and the tough exterior he uses to conceal a struggle against the emotional toll of combat. His narrative is marked by avoidance, survivor's guilt, and a deadened internal world as he grapples with the internal conflict of being a soldier and a father. This conflict plays out in strained relationships and the relentless pursuit of a coping mechanism to silence the intrusive thoughts that haunt him. As we traverse these stories, the echoes of the battlefield reverberate, telling tales of resilience, suffering, and a longing for recognition amid the shadows of trauma. These voices, woven together, form chapters in a larger narrative—a nation haunted by its past, grappling with the silent costs of untold trauma within the national force. These soldiers' words contain not only despair but also the enduring flame of hope and survival in the very symptoms of continuous CPTSD.

Private 6's lived reality is that of 'a journey of a soldier in the depths of shadows of duty, scarred by the passage of time and experience'. He is a former SADF veteran who laments dreams sacrificed and burdens carried. His journey began in search of employment, a quest that led him into the heart of military service. Over the years, he watched as his aspirations faded beneath the weight of duty and the spectre of unseen

combat scars. For him, beckoning retirement offered no respite but the promise of escape, a chance to flee the shadows that haunted his days. Yet, escape is a fleeting dream for a self whose object representations are haunting memories. His words paint a portrait of a soul adrift, caught between the tides of past and present combat traumas. Once hailed as peace missions, external deployments became psychological battlegrounds that reactivate residual armed struggle traumas and disentangle the fragile threads of sanity. His voice trembles with the weight of unspoken truths, a testament to the wounds that refuse to heal.

Amidst CPTSD-induced psychological disintegration within an integrated SANDF, Captain 7, demoted to a lower rank, stands as a testament to the human toll of untreated combat traumatisation, encapsulating the theme of 'a soldier betrayed'. Demoted and discarded, he was adrift in a sea of uncertainty, his once-steadfast resolve eroded by the winds of abandonment and indifference. His words carry the weight of a soul betrayed, a soldier left to wander in his psychic ruins. Yet, amidst the rubble of broken promises and reckonings that relate to 'not being my brother's keeper' after integration, there are murmurs of collective stirrings of hope.

Staff Sergeant 8 encapsulates a narrative of 'whispers of hope'. He is a solitary figure in an internal and external world consumed by chaos and demonstrates resilience in the face of adversity. His voice, tinged with sorrow and regret, bears witness to the toll of silent suffering, the scars imprinted into the core of his being.

Finally, we are introduced to the narrative of Private 9, a tale intricately woven into "A lone sentinel in a world of shadows". Her journey, marked by sacrifice and solitude, reveals the unwavering spirit of a woman's heart. Motherhood, for her, becomes both a burden and a blessing—a guiding light in an internal terrain overshadowed by the darkness of combat. As she shared her experiences, a collective unconsciousness of the role women played in our politico-military history was evoked. Surrounded by male soldiers, an element of her female essence was overshadowed; it was through motherhood that I, the writer,

felt a profound connection with her. Her narrative uncovered a poignant truth: aspects of her womanhood had been sacrificed to the demands of combat, the intricate psychological politics of the SANDF, and her enduring struggle with undiagnosed CPTSD.

These lived stories, entrusted to me from the hearts of these Black soldiers to mine, privilege us with an honoured glimpse into the psyche of serving force members haunted by our past and continuous military engagements. These soldiers' stories forge a collective narrative of resilience, highlighting their enduring spirit in the face of trauma and adversity within an integrated SANDF. In the echoes of their voices, I hear the cries of a generation lost to the ravages of the armed struggle and the country's military prerogatives.

Their silent suffering is a testament to the psychic cost of untold traumatisations in the negotiation of our DDR. As I trace the contours of their pain, I am reminded of the beauty of the strength found in the vulnerability of the collective human spirit. In their voices, I find solace—a reminder that even in despair, there is hope for reforming our country's failing state, which is partly rooted in our DDR process. Through these soldiers' experiential evidence, I dare to hope for a chance to heal the wounds that bind us all and forge a path towards a tomorrow that offers a rainbow nation. In the pages that follow, we are privileged to receive the unfolding of these soldiers' untold stories, each word a testament to the resilience of the human psyche despite a decompensation into a pathologised expression in the form of PTSD. In the silence of their suffering, a revolutionary spirit of national unity reverberates, symbolic of our national flag's promises of transformation and reconciliation. Like a beacon of light illuminating the path towards a hard-fought liberation—a life of purpose and meaning—the revolutionary spirit of national unity empowers them to face the relentless challenges of continuous CPTSD with grace and dignity. Research on psychological trauma has evolved extensively and continues to expand toward significant developments, both clinically and across disciplines and vulnerable groups (Krupnik, 2020). Some research has adopted a broadened view, incorporating the role of subjective appraisals, subjective traumatic outlook, core

identity, and the self in understanding psychological trauma (Boals, 2018; Mahat-Shamir et al., 2019; Van der Kolk, 2000; Weinberg & Gill, 2016). However, even with an increased focus on neurobiological trauma research, the incorporation of subjective experience remains limited (Boals, 2018; Rizeq & McCann, 2023). Consequently, understanding the lived experiences of combat-related psychological trauma through a subjective lens is essential (Krupnik, 2020).

Enduring perceptions of insufficient psychological support

In exploring the meaning of trauma for each soldier, this chapter's thematic narration provides insight into where their internalisation of trauma is located: its meaning, manifestation, and internal and external negotiation within the organisational and psychological structure of the SANDF. This process breaks the silence around how Black SANDF members interpret and create their realities of unresolved traumatising from former and current combat experiences. The initial process of externalising meaning-making of their traumatic experiences was apparent in locating it within and displacing it onto the organisational structure of the SANDF. Most of the soldiers shared feelings of despair and hopelessness in response to their experience of a lack of psychological support within the national force, given its history. Private 6 experienced the organisation as traumatising because, before they even deployed, they witnessed things that “mess” with them mentally. This echoed the sentiments of these integrated members regarding the organisation's failure to be the environmental mother that holds and lends structure to their manifest psychological and functional impairment due to continuous undiagnosed trauma. Captain 7 spoke with a heavy heart about the mental and emotional disconnect between the commanders and the troops: “The commanders don't motivate people (he sighed) [...] It's as if they are content to witness soldiers wandering, burdened by unseen struggles in their minds”.

This revelation wove the first strand of our golden thread, hinting at a profound issue—the absence of psychological support,

a crucial element of military service. Despite the undeniable psychological dynamics within any military system, there is something damaging to soldiers when their psychological distress from surviving as a soldier is not addressed without pathologising them. This organisational denial of the psychological cost of being a soldier, which runs counter to human survival instincts, can lead to a misunderstanding of combat-related CPTSD symptomatology. These symptoms are, in fact, the psyche's attempt to cope with trauma, but they do not necessarily need to persist long-term if addressed effectively. Without psychic relief, the very core of the soldier's identity begins to erode, impairing the mental and physical capabilities necessary for military service. As the narrative unravelled, it became clear that this perceived lack of psychological support acted as a catalyst, perpetuating CPTSD among once-hopeful SANDF soldiers. Private 5 asserted that the SANDF had no capacitated will to contain the manifestation of undiagnosed trauma, leading members to turn to substances with deleterious consequences. The SANDF's lack of will to contain trauma manifestations results in a decrease in morale and overall operational effectiveness (Grauer & Quackenbush, 2020). In this unfolding story, Participant 5's voice resonated with both concern and experience. He asserted that the SANDF, in its current state, would have to confront its military history to contain the manifestations of undiagnosed trauma within its ranks. A chilling consequence of trauma has become normalised: soldiers, grappling with the weight of their unseen scars, turn to substances as a desperate refuge.

The pivotal turn in our military-political history has led to dark psychological shadows, illuminating the destructive aftermath of unresolved trauma and silencing the once unyielding spirit of the armed struggle hero turned national soldier. The resolute journey of former armed struggle soldiers, now remobilised into the SANDF, paints a picture of African warriors who stand strong in combat yet grapple with psychic disintegration in silence. The lack of mental armour permeates into a continuous psychological assault, gradually eroding the essence of these brave fighters, once the spearheads of the armed struggle. Former and current leaders, in their politically

distancing positionality from their own and these soldiers' plight, unknowingly contribute to the cultivation of a psychologically unyielding battleground. This battleground is marked by collective, top-down silence about past and ongoing combat traumatisation. Participant soldiers' traumatic stress anxieties were displaced onto the SANDF as a persecutory shadow. Due to continuous untreated trauma symptomatology, soldiers reenact primitive needs whose regressed nature does not align with the military's rigid regimental structure. The relentless impact of traumatisation, shattering the psyche into fragments, fixates these needs at a primal level, necessitating the deployment of primitive defenses for psychic integrity. These defenses operate beneath conscious awareness, and thus participants remain unaware that their sense of structural and psychological safety within the SANDF hinges upon the resolution of past psychological wounds inflicted by prior combat exposure.

Psychically splitting unresolved traumatisation

Trauma and shame are closely linked and can significantly affect how a person perceives themselves. Several studies have investigated the complex connection between trauma, shame, and self-perception, revealing insights into the psychological processes and outcomes involved. One prominent theory in this area is outlined by Herman (1997), who intimates that individuals who have experienced trauma often struggle with a split between their idealised projected self and their inherently flawed or shameful authentic self. This split creates internal conflict, leading to the development of an inauthentic projected persona as a coping mechanism. This projected persona functions as a protective barrier, shielding the individual from the shame and vulnerability associated with their authentic self.

In addition to Herman's theory, an increasing amount of literature highlights the difference between guilt and shame (Solomon, 2023). The guilt and shame paradigm acknowledges the distinction between private and public expressions of these emotions, mirroring a soldier's dual persona. Soldiers' inner understanding of their experiences within the SANDF as re-traumatising evokes past traumatic experiences and perpetuates

symptoms of CPTSD, capturing their lived reality. This level of connection with their psychic pain simultaneously arms and disarms soldiers due to the defensive splits required, oscillating between being the victor and the victimised within a unified force. This oscillation is driven by fear of what irreversible psychic disintegration would mean intrapsychically, interpersonally, organisationally, and societally.

Unresolved and chronic traumatic stress syndrome has regressive implications for integrated soldiers' psychic and organisational structure. The unresolved trauma has hindered their psychological development towards organisational and psychological integration, leading to their experience of the SANDF as deficient in psychic organisational restructuring (Sibanda, 2020). An interpretative narration provides an emotional understanding of how the national force, as an object, has been introjected as traumatising rather than integrative due to the participants' transference of unresolved past traumatic experiences onto the SANDF. Interviewed soldiers' unconscious expectations of fulfilling unmet primitive needs through the SANDF suggest arrested self-object psychic development. As the forces to which they are mobilised become internalised objects for these soldiers, there is a lack of introjected good objects to strengthen internal resources against the impairing traumatic syndrome (Sibanda, 2020).

Understandably, the embodiment of the armed struggle in their psychology, identity, socio-economy, and political positionality has impaired this capacity to strengthen internal resources. The wounds inflicted on the selves of these soldiers cut deeply into layers of their consciousness, womanhood, and manhood, embedded in their blackness as African people. Being stripped down to this level of vulnerability on the soldiers' part is seminally supported by Jacobson's (1959) assertion that, due to the experience of trauma and the resultant narcissistic regression, a person's initial self-representations, organised in accordance with a healthy sense of self-respect, are altered to form new self-representations based on a painful sense of self as worthless and humiliated.

According to Sibanda (2020), this process of self-representation was evident in the soldiers' experiences of not being mentally and emotionally developed and, thus, being psychologically constrained by the organisation. Private 1's statement: "But still I haven't received a promotion, my things are just stuck" was indicative of feelings of worthlessness and narcissistic injury. These soldiers' expectations of progression in ranks from their former forces were not fulfilled by the SANDF, leaving them without rank—a stark reminder of the administrative superficiality and non-reformative framework of (re)integration between statutory and non-statutory forces. These soldiers, veterans of their former forces, continue to pay the ultimate psychological sacrifice for national transformation and security without so much as a token of recognition. This is reinforced during disarmament and demobilisation, where the goal is to sever the chains of command. This involves reducing interactions between former combatants and their previous leaders and discouraging any political affiliations or self-identification as ex-combatants (McMullin, 2013).

Continued psychic disintegration in national service

Rooted in the fragile democracy established through DDR processes, these soldiers continue to pay the ultimate psychological sacrifice for national transformation and security, often without receiving any recognition or honours. Their impassioned assertions are not only a cry from military service but also a psychological frustration transferred onto the SANDF, inherent in the process of integration. Their cry of distress: "Then they tell you we've come to inform you that the general says this and that. When we must ask about matters such as our ranks from APLA, which were held back, it is not open for discussion" was not only unheard but also not met with integrative psychological and structural mobilisation. In the complexity of the psychological politics of our military, a promotion is more than just a career milestone. It is a symbol of authority, a testament to one's skills and dedication, and a tangible reflection of salary progression. However, the absence of fair opportunities casts a dark shadow over this system, acting as a relentless stressor that silently fuels

the undiagnosed CPTSD lurking within the participants. Captain 7, voicing the collective frustration, shared: “That’s the reason why soldiers today are so stressed. I can give you one example: the military courses. For example, it’s common to find a soldier, hardened by over two or even three decades of service, still holding the rank of private”. Staff Sergeant 8 reinforced this assertion: “I’ve been stuck in the same rank for 13 years now. Meanwhile, I’ve watched others climb the ranks, starting from the bottom, finding us here. It fills me with a lot of negative emotions”. This vivid narrative paints a picture of the struggles these soldiers face, highlighting the urgent need for transformation within the SANDF. This is enough to break these soldiers down to the very primitive psychic defence of their humanity, disarming them of their psychological, cultural, and socio-political identities entrenched in their efforts in an armed struggle, now dismissed as insignificant. Soldiers lamented the traumatising lived experience of perceived inadequate training. This training was internalised as setting foot soldiers up for failure, with catastrophic psychological and physical consequences, where the loss of life that could have been prevented becomes inescapable.

There has been a national outcry and pressure from opposition parties in the media for President Cyril Ramaphosa to recall soldiers deployed to the DRC in February 2024, as the capability of the national force came under scrutiny. There was a consensus that soldiers were sent to sudden death, with two fatalities resulting amidst this outcry. This deployment was spurred by the start of the SANDF’s deployment with the Southern African Development Community Mission in the Democratic Republic of Congo (SAMIDRC), which includes Malawian and Tanzanian troops, after two soldiers lost their lives and three were injured in an M23 (rebel militia) attack on a base on 14 February 2024. At the time, 2,900 SANDF soldiers were deployed to fill the gap left by the withdrawal of the United Nations’ Mission de l’Organisation des Nations Unies pour la stabilisation en République démocratique du Congo (MONUSCO), a mission from the DRC.

On 6 June 2024, it was reported in the news that one soldier had been killed and 13 injured. This aligns with Staff Sergeant 8’s

poignant reflection on the pre-existing mental stresses within the organisation, stating, “So before you even come in contact with the battlefield, the organisation has already put stresses on you; unlike other soldiers, we go out there already with injuries, mentally, you see”. The conservation of resources (COR) theory posits that PTSD may occur when individuals lose essential internal and external resources and struggle to recover them. This resource depletion leads to distress, making it difficult to cope with the challenges of trauma (Hobfoll, 2002). Building on this, Private 1’s words figuratively echoed through the barracks: “Some people hate the system. They go home after roll call because no one’s willing to help them; they just sit around here”. This dysfunctional behaviour, labelled as such by those in authority, is not just a sign of impairment due to undiagnosed CPTSD, but also a desperate response to a system that feels re-traumatising and dysfunctional in its failure to provide the emotional support and integration that soldiers need. Thirty years after integration, the SANDF still struggles to provide a supportive environment through transformatively inclusive interventions, perpetuating primitive anxieties and ego-disintegrating defenses in the soldiers who have been wounded in our history of combat. This failure to address past and continuous trauma is evident in the conscious and unconscious lived experiences of soldiers with CPTSD, whose narratives we follow. The enduring legacy of collective politico-military service trauma perpetuates profound defensive sentiments of mistrust towards a national force perceived as psychologically injurious and devoid of secure support to assuage symptoms of traumatisation. Gabriel and Neal (2002) suggest that, while combat experiences can contribute to psychological distress, it is the cumulative impact of non-combat trauma that plays a more significant role in the development of PTSD among military personnel. It is evident that non-traumatic stressors, such as operational challenges, although not traumatic, hinder soldiers’ access to essential resources, such as loss of control and support from leadership. This can result in over-exertion, such as resilience, leading to depletion as they strive to cope (Carmona et al., 2024).

The experiences of integrated serving members can be likened to a relentless barrage of non-combat trauma, which collectively forms a psychological imprint that amplifies encounters perceived as traumatising and has become ingrained in the SANDF's culture and capabilities. Research findings expose a poignant link between this continuously lived traumatisation and an internalised perception of failure by superiors—a perceived dereliction of duty in shielding and guiding those entrusted under their command during hazardous military operations. This symbiotic relationship between enduring non-combat trauma and perceived leadership shortcomings magnifies the complexities of soldiers' psychological burdens, forging a narrative steeped in shared adversity within the ranks of the SANDF. Zepinic (2016) highlights the disintegration of the self-structure caused by severe trauma. This disintegration refers to the fragmentation of a person's sense of self, including their identity, beliefs, values, and perceptions.

Persecutory internal and external self-objects

Severe trauma can rupture the very foundation of an individual's psychological structure, leaving them feeling fragmented and disconnected from themselves and others. Additionally, combat trauma can shake an individual's fundamental trust in themselves and the world around them, particularly for these soldiers, given the politico-military history of the SANDF. This lack of trust extends beyond the soldiers' former forces and the SANDF to encompass their relationships with others, including family and friends. The arc of this book rests on a study that unveiled a pervasive lack of trust among these soldiers, not only in their former forces but also in the SANDF and their psyche—and, thus, the self. Moreover, combat trauma can give rise to annihilation anxiety, both personally and collectively. As Kira et al. (2012) emphasise, combat trauma can evoke deep-seated fears of annihilation, not just in relation to one's own life but also collectively, such as the annihilation of self-integrity or even an entire community. The annihilation anxiety experienced by SANDF soldiers catalysed a process of fragmentation, leading to ego dysfunction due to internalised continuous trauma. Private

3's poignant testimony encapsulates the insidious nature of this trauma: "It's a little trauma even if you ignore it, you see, but it's traumatising. They play mind games". This systemic trauma not only perpetuated symptoms of CPTSD but also acted as compounding risk factors, exacerbating the traumatic stress experienced from combat and non-combat exposure during deployments. Research suggests that the split non-assimilated parts comprise large fragments of experience and fragments of object relationships directly related to trauma in those who have survived extreme traumatic experiences, similar to soldiers in this study (Herman, 1992). This encompasses basic trust, a sense of belonging, and a re-examination of the meaning and value of institutions. Therefore, externalisation through the re-enactment of traumatic events serves a function of gaining control over the traumatic experience and traumatising internal objects (Fonagy & Target, 2002). There appeared to be an element of dependence and expectation on the system to repair past traumatic psychological impingements from the previous armed forces, which, in part, reinforced a related experience with the SANDF (Sibanda, 2020).

Unable to deal with their own innate destructive and aggressive drives toward annihilation or integrate the good and bad parts of an object as a whole due to an immature ego, soldiers have evidently resorted to primitive defense mechanisms. This may elucidate the soldiers' experience of trauma being deeply rooted in the SANDF, where the primitive wounds stemming from the failure of perceived environmental and psychic support manifested in their disintegrated psyches due to now undiagnosed CPTSD (Krupnik, 2020). The reverberations of their experiences provide a moving connection to the historical background of armed conflict, as the wounds from previous conflicts cut through the complex web of their current military operations. As a result, soldiers found themselves increasingly detached and estranged from the SANDF and themselves, feeling isolated and disconnected. This profound sense of detachment and estrangement gradually morphed into the emotionally isolating symptoms characteristic of PTSD, marking the beginning of a long and painful journey of becoming shadows of themselves.

Captain 7 reflected: “You are not safe; the army doesn’t give a damn about us”.

The SANDF was perceived as an enemy that serving members had to defend themselves against psychically. This reflects the nature of unresolved and, thus, continuous trauma, with soldiers always feeling under attack. Their underlying feelings of distress had disarmed them of the capacity to mobilise internal resources. One might ask: How are they expected to have military capability without internal capability? An element of partial adaptation could be detected in the manner in which Private 9 had resigned herself to this experiential reality. She shared: “It hurts really, even if we can say this is our organisation, deep down you know you are like a doormat and they don’t really care about you”. McMullin (2013) emphasises that reintegration efforts should involve those affected in negotiations. However, these interventions can become politicised, as political elites may use reintegration as a means to reward supporters or punish opponents. Post-conflict governments often leverage reintegration benefits, such as public sector jobs, to strengthen their power, turning reintegration into a tool for division rather than reconciliation. This is evidenced by how these soldiers did not trust that the SANDF had their well-being at heart—a heart they have had to armour against continuous assaults from trauma. Captain 7 reflected on how he was pushed to the breaking point when his commander handled the extent of his emotional difficulties callously. Captain 7 recalled, “But I said I’ve stated the reason that I’m not emotionally okay; that word says a lot. There are a lot of things you understand, then we fought for that”. Private 2 supported this: “It is better to cope with your life problems away from the system; they’ll think you are mad”. These soldiers seemed to have internalised the message that expressing their trauma symptoms was unacceptable and punishable, leading them to suppress their emotions in destructive ways, which ultimately resulted in internal and external implosions. They felt as though the SANDF, as a system, was against them; this constantly activated psychically defensive hyper-vigilance. Private 9 stated this succinctly: “It is us against this system”.

Staff Sergeant 8 resonated: “It is like the inside is more torture than fighting out there”.

As Sibanda (2020) asserts, what is experienced internally as the SANDF is, in fact, the soldiers’ internal persecutory and traumatising experiences, as the psyche has been compelled to take up psychic arms against the SANDF for psychic survival. The organisation appeared to mirror the soldiers’ persecutory internal world, which comprised disintegrating bad objects, perpetuating their experience of continuous traumatisation. It also became apparent that, even when members made decisions related to their safety during combat exposure, they were reluctant to fully disclose what informed those decisions because they feared that they would not be taken under the system’s confidence and protection. Findings show that feeling as though the mission lacks purpose, having a negative view of it, feeling frustrated, and perceiving deployment as a threat are linked to higher rates of PTSD (Carmona et al., 2024).

Serving members distorted and concealed certain truths from those in authority because they feared imagined persecution in the fight for physical survival during contact in deployment missions. Therefore, reliving traumatic combat encounters, both actual and imagined, can lead to undiagnosed PTSD by perpetuating the psyche’s inability to integrate traumatic experiences. When one resorts to distorting a traumatic event, the psyche becomes relentless in its pursuit to unveil the true nature of those experiences, both to oneself and to others. This relentless internal conflict, in the form of PTSD, aims to facilitate the accurate representation of events, fostering a crucial process of working through and resolving the internally entrenched, relived trauma. Refusing to confront the factual sequence of events is synonymous with denying oneself the essential process of healing, and it is precisely this avoidance that leaves the trauma from combat exposure unresolved for these soldiers over the long term. Private 9 declared: “Even when we come across dangerous incidents, the support is not really enough; it is as if you are blamed”. This exacerbated their undiagnosed PTSD symptoms, as these traumatic experiences could not be integrated and therefore could not be made sense of or given meaning. This concurs with

the literature, which suggests that impairment in a soldier results not only from the loss of transitional objects but also from the loss of faith in traditional authority figures.

The SANDF, as an organisation, may be internalised as this loss, leading to vulnerability to regression and/or seduction by archaic internalised superego role models (Haley, 2013). Contributing soldiers' responses point to feelings of mistrust that were not only harboured towards those in positions of authority but also among each other as serving members on the ground. This pervasive distrust fuelled a harrowing psychological struggle, as members of each former force perceived the organisational structure as biased against them. Many felt discriminated against based on their allegiance before integration. This perception was exacerbated by the belief that former MK members were promoted to higher ranks while those from the other former forces were overlooked. The participants also carried the burden of feeling abandoned by their former forces and abandoned within a system they could not trust, despite the sacrifice of laying down arms for national unity. This sense of abandonment, coupled with mistrust, left all the participants feeling disillusioned, demoralised, and resentful towards integration into a unified defence force (Sibanda, 2020).

The psychological politics of remobilisation into the SANDF

A critical analysis of ex-combatants' experiences indicates that the challenges of (re)integration into the SANDF stem not only from the backgrounds of former fighters or the limited opportunities in a democratic state, but also from how external actors shape the reintegration process (McMullin, 2013). A participant poignantly expressed: "Your force number still speaks volumes when it comes to promotional opportunities". Although the former MK was aligned with the governing political party, its members experienced the system as equally injurious and dishonest because of the SADF administrative procedures that MK inherited and the trauma associated with the SADF structures. This collective psychological distress seemed to be a

shared trauma-perpetuating factor operating beneath conscious awareness, causing perpetual disintegrating psychic pain. Private 6 captured this prevailing sentiment succinctly: “On the ground here, you fight amongst yourselves over promotions”. The experiential reality of this ongoing internal strife has inflicted psychologically injurious vulnerability, as Private 9 revealed, stating: “It’s all part of those things we have gone through with this system, and a person can never forget. When you sit alone and think about it, you cry”. The depth of these soldiers’ pain and the enduring impact of their shared trauma are a testament to the profound challenges faced by these serving members within an integrated defence force. In their groundbreaking study, Kardiner and Spiegel (1947) vividly describe the devastating impact of trauma on soldiers. The authors found that the ego that once had rich reciprocal connections with the world becomes impoverished, leading to a range of debilitating effects. These include difficulties in working, disorganisation, emotional and impulse dysregulation, lack of confidence, and paranoia, as the external world is perceived as hostile and overwhelming. Relevant to Kardiner and Spiegel’s (1947) findings on the impact of trauma on the ego and relationships, Herman et al. (2005) reference Herman’s (1992) work that trauma can lead to the loss of identity, self-esteem, and a sense of purpose. This collapse of the capacity to negotiate relationships with oneself, the world, and the SANDF is particularly striking.

The SANDF’s organisational structure, built upon the ruins of past traumas and adjustment, serves as a constant reminder of these traumas, perpetuating CPTSD symptoms. The soldiers’ feelings of mistrust, paranoia, and victimisation were not only a result of the psychic reactivation of unresolved trauma but also a painful reminder that the SANDF was formed from the organisational remnants of the SADF, a source of traumatic combat exposure. Many contributors believed that military proficiency was sacrificed for political expediency, which further exacerbated the reactivation of psychological distress. A sense of victimisation marked this experience, as all soldiers interviewed felt the organisation was treating them punitively by virtue of their involvement in the armed struggle. Former SADF members

and those from ex-non-statutory forces interviewed all found themselves in a state of despair, hopelessness, and helplessness, which only served to perpetuate their mistrust towards the organisation. However, this mistrust was not limited to just the organisational structures; it also extended to each other.

Unaware of the common underlying fears and feelings they all harboured, Integrated members resorted to primitive psychic defenses to cope. This made their struggle with PTSD complex and continuous. Private 5, a former SADF member, reflected bitterly: "It's just so easy for them to discriminate against us because of our force numbers when it comes to things like courses and promotions. The whole thing is just a mess". The shared mistrust of the organisation among serving members suggests that what unconsciously integrated them was the pain they perceived to be inflicted by the SANDF. It was as if the very institution meant to protect and unite them had turned against them, leaving deep scars only visible to each other. In the study that forms the bedrock of this book, the interviewed soldiers' regression can be linked to former force structures, towards which feelings of abandonment and repressed anger were harboured.

Soldiers found themselves in a system that was blaming and rejecting, and therefore the system could not be trusted with the integrity of the self. However, these feelings had to be repressed and defended against because the possible acceptance that former force authorities should not be trusted would have left these pained soldiers void of any internalised objects and superego role models. Fairbairn (1943; 1986) seminaly asserts that separation anxiety is intensified by the separation of dependent individuals from their objects while in the military, a condition that is reduced in totalitarian regimes that exploit infantile dependence and make individuals dependent on the regime. However, in democratic societies, soldiers are less able to transfer dependency onto a regime or military organisation and suffer more during separation. This would have been more pronounced in the perceived exclusionary demobilisation negotiations.

The politics of these soldiers' psychological suffering from separation from their former forces were not afforded

an honest psychological space or experience and thus possibly projected an atmosphere of dishonesty regarding everything related to the SANDF. This would ultimately defeat their psychic warfare of survival, as a traumatic response is the self's natural and necessary effort to enliven and restore the very core of all layers of one's psychology, thereby maintaining psychological integrity and resilience. The responses of the contributing soldiers collectively conveyed a prevailing theme within the SANDF that the institution was perceived as a malevolent and persecutory entity, a recurring motif that wove together their collective trauma akin to a golden thread. Staff Sergeant 8 commented: "The system makes me angry, and you can't move on from that because they sent us there to die, you can say. It is a pain and anger that depresses you and gives you sleepless nights to this day". This sentiment was a consequence of the trauma-induced regressive psychic injury, as participants derived a sense of self and identity from internalising their experience of how the system related to them. Private 6 declared: "Yes, lack of communication causes issues. As soldiers, we experience these things alone and no one from management cares. They play mind games". The SANDF is introjected as a bad object and therefore represents their bad, traumatising introjected objects. Private 5 reflected: "It's like part of our job. I don't know, it's normal to just go on and live after an incident".

The participants variously phrased the sentiment that "It's like that; they don't care". There needed to be a deconstruction of the process of integration and the former SADF administrative structures to align with the political and psychological makeup of non-statutory forces. This failure in transparency meant that members of the forces felt their own political structures were dishonest and psychologically injurious, leading them into an integration process that entailed absorption into the SADF, thereby transferring this resentment onto the integrated force. This possibly meant that it was challenging for all former force members to be honest about the psychological trauma developed from their former military activities. The thematic interpretation of the soldiers' narration pointed to punitive, authoritarian figures within the SANDF who left psychological scars in their wake. This

was supported by Private 9's statement about not disclosing her troubling traumatic symptoms: "They won't understand; I won't go on courses for promotion, it is like that, how can I put it...? Eh, I will be punished because they will think I am weak". The participants did not experience the authorities within the SANDF as a benign superego. They felt disregarded and rejected by those in positions of authority. Staff Sergeant 8 asserted: "The army will give a damn about you while you are working; if you get injured or something happens to you, it's up to you how you survive and cope".

The system was experienced through projective identification, evincing a splitting defence and part-object relating. In part-object relating, these integrated soldiers, who have developed relational incapacities due to prolonged continuous traumatisation, can relate to the SANDF only as a system that provides benefits and resources to which they can contribute their skills and abilities at the cost of their physical and psychological well-being. Members felt thrust into a structural defence against a perceived bad object with a foundation of perceived dishonesty, which may also have translated into psychological dishonesty with themselves about their symptoms of trauma. This was evident in members feigning good mental health status and suffering silently from undiagnosed PTSD for fear of persecution and perceived devastation to their military careers.

Psychic disconnection due to conscious and unconscious manifestation of continuous trauma

Figuratively bleeding through the wound, like real African warriors, has led to these soldiers succumbing to CPTSD. Because of the perceived inherent dishonesty of the system, the participants experienced difficulty operating in a structural and psychological space of mistrust, which perpetuated an underlying continuous undiagnosed PTSD syndrome. This is reflected in Private 4's statement: "Because they become like skeletons in your closet, and when they come out, you can become an animal living either in fear or anger that is too strong; I've seen".

Research on leadership in post-conflict societies highlights the importance of political acumen for peace-building leaders (Khalil, 2018). These leaders must navigate complex dynamics, including managing projections from their own group and opposing groups. To achieve this, they employ political astuteness to differentiate themselves from their own group while remaining integrated with its norms and values. This approach fosters peacebuilding across communities, in this case, across integrated armed forces.

Khalil (2018) poignantly points out that the social identity theory of leadership (Hogg, 2001) suggests that, in extreme contexts such as those seen within the SANDF, leaders may face accusations of betrayal from their own group for not conforming to its expectations. The African system often becomes mired in leadership crises, leading to coups. South Africa has managed to avoid this fate by negotiating a demobilised national force through the SANDF, albeit not necessarily in a fair or equitable manner, resulting in a cosmetic uniqueness that belies deeper issues. The soldiers' reflections revealed a pervasive sense of mental disconnection when they struggled to make sense of their emotional pain in a way that allowed them to adapt to the integrity of their identity as individuals and as soldiers. Instead, they relied on externalised projections and internalised persecution to cope with their distress. This response is understandable, given the traumatic experiences they endured during the armed struggle and the continued combat exposure within the SANDF.

As a result, the soldiers' emotional pain was pushed out of their psyche and manifested in chronic, complex trauma-related behaviours and characterological symptoms. This has come to be accepted as dysfunctional conduct stemming from the soldiers' ill-discipline, especially among those from infantry military bases. On a surface level, this takes the form of substance dependence, somatic complaints, and neglect of military and family responsibilities. Private 5 poignantly shared: "No one from management cares, and these things affect us. That is why some drink, some are so ill-disciplined and don't care about the system, and don't want to work anymore and go AWOL [absence without leave]".

The source of soldiers' underlying annihilatory emotions and anxieties is often overlooked, as is the connection with the self of a soldier, which has shaped their psychic makeup, given their military background, and thus its implications for their functional capacity. Captain 7 explained: "By the time I went to see the social worker, things had already happened during the deployment, and I was sent there because I was seen as a problem instead of as having a problem at that time". Despite the nature of military duties, soldiers were not met with the empathic support they needed, which was internalised as feeling disregarded, unvalued, and thus inherently bad. As a child who needed to hide his badness to retain a parent's love, Private 4 reflected: "But I am proud of myself because I can really hide it well, and no one knows how it is deep inside of me". These soldiers were aware that they were suffering, recognised their presenting symptoms of trauma, and understood that these symptoms affected their lived reality. Private 5 explained with resignation: "It's like that; they don't care. Life goes on, you see, but maybe we are not the same. Some are affected in one way, and others in another; some will be strong, and some will act as if they are strong only to find they are affected in the long run". Private 6 highlighted that even mental health practitioners failed to diagnose their trauma. He further stated that members break down, threaten others' lives, and take their own at times because of added deployment stressors. These soldiers endured traumatic experiences from which they were expected to recover spontaneously. Their stress responses were pathologised rather than normalised, with devastating consequences for their reality as both soldiers and human beings.

Private 6 reflected:

I can pretend to be positive for CHA [comprehensive health assessment] because I want to deploy, and then I'm green and deploy knowing how I feel inside. This system does not give you enough support. That is why on external deployments now, with people who have passed away, you hear that they had stress and shot people before shooting themselves.

Continuous psychic ambush associated with undiagnosed PTSD

Soldiers' residual symptoms of PTSD, which were undiagnosed before the integration process, became a blueprint for their experience in the SANDF. According to Freud's (1926) seminal work on trauma, numerous paradigmatic traumatic situations are inherent in the development of each person. These situations give rise to overpowering helplessness, which is the basic traumatic imprint to which all other traumatic situations relate. Literature has revealed that the occurrence of later life stressors or traumatic events increases the likelihood of military personnel developing PTSD in response to a prior traumatic event (Andrews et al., 2009; Frueh et al., 2009). Research has linked various types of traumatic experiences, including cumulative trauma, direct exposure to traumatic events, and interpersonal trauma, to the increased severity of PTSD symptoms (Dunn et al., 2017). These past traumas, though dormant, continue to influence Black soldiers' responses to current stressors or trauma. The intensity of their reactions is rooted in the unresolved trauma from their past, which remains a potent trigger for PTSD symptoms. In the absence of treatment for these past traumas, current traumas reactivate original wounds, perpetuating a chronic course of PTSD that affects their emotional, physical, and cognitive well-being. Research further suggests that a person's executive function, or their ability to plan, focus, and regulate their behaviour, can influence the development and severity of PTSD symptoms. Studies have shown that individuals with stronger executive function tend to experience less severe PTSD symptoms, both before and after deployment (Ye et al., 2017). In other words, the better someone can manage their thoughts, emotions, and actions, the more resilient they may be in the face of traumatic experiences. The development of executive function is closely tied to an individual's ability to integrate their inner and outer experiences, which is rooted in self-object functioning. This concept, first introduced by psychoanalyst Heinz Kohut (1972), suggests that the development of a sense of self and the other is crucial for integrating complex inner and outer realities.

The SANDF was introjected as a bad object, reflecting soldiers' unresolved and thus unintegrated symptoms of trauma. This introjection was rooted in the paranoid-schizoid position, where the infant splits the mother into good and bad parts, projecting feelings of aggression onto the bad object (Duckham, 2011; Potik, 2018; Summers, 2014). The mechanism of projection is employed as a defence against the anxiety experienced internally, leading to a phantasy of the bad object (Quinodoz, 1993). This distorted image of the object is perceived as real, and the SANDF is seen as a persecutory primary object that can retaliate and harm the individual. Participant soldiers' past traumatic injuries are reactivated by perceived frustrations within the SANDF, exacerbating their distress from cumulative traumatic experiences and manifesting in disordered characterological traits.

The external persecutor is internalised through introjection, becoming the internalised bad object (Quinodoz, 1993). This unconscious defence makes the SANDF the persecutory bad object to whom all psychic trauma is defensively attributed. Soldiers described the organisation as more brutal for the psyche than the battlefield, as captured by Captain 7: "They just add on to the damage in people's mental wellbeing. We are a sick army and nobody cares". Staff Sergeant 8 echoed this sentiment: "It is like the inside is more torture than fighting out there. Unlike other soldiers, we go out there already with injuries mentally, you know".

The constant feeling of being under psychic attack in the SANDF led to participants experiencing extreme hyperarousal, which exacerbated their undiagnosed PTSD symptoms. This meant they never felt stillness or a sense of being, a profound sense of belonging and security that Guntrip (1995, p. 240) describes as "a persisting atmosphere of security in which one exists within himself". Life is a constant negotiation for these soldiers, requiring psychological tactical manoeuvres to relate to themselves and others. Despite being aware of their traumatic stress syndrome, they concealed their symptoms, projecting their perceived badness onto the system as an ungratifying bad breast. The SANDF inherited members with existing frustrated needs, which were transferred as promotional frustrations and feelings

of discrimination. This led to the apportioning of blame and responsibility rather than addressing the trauma itself. McFarlane and Van der Kolk (1996) found that the issue of blame can be extremely convoluted. Trauma evokes intense emotions, and one way to deal with the intense emotions is to find scapegoats, in this case, the SANDF. This can be interpreted as a narcissistic defensive disavowal from facing oneself in relation to one's role in the armed struggle and one's purpose when the course had ended. The participants' experience of the SANDF as a bad breast highlighted their unconscious need for emotional reparation to heal psychologically. The lack of promotional advancement may have been perceived as persecution, and the participants may not have been able to introject any good from the SANDF due to underlying persecutory anxieties stemming from bad experiences in former force structures.

Recent research supports Klein's (1946a) and Anderson's (1992) theories on the infant's phantasised attacks on the external object and the resulting internal conflict. These internal conflicts, particularly related to violent and bad experiences, complicate the clinical presentation of PTSD symptoms. Early childhood experiences, especially those involving object relations, can have a lasting impact on the development and expression of psychological trauma in later life, as seen in these soldiers, some of whom were young when they joined the armed struggle. As the psychological distress became overwhelming, these soldiers' symptoms manifested in ways consistent with CPTSD. This led to them being perceived as ill-disciplined and treated accordingly. Research shows that the amount of traumatic combat exposure is linked to exacerbated PTSD symptoms, which can impair social and occupational functioning (Tanielian & Jaycox, 2008). This may also explain why infantry members were reported to be cognitively, emotionally, and functionally impaired, with the impairment exacerbated by chronic substance dependence.

Young (1995) notes that people with PTSD often exhibit detached or estranged behavioural patterns, which can be exacerbated by related disorders such as depression, substance abuse, and memory and cognition problems. This can lead to impairments in social and family life, resulting in occupational

instability. Van der Kolk (1987) highlights the direct association between trauma and poor affect regulation, including the modulation of aggression and impulse control. Trauma survivors often overreact to stressors and struggle to calm themselves, leading to external aggression (Luxenberg et al., 2001).

Misattuned diagnostic and treatment frameworks

While surviving continuous complex trauma, these participant soldiers felt a lack of clinical rigour, which was experienced as a lack of attunement in connecting their symptoms with underlying post-traumatic stress syndrome. They felt abandoned by those responsible for their psychological well-being, as they did not appear to be attuned to their psychological pain. Winer and Anderson (2003) note that Winnicott (1974) posits that the false self develops when children are attuned to their caregivers rather than the caregiver being attuned to the child. The organisational mother, or the SANDF's capacity to understand its infantry soldiers, is crucial for attunement. Interference in this process can affect the infant's—in this case, infantry's—ability to symbolise (Hinshelwood, 1994; Ritvo, 1984). The process of symbolisation allows for the creation of transitional objects, providing psychological comfort (Winnicott, 1974). It is evident that integrated soldiers failed to find psychological comfort in the SANDF. When an adult experiences psychic trauma, the incapacity for symbolism can result in global dissociative functioning.

The participants felt that psychological programmes were not attuned to their core traumatic experiences, leading to resentment and a lack of trust in the system. This perpetuated the PTSD symptom of emotional detachment, as the participants felt that those who were supposed to support them were not trustworthy. Private 6 articulated this sentiment: "There is nothing now when you come back; you just take leave and go home. Before you go, the CHA [comprehensive health assessment] does not prepare you for what you're going to find there". This lack of trust and support can lead to a delay in seeking help, as military personnel fear career consequences, somatisation of psychiatric symptoms, and the stigmas associated with mental illness (Gabriel & Neal, 2002). The danger is that members are

deployed without being psychologically fit, leading to collapse under added stressors. One soldier reported breaking down psychologically during deployment and receiving no support from his commanders, which led to him threatening to harm them if they did not allow him to return home. Miller (2016) found that support from fellow officers, supervisors, and administration is crucial in reducing post-shooting trauma. However, in the SANDF, the responsibility is left to the members to acknowledge their traumatic stress syndrome and request help. As these individuals continue to be deployed, studies have shown that diminished mental or physical health status before combat deployment is strongly correlated with an increased risk of new onset of PTSD symptoms after deployment (LeardMann et al., 2009), as evident in SANDF soldiers. The participants' conscious and unconscious defenses were inadvertently colluded with, perpetuating the norm of living with undiagnosed CPTSD.

This may have been a way for those in positions of authority to cope with the distress caused by unresolved trauma, which required them to examine their own internal world and trauma. By dismissing the participants' traumatic experiences, commanders may have been serving their own psychic defenses, avoiding the need to acknowledge their own potential trauma. Through projective identification, the maladaptive defenses employed by the participants were colluded with by the system, normalising those defenses as part of the psychic culture of the environment. This threatened the stability of the system and the participants believed they bore the brunt of the consequences (Sibanda, 2020). Those in positions to help inadvertently assisted in maintaining the farce that these functionally disabling defenses held. Private 2 shared: "You must always put on this mask that you are coping normally for family and at work". These soldiers had conditioned themselves to hide their symptoms of trauma successfully. Private 9 shared: "People can't see it; only you know what is inside of you". The practice of quietly and quickly sending members home without psychological restorative and integrative interventions following deployments became an indicator of an incident-free deployment demobilisation. The participants may

have been perceived as weak and a liability when showing post-deployment symptoms.

Pedersen (2002) emphasises the importance of linking immediate stressors and economic or political struggles to the larger social context. He advocates for recognising non-Western patterns of trauma and evaluating how medical or psychological interventions can impact long-term recovery. To better understand the complexities of widespread trauma, he introduces the concept of “social suffering” as an alternative to the PTSD model (Pedersen, 2002). This concept highlights how broader social factors interact with individual experiences, helping us grasp both the roots of suffering and the pathways to healing. This study reveals that the participants carried the collective misery of trauma from the armed struggle involved in the political history of South Africa. To cope with their psychic wounds, they employed maladaptive defenses, such as repression, splitting, and denial, to assuage intolerable distress.

Mental health practitioners were inclined not to discuss political sentiments within the system, further perpetuating the collusion with maladaptive defenses and complicating the diagnosis of PTSD. In Alford (2016), Shay (1994) highlights the subtle phenomenology of PTSD symptoms, noting that they are easily confused with those of other disorders, leading to historical misdiagnoses. Van der Kolk (1987) posits that there is a predilection to miss the diagnosis of delayed PTSD syndrome, which was evident in the SANDF. The participants’ lived experiences matched the clinical description of PTSD diagnostic criteria, with impairing effects that they began to admit to themselves. They may have realised that their internal resources were depleted and that they needed psychological support, but the system’s collusion with their defenses exacerbated their trauma. If participants had been intuitively understood and felt seen and met at their point of emotional distress, they may have become receptive to help, creating a facilitative space to resolve and heal from long-term PTSD and now CPTSD. Many, including former members of SADF, perceived the SANDF with politically charged callousness.

This perception was complicated by the fact that many former SADF members felt failed by their Black leaders, whom they perceived as not supporting them. This psychological double-edged sword was further complicated by the feeling among former SADF members that they were persecuted for their past affiliations. Private 6 shared: “We knew that when you were sick, the chaplain came to see you just to pray and give support, saying you’ll get better soon”. One participant even used the word “torture” to describe the severity of the perceived persecution. The SANDF’s experience as a bad object had been internalised, leading participants to conceal trauma-related symptoms for fear of being seen as weak. This resulted in the organisation’s misattunement to the latent clinical presentation of CPTSD, leaving symptoms undiagnosed. Soldiers oscillated between conscious and unconscious embodiment of their traumatic syndrome, with their observing ego bearing witness to their symptomatic expression of combat-related traumatisation. For psychic survival, idealisation led these soldiers to commend the SADF for its previous structures and infrastructure, motivating them to hold on to their former militant identities and sense of self, though depleted. However, after (re)integration, the SANDF collapsed administratively, and Black soldiers experienced a psychological and structural collapse, a traumatic enactment of re-traumatisation.

This chapter highlights the need for symbolic spiritual mourning and memorialisation to process the enduring psychological impact of the armed struggle and post-integration of continuous combat traumatisation. This is particularly valuable because trauma-induced disintegrated psychic states, as manifested in these Black soldiers’ undiagnosed CPTSD, are often felt as embodied experiences rather than within the realm of pure consciousness (Maroda, 1999). Critical psychiatrists, who are more sensitive to cultural differences than the creators of the globally focused DSM, challenge the uniformity of the biological PTSD model. They highlight the cultural specificity of mental health issues in various contexts and propose alternative concepts like Kleinman’s (1997) “social suffering” and Eisenbruch’s (1991) “cultural bereavement” to better capture the socio-cultural

aspects of these experiences (Kienzler, 2008). The perceived lack of transparency in managing administrative and operational issues leads to internal psychological and organisational conflict, echoing a sense of trauma-induced psychic devastation that erodes Black soldiers' sense of self. A cry for help, a silenced "save us", was palpable in the tone underlying most of what was verbalised throughout the interviews rather than in what was said directly. This sentiment is interwoven throughout subsequent thematic chapters. The SANDF's failure to meet participants' needs for belonging and healing led to the organisation being internalised as a persecutory bad object, an unconscious defensive resilience against complete psychic breakdown. This perpetuates a pattern of survival suffering, manifesting in the raging internal conflict with the self and within the system. The resulting disintegrated or deadened ego reflects a fragmented self, thrusting soldiers into a defeating shell of loneliness that robs them of the emotional and cognitive capacity to connect and be part of any integrating system.

To my brothers in arms,

I reach out to you today as a fellow comrade burdened by the weight of experiences we carry silently. The struggles we face are not easily voiced, for we, as soldiers, are expected to weather storms with stoic resilience. Yet, I cannot ignore the shadows that loom over us, casting a pallor on our collective spirit. In the heart of our shared brotherhood, I witness pain and desolation. I also find myself at the sickbay more days than not, seeking solace for physical aches that defy modern medical explanation. I see us, my brothers, moving through life with masked faces, concealing the depths of our individual suffering. Our marriages crumble, leaving behind only empty houses occupied by mere shells of the men we once were. Is this the life we envisioned when we took up arms as impassioned young men—a life defined by fear, loneliness, and a haunting emptiness that becomes most palpable in the stillness of the night? In the silence that wraps around us, the echoes of weapons being fired reverberate with sounds of combat that we relive

Chapter 1

in our solitude and sleep. It is the silent battle that wages within us, a war against demons that threaten to consume us whole.

Were it not for the refuge of painkillers and sleeping tablets, I fear I would have succumbed to the internal demons that ambush my sanity. The feeling of isolation intensifies as it seems our leaders have turned against us and, tragically, as brothers in arms, we sometimes turn weapons on each other under the weight of internal implosion. I have come to accept that I am damaged, a casualty of the political history that has shaped our country and, in turn, our lives.

Some time ago, I bore witness to one of our own falling to his death, a casualty of matters of the heart. It prompted me to wonder when my turn would come, and who among you would be there to witness my demise. In the solace of my thoughts, I fear that when my soldier's heart gives in, I may be left alone with no one to bid me farewell with so much as a kiss or a prayer. Yet, even as some of us feel the fight slipping away, I implore you, my brothers, to seek healing in whatever form and rediscover hope so that you may live again.

Let us come together to break the silence that blankets our suffering. Let us reach out to one another and share the burdens that have become too heavy to bear alone. Our shared strength lies not just in the battles we've fought, but in the resilience to live again, to find purpose beyond the scars we carry. May this letter serve as a flag of solidarity, urging each of you to find solace, to heal, and to rekindle the flame of hope within. Together, as brothers in arms, may we conquer the internal wars that threaten to consume us and emerge stronger, united in our shared comradeship. Salute.

Your fellow comrade,
Private 1

Chapter 2

Trapped in a psychological battlefield: Undiagnosed PTSD symptoms

Through the study on which the guided narrative of this book is premised, a net can be cast as far as briefly considering the symptomatic expression of a traumatic stress reaction in African culture, given that the sample comprised Black SANDF members. In the context of this research, the Xhosa of South Africa call the psychological wound of combat *kanene*, with reference to the warrior's insight into the burden he carries. The Zulus call the wound *ukuhlanya*, which means to wander around without direction and lose one's bearings (Sibanda, 2020).

The African conceptualisation of combat PTSD bears both geographical and moral/spiritual meaning. The provocation here is that therapeutic interventions for traumatised Black soldiers will be effective only to the extent that their moral and spiritual issues are addressed on their own terms and not merely as symptoms of a psychiatric condition (Brooke, 2017). Building on Alford's (2016) compelling argument, I agree that PTSD serves as a more effective political diagnosis than a scientific one, especially in the context of the SANDF, and hence the agenda of leaving it undiagnosed. This nuanced perspective is particularly relevant when considering the intricate cultural and political-military experiences of SANDF personnel, as captured in Herman's (1992) astute conceptualisation of her work on CPTSD. Herman's groundbreaking research identified three distinct areas of disturbance that set CPTSD apart from the simple politicised utility of PTSD. Firstly, the symptom profile is more complex, heterogeneous, and enduring. Secondly, the affected individual develops significant personality changes. Thirdly, trauma survivors exhibiting CPTSD demonstrate a heightened vulnerability to harm, which resonates with the unique demands

and obligations faced by SANDF soldiers. Put simply, PTSD is a valid political diagnosis that acknowledges the devastating impact of prolonged exposure to combat environments on anyone's mental well-being, regardless of their background or circumstances (Alford, 2016).

This diagnosis is also deliberately discouraged for the cruel purpose of weaponising command and control—to manipulate soldiers' minds and trap them in the secrecy of the horrors they face on the battlefield. Alford (2016) further asserts that the diagnosis of PTSD was born from the advocacy of Vietnam veterans and a handful of psychiatrists who empathised with them, seeking to understand the profound trauma inflicted upon young men after serving in Vietnam. In stark contrast, SANDF soldiers during demobilisation negotiations were not afforded the same recognition, leaving them to carry the scars of combat exposure from the armed struggle to the present day. Individuals with enduring unresolved trauma may present with disturbed beliefs involving the self and relationships that impair characterological stability (Ford, 1999). Honing et al. (1999) note that the most significant long-term impact of trauma is often manifested in the form of persistent character traits that may have originated as coping responses to the trauma. Reich (1990) also observes that patients who had chronic PTSD were inclined toward deleterious personality changes. Clinically, the undiagnosed symptoms of PTSD observed among members of the SANDF, coupled with maladaptive conscious and unconscious coping defenses, further exacerbate the impairment of their emotional, relational, and functional capacity.

This clinical observation underscores the profound impact of trauma within military contexts. As a result of the lack of treatment for trauma stemming from previous politico-military experiences, current traumas activate past traumas, thus perpetuating a chronic course of PTSD. Traumatized individuals offer a poignant reminder of society's inherent inequality and fragility, as well as the profound vulnerability of the human mind and body (Alford, 2016).

Clinical observation of undiagnosed CPTSD symptoms within the SANDF highlights the pressing need for comprehensive mental health support and intervention strategies that address the intricate interplay between trauma, coping mechanisms, and the cultural contexts of both African and military environments. Alford (2016) cautions that the neuroscientific perspective on trauma tends to reduce it to a personal, brain-based issue, neglecting the political dynamics that shape the experiences of individuals, groups, and societies. In reality, trauma is deeply rooted in the complex interplay between these social and political forces.

An inner world shattered by PTSD

In the gripping narrative of the challenges faced by members of the SANDF, the high rates of behavioural problems unravel before the 'concerned' eyes of psychology and social work officers. The meaning-making of their lived experiences tells a story of unconscious self-annihilation, depicted through the haunting spectre of self-destructive behaviour. Each interview paints a vivid portrait of soldiers grappling with the demons of their past, haunted not just by the rigours of military life but also by the shadows of traumatic experiences. Through phenomenological inquiry, a narrative unfolds—a key to understanding the turmoil within the ranks. It becomes clear that a stressful life history, marked by the scars of traumatising and neglect, is an ominous precursor, a silent herald of the storm that is PTSD.

The ink on the pages of research, notably by Cloitre et al. (2009), draws connections between the threads of past trauma and the fabric of present-day struggles. In this gripping tale of being trapped in a psychological battlefield, a psychologist becomes the facilitator of meaning-making regarding the intricate layers of trauma that cast a shadow on soldiers' understanding of life. Alford (2016) reminds us that psychic trauma occurs when we are unable to communicate with our inner selves about our experiences. This inner dialogue is facilitated when we can share our thoughts with others, but there is no substitute for our unique connection with our inner world. This inner world, shaped by our need for others, is so precious that we often hide it away to protect

it from the devastating impact of trauma. When this inner world is isolated, it becomes inaccessible to ourselves, leading to the symptoms of PTSD.

This understanding offers a powerful approach to reuniting the self with its inner world, encompassing all its self-object representations, and fostering humanising healing and recovery. Through the pages of this book, the reader is taken on a journey through the corridors of the psychology of Black SANDF soldiers, where the weight of militarised political history manifests in perceived self-destructive behavioural patterns. Kienzler (2008) points out that Western psychiatry often overlooks the resilience demonstrated by war-affected populations, misinterpreting it instead as a sign of psychological dysfunction. The understanding of these soldiers' previous military history, marked by continuous traumatisation and neglect, brings a significant dimension to the challenge of grappling with combat-related CPTSD, underscoring the complexities inherent in the establishment of South Africa's democratic administration.

Turning the pages of our history using the lens of the experiences of integrated Black soldiers exposes their wounds and illuminates the path forward. It then becomes evident that the battle against self-destruction and the clutches of PTSD is not merely a military matter; it is a profound exploration of conditioned human resilience. *Kanene*, armed with these soldiers' self-insights, emerges as the guiding light, navigating through the dark psychological recesses of lived trauma to bring hope and healing to those who have served and continue to serve their country. As Alford (2016, p. 34) asserts, the concept of a "shared private world" is crucial to understanding how certain social, cultural, and political practices can marginalise a significant portion of the population. This exclusion can be seen as an oxymoron because it involves collapsing people's defenses against trauma, which is a paradoxical and complex process.

This book sets the stage for a transformative journey, where each page delivers a revelation and brings the reader closer to understanding the complexities of the human spirit in the face of enduring undiagnosed CPTSD. The phenomenological

enquiry upon which the unfolding of this book is based was imperative in providing a more authentic and psychologically rich understanding of what it is like for Black soldiers to have certain experiences and reactions stemming from their enduring undiagnosed and continuously activated PTSD symptoms and the meanings they attach to their experiences (Van Manen, 2017). Soldiers' lived experiences of disturbing thoughts and feelings in response to traumatic combat exposure conveyed diagnostic features of PTSD and CPTSD. These soldiers bear an enduring sense of inner conflict, a psychological battle that seems to be a survival mechanism predating the formation of an integrated national force. Their symptoms are not residual but active, despite some of the traumatic experiences having occurred during past military activities (Sibanda, 2020). From Caruth's (2021) perspective, the experience of PTSD can be understood as a psychological symptom that reflects a deeper, unconscious connection to history. Those who have endured traumatic events do not simply carry the memory of those events but rather are a living embodiment of an "impossible history" that they cannot fully control or comprehend. As the trauma assumes a hidden significance in these soldiers' psyches, it poses a challenge and undermines their sense of self. This hidden trauma and traumatised self subsequently find symbolic expression through the symptoms of CPTSD.

Erosion of self in combat CPTSD's moral injury

The trauma became continuous and, thereby, chronic because of the nature of the participants' military duties and the burden of silenced trauma, both internally and externally. Edward Said's (1979) work highlights the problematic intellectual colonisation of bureaucracy, where one of its most significant conceits was the assumption that Whites could represent the voices of those deemed unable to speak for themselves. This notion is particularly relevant in the context of the armed struggle and the 1976 Soweto uprising, where the afflicted could no longer be silenced, either through the bullet or the hidden psychological wounds stemming from the politico-military history that mis-shaped their psychic structure and the course of their lives. Physical survival and living

with undiagnosed PTSD not only exacerbated the symptoms but also stirred up conflicting feelings about having survived at all, as living in survival mode has robbed these integrated soldiers of their humanity.

Their experience of their own and others' humanity, and their experience of being perceived as human by others, may be accompanied by regret for having participated in the armed struggle at all, as the psychic cost of the psychology of our political history is not what they had anticipated. The lingering spectre of undiagnosed PTSD has bred a profound sense of resentment among soldiers, as the relentless torment of their psychological wounds not only intensifies over time but also unearths conflicting emotions about the very act of survival. The regret of having participated in the armed struggle becomes an insidious companion as they grapple with the unanticipated toll of the politics of combat on their psychological well-being. These serving SANDF survivors find themselves ensnared in a web of bitterness, haunted by the price paid not only in physical consciousness but, perhaps more insidiously, in the fragile recesses of their own minds. Winnicott (1974), a British object relations theorist, contributes significantly to our understanding of trauma and PTSD by highlighting the profound impact of traumatic experiences on the self. At the heart of this understanding is the recognition that trauma is an unbearable and deeply real erosion of the self (Alford, 2016).

It appears that the participants found themselves in a moral bind regarding the guilt of having survived as well as doing what was necessary to survive. There may have been an element of a death wish in the re-enactment of trauma during repeated combat exposure opportunities, almost as though they did not want to survive. However, this may also be understood as a wish to deaden (kill off) the deafening sounds of persistent PTSD symptoms and the lived reality of continuous CPTSD. One might ponder whether these soldiers felt that physical death would have been preferable to the psychic death with which they lived, which was built on a deadened internal world and ego. Purcell (1996) explores how soldiers' desires to shield themselves and be shielded can lead to moral injury when these safeguards fail, resulting in profound

feelings of guilt and loss. Having served and continuing to serve their country—putting their lives on the line—only to feel utterly betrayed by those in charge—is the reality for Black SANDF soldiers whose trauma is intertwined with moral injury. Moral injury does not just arise from their actions or inactions; it can stem from the decisions and behaviours of those in positions of power, such as military leaders. When those the soldiers are supposed to trust the most let them down, it shatters their moral foundation, leaving them feeling lost and morally injured. The consequences of this betrayal are devastating. These soldiers face a deep sense of betrayal, distrust, anger, shame, and guilt. They even turn these feelings inward, engaging in self-condemning thoughts and behaviours, including conscious and unconscious suicidal acting out. These findings align with the latest research on moral injury conducted by experts like Bryan et al. (2018). When those we trust the most let us down, it can erode our faith in the very institutions and values we have sworn to uphold, such as the pledge by Black soldiers to their former forces, and after apartheid ended, to the SANDF. The betrayal cuts to the core of who we are, just as trauma does.

By acknowledging the traumatising of moral injury and its enduring, devastating impact, we can begin to restore in these soldiers a sense of trust, morality, and purpose that has been shattered. It is a national call for us to provide the support, as well as the societal and cultural resources our service members need to heal and reclaim their sense of self. Tisani (2018) introduces the concept of *ukuhlambulula*, which she describes as a form of cleansing that encompasses both the external and internal aspects of a person. This process addresses both visible and invisible elements, as well as the conscious and unconscious mind. It involves healing the body and nurturing the inner self. A broken or hurt soul struggles to love, making both symbolic and tangible acts of cleansing essential. When we fail to address the moral injury stemming from continuous traumatising in the form of CPTSD, we do not just fail our integrated Black soldiers; we fail the very foundations of our political history. Such failure is a failure of individual and collective transformative reintegration, which drives our national development programmes. If we

indulge Alford (2016) and stretch our minds to understand trauma as a cultural failure that signals a need for us to acknowledge our social and political responsibility, then we can include the soldiers who are in an excluded “shared private world”.

National suffering and its traumatising culture on soldiers

From a Winnicottian perspective, a traumatic culture—what I also call a traumatising culture—makes it impossible for its members to lay claim to their social culture and extend the transitional experience psychoanalyst Donald Winnicott (2016) discusses in *The Location of Cultural Experience*. This inability to integrate into a national force by appropriating from the force what contributes to their national identity and role in healing the wounded self, both within and without, starkly reflects the traumatised SANDF soldiers’ inability to claim their cultural heritage. When stress reaches a critical threshold, individuals and populations alike can lose their capacity to engage with the world with purpose and meaning. This psychological death, equivalent to chronic trauma, has devastating consequences. For SANDF soldiers, chronic trauma means they are unable to invest in and thrive in transitional spaces, leaving them feeling lost and disconnected (Alford, 2016). This is evident in their struggle to use objects and transitional spaces effectively to integrate into the SANDF and civil society.

Moreover, chronic trauma, understood as a social phenomenon deeply rooted in South Africa’s history, cripples the SANDF’s ability to create a supportive community that can buffer its members from the overwhelming distress and anguish they face. Alford (2016) discusses how trauma erodes the ‘inner other’—the internalised person to whom we speak to make sense of our experiential reality. The inner other is not innate but develops through self-object representations, especially attunement in early childhood. Life is given meaning by the mental representation of relationships, ideas, and the natural world. The absence of the inner other also explains the PTSD symptom of reliving rather than recalling trauma. Without

the inner other to listen, the self cannot properly integrate the traumatic experience into memory. Instead, the trauma is endlessly replayed, remaining an unintegrated experience. The inner other is not only crucial for psychological health but also for moral behaviour.

Following political theorist Hannah Arendt (1981), I argue that ethical action arises from our ability to talk to ourselves about what we are doing. The inner other is the essential 'thou' that allows this internal dialogue. Viewing trauma in this way—as the destruction of the inner other—reminds us that the road to recovery is not just about symptom management, but the restoration of the self's ability to find meaning and value in one's world through its relationship with the inner other. Thus, the self cannot be divorced from the person of the soldier. Trauma, as manifested in CPTSD, afflicts soldiers by sending the core of their self and values into an abyss, replacing them with meaningless yet corrosive symptoms, which also assault their spiritual bearings. Healing requires the revival of this essential internal companion and compass, foregrounding the need for a nuanced approach to healing that acknowledges the profound impact of trauma on our very sense of self. Human connection is key in this process, as the inner other emerges and is sustained through self-object relationships.

For these SANDF soldiers, life without access to the inner other and self-other has become an unthinkable, meaningless existence. However, there is almost always something to build on, some basis for reviving this core internal other. This understanding of trauma and the inner other underscores the importance of mourning the loss of the self and others, as Freud so eloquently highlights. Freud (1957) underscores that, alongside grappling with the aftermath of a traumatic event, there is the added challenge of mourning—mourning for others and for oneself. This involves mourning the lost world, particularly the pre-trauma life and identity, all camouflaged with feelings of guilt. Freud also drew parallels between the fear of losing one's own life and the anxiety associated with taking someone else's life. The participants' enactment of survivor's guilt was displayed when they re-exposed themselves to dangerous situations, such

as repeated deployments, as a form of punishment and a possible acting-out of death instinct drives. The persistence of doubling is not just about the survivor's inability to reconcile two separate realities, but also an expression of perpetual mourning. This loss is as real, vivid, and painful today as it was 30 years ago, and it cannot be worked through. It serves as a constant reminder of the trauma and pain that cannot be forgotten. This sentiment is echoed in the words of Private 4, who expressed a profound sense of duty: "When it is that time, you do what you promised to do with your fallen brothers in arms". This statement is intertwined with a deep-seated sense of guilt and self-doubt as they struggle to reconcile their feelings of not deserving to be alive with the need to understand why. The persistence of doubling reflects this perpetual mourning, where the trauma and pain of the past remain as vivid and real as they were in the moment. These surviving soldiers are unable to fully reconcile the two separate realities—the one they experienced in the past and the one they are living in now (Alford, 2016). This inability to translate between these two worlds is a testament to the enduring nature of the human experience and the profound impact of trauma on the psyche. This inner turmoil led to the 'death' of good introjected objects, as the perceived good self-objects in their fallen comrades were lost.

The re-traumatising nature of unmourned losses

The participants' continuous deployments may have been an attempt to master their perceived weak response to trauma, hoping to break free from the cycle of traumatic stress responses triggered by their combat experiences. The scars of trauma can seep through even the strongest defenses, eroding the very essence of one's being. While some grapple with chronic trauma more acutely than others, it is these individuals—these soldiers—who must be the priority. The root of their anguish is clear and, in theory, could be addressed; yet, this hinges on the SANDF's willingness to take decisive action. McMullin (2013) warns that relying on stereotypes about ex-combatants in reintegration efforts overlooks their specific historical and political contexts and constitutes a form of structural violence, as it allows external

actors to exert control. If they possessed the necessary political resolve, the suffering of these brave men and women could be eased.

Surviving soldiers who have witnessed horrifying casualties on the battlefield identified the loss of everyone who meant anything to them as the most traumatic experience (Alford, 2016). This loss served as a constant reminder of the trauma and pain they had endured, a burden they struggled to keep hidden. Even commanders on the front lines felt the crushing weight of guilt, a burden they also struggled to conceal. Their leadership roles, both on and off the battlefield, compelled them to suppress these emotions, contributing to the top-down pathologising of what should be seen as a normal combat stress response. The culture of downplaying the psychological toll of combat trauma meant that the participants were left to grapple with long-term undiagnosed PTSD, now CPTSD, through evacuative projection. Staff Sergeant 8 poignantly captured this struggle, stating: “If lives are lost, you accept it as part of the battlefield; it’s what happens. You feel guilty because you were the one leading and motivating people on the ground”.

This insight reveals the cumulative trauma of internal conflict they faced, wrestling with the responsibility of leading their comrades, even when it meant accepting the harsh reality that some would not make it. Traumatic responses were complicated by the lack of self-containment of their raw emotions and thoughts to facilitate healing, meaning-making, and integration, as this was fuelled by self-attacking guilt. They wrestled with the reason for their survival, which became another fixation in their pattern of traumatic suffering. Their belief in pushing aside thoughts and emotions tied to these experiences and choosing to march forward without seeking intervention only perpetuated the cycle of undiagnosed CPTSD. For the battle-hardened soldiers of the SANDF, the trauma they have endured is a cruel and unforgiving reality, one that defies comprehension and leaves them grappling with the absurd disconnect between their human need for meaning and the cold, unyielding silence of the world around them. As political activist Albert Camus (1942) observed, this absurdity takes on an even more harrowing

dimension for these men, as the trauma they have experienced is not something that can be grieved in the traditional sense; it is a loss that cannot be grasped, a wound that betrays the very fabric of existence itself.

To recover from such an experience, the victim must mourn; however, this is no ordinary mourning—it is a lifelong process. The trauma they have endured is fundamentally at odds with the world, becoming the ultimate narrative, the final chapter in a story that leaves no room for meaning or understanding. They hoped they would eventually become immune to the enduring symptoms and distressing emotions that haunted them incessantly when both awake and asleep. The participants' struggles manifested profoundly through their sleep difficulties, which were directly linked to the reliving of repressed or un-mourned experiences. When their psychic defenses collapsed, traumatic events resurfaced, making sleep a daunting experience that thrust them back into the depths of unresolved traumas from both pre-integration and post-integration periods. Unaware that this process was an unconscious attempt at psychic integration, participants grappled with the shame associated with these resurfacing events. In attempting to cope, maladaptive mechanisms such as avoiding sleep or overstimulating their minds became prevalent. They perceived their sleep problems as a sickness stemming from their physiological and psychological damage, and an element of shame was also associated with it. Staff Sergeant 8 expressed the shame:

Then when we are at home, we talk about things, but when it comes to the job, I don't like to talk about it; it is a part of me I don't like to share because of the person it has made me into. I am ashamed of the damage it has done to me mentally and physically. A person is getting funny sicknesses like hypertension and those things, then there is a problem with sleep.

PTSD disrupts sleep's silence

It became clear that there was no escape from their psychic distress; while they managed to elude it during the day, the night brought a reacquaintance with unintegrated traumatic experiences and the rawness of their emotions. Young (1995) notes that individuals with PTSD often relive experiences through nightmares and flashbacks, experiencing difficulty in sleeping—a pattern consistent with the findings of this study. Sleep was distressful for the participants, as it is supposed to be a quiet time between a person and their internal world, a self-relation dynamic that underlies the participants' core suffering in living with undiagnosed PTSD. Ehlers et al. (2010) attest that recurrent and distressing trauma-related dreams are a central symptom of PTSD, with research emphasising their frequent occurrence and profound impact on individuals experiencing the disorder. Private 9 described her experience of this symptom of undiagnosed PTSD as follows:

The sleeping becomes difficult, and you feel like you have fallen into a deep grave and you come out and fall back in again. It is not easy; sometimes I find myself crying when I go to sleep for a long time, and sometimes I don't even know why.

The participants' sleep difficulties were a stark reminder of the ongoing struggle to integrate their traumatic experiences, a struggle that continued to haunt them long after the initial trauma had passed. Alford (2016) expands on Winnicott, pointing out that silence is essential for many individuals; being discovered means being exposed, leaving no refuge from constant reactions to others, not even during sleep. This perpetual state of reaction leaves no room for the self to retreat as if the self itself has been lost in the process.

These soldiers, lacking guidance in regulating their arousal response at physiological, emotional, and cognitive levels, found themselves trapped in a perpetual state of war with CPTSD. The intrusive thoughts and memories felt annihilatory, perpetuating their struggle. Sleep, in particular, became a battleground for

unresolved traumas, with participants reliving traumatic events as their psychic defenses collapsed during the night. Some resorted to measures such as avoiding sleep or using alcohol to evade distressing dream states, but these coping mechanisms only intensified their psychic anguish and disrupted the process of psychological healing and integration. The inability of these soldiers to master the internal self and thus achieve ego integration of traumatic events, marked by enduring conscious and unconscious symptoms of CPTSD, leads to a cascade of comorbid mood, affective, and behavioural symptoms commonly observed in the military. This challenges the non-pathologising understanding that the psyche responds adaptively to combat events on the traumatic syndrome continuum when it senses safety. Unfortunately, the lack of such safety within the self and SANDF means that combat events are rehashed without an opportunity for meaningful resolution. To achieve this, familial, societal, and community/cultural support is crucial, as psychological safety is elusive within their existing internal and external frameworks.

For these soldiers, such external support would have fostered an internalisation that their symptoms are a psychological expression of bravery and resilient inner knowing, reinforced through cultural rituals and ceremonies. However, the psychological battle against the fight-or-flight response to adapting to the safety of their intuitive, emotional, and cognitive processes digs these soldiers deeper into the trenches of the fragmented self. This signifies a powerful struggle against the self, where the psyche, once fortified in the war against apartheid and rebel militia during peacekeeping and enforcement missions, has now taken up arms against its own inner struggles. The challenge lies not just in combating external threats but in reconciling with inner turmoil, where the flight from this perpetuates enduring PTSD. Silence is a complex and multifaceted concept in this context.

On the one hand, silence offers the possibility of transitional space, where we can be known without being found, allowing for a deeper understanding of ourselves and others. On the other hand, silence can also lead to avoidance and destruction, as it can

be used to suppress emotions and thoughts rather than confront them. As Winnicott (2016) notes, silence provides a location where we can be known without being found, an essential dimension of our humanity. Without this dimension, we would not be fully human. It is at this dimension that Black SANDF soldiers must be met and held to silence their psychological trauma, which can only find expression through destructive emotional and behavioural enactments. The profound trauma experienced by these soldiers is captured by Camus' (1955) concept of the absurd (found in Dole, 2007). The absurd arises from the tension between humanity's innate desire for purpose and meaning and the SANDF's unreasoning silence. In this context, the absurd takes on a distinctly human meaning.

It is humans themselves who are incapable of providing the answers being sought to 'un-madden' sufferers of continuous complex trauma. The persistent cruelty of continuous PTSD is etched into the very being of these soldiers, as they display a startling lack of compassion for themselves in the face of the pain they endure. Moreover, they seem disconnected from the emotions linked to the traumatic experiences they have undergone. From a Winnicottian perspective, PTSD is not merely about suppressing emotions to avoid the most disturbing ones; it involves a profound loss of vitality and a disruption in the ability to continue living and growing. This disruption can lead to a reliance on the mind to manage physical sensations, a way of coping that can feel like a form of self-holding. In this sense, PTSD represents a loss of the meaning and purpose that comes from living a fulfilling life (Alford, 2016). The concept of a shared understanding of their psychological symptoms acknowledged as a consequence of their military duties, recurred throughout our discussions.

Remarkably, the participants refrained from seeking assistance, seemingly bound by an unspoken collective commitment to face these challenges together, yet tormented individually. As Private 6 eloquently expressed: "You start having trouble sleeping because you see yourself in those situations in your dreams. I think it is our sickness, us soldiers". Sleep transformed into a psychological battleground, compelling

participants to relive their traumatic experiences through haunting dreams. This realm of the unconscious became the most fiercely resisted and debilitating symptom of their undiagnosed PTSD. Private 4 attested: “Even if sometimes there are dreams that keep you awake, you teach yourself to tolerate them and just suffer through them”. This was also perceived as a form of punishment for acts committed on the battlefield and for having one’s life spared. These soldiers lived a life of flight from their internal world, but it appears that they could not flee from their dreams.

There seemed to be an element of isolating shame in having their dreams, possibly because they symbolised a battle always lost. These soldiers perceived the failure to gain mastery or obtain a psychic triumph over traumatic distress in their dreams as suggestive of being inadequate and damaged. As Private 3 explained: “Sometimes you find you don’t think, but you have these dreams of things that happened in the past you forgot about, and you ask yourself, why do they not go away forever?” For those with traumatic neurosis, such fright, as referred to by Freud (1957), occurs most often through the repetition of dreams that return the individual to the moment of trauma. In the heart of their shared journey, the participants illuminated the reawakening of their dormant symptoms of undiagnosed PTSD, triggered by the surge of potent emotions. Captain 7, a beacon of their collective experience, voiced: “When these events unfold, they ignite the dreams we all dread”. The essence of their traumatic anguish was discovered lurking in the shadows of their dreams, a fragment of their psychic reality that could not be barricaded. Private 2 offered a glimpse into his personal struggle: “There are moments when you find your thoughts are absent, yet you’re haunted by dreams of past events you thought you’d forgotten”.

Private 2’s struggle hints at the harsh reality that the participants’ dreams persisted despite their conscious efforts to evade the memories of past traumas. These dreams served as a relentless reminder of their experiential reality that yearned for integration into their psyche. The psychoanalyst Wilfred Bion (1967) pioneered the exploration of the profound role of dreaming—a subconscious process vital for the metamorphosis

of raw emotional experiences. As Bion (1970) elucidates, these dreams act as a bridge, transforming unprocessed emotions into thoughts, knowledge, feelings, and, occasionally, buried suffering. The inability to dream an emotional experience, as observed by Bion (1970), plunges the psyche into an abyss of unbearable emotional chaos, forcing it to seek solace through various defenses such as projective identification, somatic disorders, addictions, and perversions. Among our participants, there were signs of coping mechanisms, notably attempts to alter mental states with substances before sleep—a desperate attempt to escape the dream state and bypass the psychic digestion of trauma. Private 2's narrative illuminated the complex nature of revisiting past traumas: "Past traumas, like incidents when I was still with MK? Well, those are the ones a person must strive to forget and only encounter again in your dreams". These soldiers' lived experiences with undiagnosed PTSD highlighted the complex dance between conscious and subconscious states, unveiling the uncontrollable emergence of traumatic content—sometimes sparked involuntarily in the waking state, manifesting as disquieting memories. This is the story of their resilience and a window into the intricate workings of the Black integrated soldiers' psyche.

The soldiers interviewed painted a vivid picture of their battle with the haunting symptoms of PTSD, a distressing reality that persisted years after the traumatic events. These unsettling episodes often catapulted them back to the scenes of their traumas, disrupting their dreams and intruding upon their waking moments. Private 5 voiced this struggle, saying: "Yes, you start remembering those past things like they just happened and feel like you are there all over again". These experiences inflicted a paralyzing psychological and physical toll, severely impeding their ability to fulfil their military duties, often without a proper diagnosis. Private 9 shared her ordeal: "I couldn't function, couldn't handle a weapon; everything, all the blood from the past, I would see in front of me". Literature suggests that discharging a weapon and witnessing injuries or death during deployment are significant risk factors for PTSD among military personnel (Solomon et al., 1986). These experiences, etched into traumatic

memories, are considered significant precursors to combat-related PTSD (Xue et al., 2015). It is worth noting that factors such as increased combat exposure, fear of being injured or killed, witnessing atrocities, and lack of post-deployment support also contribute to the risk of developing PTSD among military personnel (Palmer et al., 2023). The imagery surrounding these experiences often preyed on these serving members for years, haunting their dreams and memories.

Perceived ceasefire: Alcohol in the unceasing battle against PTSD

From the interviews, it became evident that military service members who have witnessed someone being injured or killed during deployment experienced intense fear at that time, which remained psychically unintegrated, as illustrated by a particular participant (Engelhardt et al., 2007). These memories were a persistent affliction for the participants because they experienced the same psychic reality and pain as occurred during military service under both former and current forces. Old psychic traumas were thrust to the forefront each time participants experienced a traumatic response, eliciting the same raw and, thus, undigested emotions from historically unresolved traumas (Sibanda, 2020). The more the participants endeavoured to repress memories of the traumatic experiences that caused them such overwhelming distress that the distress rendered them unintegratable, the more they surfaced to the conscious level. In the profound depths of the psyche, a relentless struggle persists—a battle that pits the very essence of selfhood against the formidable self-objects embodied by the SANDF. As we turn the pages of time, we witness how, tragically, the SANDF could not serve as a beacon of solace and strength; instead, it became a poignant symbol, a stark reminder of entrenched psychic wounds that resisted the passage of time. Drawing upon Van der Kolk's (2000) insights, the trauma of PTSD weaves a complex tapestry of anguish. Each replay of the trauma amplifies sensitivity, escalating the distress to unbearable levels. What commenced as harrowing experiences within political and military spheres for our participants transcended into enduring biological and characterological sequelae, resilient and

impervious to reversal. Captain 7's poignant words encapsulate this sentiment: "Yes, you start remembering those past things like they just happened and feel like you are there all over again".

Tragically, the participants found themselves adrift, both intrapsychically and interpsychically, as well as spiritually rudderless, grappling with uncharted territories of physiological, emotional, and cognitive dysregulation. This rendered their lived experiences unpredictable, with the only predictability being meaninglessness. The relentless onslaught of intrusive thoughts and memories threatened to overwhelm them, leaving behind a haunting legacy in these struggling heroes—a landscape marred by comorbid mood, affective, and behavioural symptoms, a shared burden borne by many within the force. When the participants' psychic defenses failed them in managing this intrusive symptom of PTSD, they turned to alcohol as a means of self-medication, seeking respite from the distressing thoughts and memories. As Private 3 explained: "I have learnt to help myself to bring myself to a different mind state; a few drinks help a person forget and feel better. You learn what your limits are as a person". Psychically overburdened, these soldiers discussed their consumption and tolerance levels as though they were speaking about dosages for prescribed medication, underscoring the desperation with which they sought to manage their undiagnosed PTSD. Alcohol took the form of self-prescribed medication to abate the physical and psychological pain they endured. It also seemed to help participants mask their undiagnosed PTSD symptoms, enabling them to fulfil certain military and familial obligations.

One participant shared that his family's expectation for him to be happy all the time drove him to drink more, just to be the person they wanted him to be. It was apparent that the participants felt there was no safe space for them to be their authentic selves—not at home, within the force, or even within themselves. As Private 4 acknowledged: "I know when I drink I feel relaxed and at ease, you know, so that keeps me going when I am off duty. They say it is poison, but I say it is my medicine (chuckles)". Alcohol had become a means not only to numb their emotional and physical pain but also to experience a fleeting sense of happiness, as Private 6 reflected: "You find yourself also feeling

sick in your body, but at the sickbay, they tell you they cannot find anything wrong. That is why you drink to forget the pain". Tragically, these soldiers had turned inward, lost within a self-abyss, unable to rely on the self-object relational healing they so desperately needed in their external environment, wherein the self could be ruddered for the psyche to heal.

The bars come alive as the sun dips below the horizon, casting a warm orange glow over the military bases. Bars are places where soldiers can gather and find solace in the camaraderie that only comes from the shared emotionality of the same experiences. But beneath the surface, a different story unfolds. For many, the reliance on alcohol had become a coping mechanism, a way to numb the pain and stress that came with years of serving in the military. It was a means to forge bonds and find a sense of community amidst the rigours of service. Yet, it seemed the system had fallen short in addressing this reliance on alcohol as a means to cope with the psychological toll soldiers faced. In his groundbreaking work, Van der Kolk (1987) highlights that many individuals who appear to be functioning normally after experiencing trauma are grappling with profound emotional constriction and a diminished ability to regulate their feelings. Consequently, the use of alcohol might serve as a coping mechanism against these underlying anxieties and emotional restrictions stemming from a belief that internal resources have been depleted.

Nearly all the participants in the study resorted to alcohol as a means to numb any pain they were enduring, finding it easier to do so than confront the full extent of their psychological distress. Moreover, this reliance on alcohol reflects a deeper pattern of self-destructive behaviour, often observed in those with PTSD. Weiss et al. (1992) demonstrate that veterans with a PTSD or substance abuse diagnosis also presented with more current and chronic physical health problems. Integrated SANDF members also exhibited chronic PTSD-related mood, emotional, physical, and behavioural symptoms. Amidst the chaos of internal and external battlefields, alcohol often became more than just a drink for these soldiers. Alcohol was a refuge, a shield against the harsh realities they faced daily. It was not merely about drowning sorrows but

about distancing themselves from their internal world, a world filled with persecutory self-objects and memories of conflict. In the quiet moments, alcohol offered them a temporary reprieve, allowing them to retreat into themselves, away from the horrors they witnessed.

The literature speaks of the psyche's natural inclination to withdraw from trauma, and for these soldiers, alcohol served as a state of consciousness that lulled that withdrawal. It was not just about numbing the pain; it was about creating a buffer between themselves and the traumatic experiences that threatened to consume them. Yet, in seeking solace in alcohol, they unwittingly further fragmented their very sense of self. Unable to integrate the trauma they faced into the ego, they found themselves torn apart (Van der Merwe & Swartz, 2015), struggling to reconcile the realities of combat exposure with the person they once were. It was a battle within themselves that mirrored the struggles they faced on the battlefield. In their quest for escape, they unknowingly distanced themselves further from the very essence of who they were or could have been brave enough to be. Though at times self-destructive, this enactment of perpetual mourning is the balm that soothes the wound that never fully heals, allowing life to continue, albeit in a restricted manner (Alford, 2016). The lack of closure is a blessing in disguise, as it allows life to continue, albeit in a limited capacity. This is preferable to being consumed by the overwhelming grief and despair that would otherwise be cripplingly paralyzing.

My dear brothers,

As I sit down to write to you, I am heavily overcome with the burden of our shared pain. We have walked paths fraught with danger and witnessed horrors that would make even the bravest of souls tremble, and yet, here we are, still standing, still fighting. I cannot help but be reminded of our brotherhood, forged in the fires of conflict, bound together by a bond of life-or-death instinct that transcends mere words. And yet, despite our mastered bravery, there are moments when the weight of it all threatens to crush me, to drag me down into the abyss of despair. Like many

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of you, I have seen things that no man should ever have to witness. Memories of bloodshed and loss haunt my every waking moment, leaving me to wonder if there will ever be a day when the nightmares cease, when the pain fades into oblivion. For me, demobilisation into civilian life was never an option. The military was all I knew, all I had ever known. And yet, as the years passed, I found myself adrift, lost in a sea of uncertainty. The transition into a national force was a struggle, a battle against my own demons that threatened to consume me whole. But amidst the darkness, there remains a glimmer of hope. For in our shared suffering, we find strength; in our shared sacrifices, we find solace. Let us come together, my brothers; let us break the silence that surrounds us and find healing in each other's embrace. I know that the road ahead will not be easy. There will be days when the memories threaten to overwhelm us, when the pain feels too much to bear. But we must remember that we are not alone, that we have each other to lean on in our darkest hours. So let us stand together, united in our resolve to overcome the demons that haunt us, to reclaim our lives and our dignity. For in the end, it is not the battles we've fought against and alongside each other or the scars we bear that define us, but the strength in the spirit of our national call, past and present, and the depth of our brotherhood.

In solidarity,
Private 2

Chapter 3

Psychic splitting in the SANDF: The challenge of psychological and organisational integration

The complicated politics of DDR can be simplified by stating that acceptance depends on how individuals perceive equality after the conflict more than on memories of violence or differences in political goals. These issues are not only present between communities and former fighters but also exist among fighters from the different factions (McMullin, 2013) that were remobilised into the SANDF. Within the armour of their psychological defenses, the soldiers revealed a complex interplay between acceptance and internal turmoil. While they outwardly professed to have come to terms with their roles within the SANDF, it became evident that this acceptance was not born from a genuine sense of reconciliation with their traumatic pasts and former force identities. Instead, a delicate negotiation between mind and body emerged, a fragile equilibrium teetering on the edge of integration and disintegration. This was not a harmonious merging of psyche and soma but rather a tentative balancing act—a partial adaptation born from the failure to fully assimilate their traumatic experiences. In their quest for acceptance, they grappled with a profound fear of losing themselves, of succumbing to the abyss of psychic fragmentation.

This maladaptive acceptance, tinged with distress and underlying turmoil, served as a façade, masking the deep-seated wounds of their traumatic stress syndrome. Any distress they encountered was not confronted but rather internalised, buried beneath layers of cognitive numbness—a defence mechanism to shield themselves from the full force of their inner turmoil. Psychological integration became a misinterpreted anxiety signal for vulnerability and, thus, a sign of outward defeat in the ongoing battle against their own psyches. The lack of organisational and

psychic integration further unravelled the fragile fabric of their ego strength, exacerbating the insidious grip of undiagnosed CPTSD. In their struggle to find peace within themselves, as embodied by CPTSD symptomatology, they unwittingly perpetuated a cycle of psychological disarmament, ambushed in the intricate trappings of their bleeding defenses. In Alford's (2016) words, through a phenomenological lens, a narrative continues about individuals irrevocably marked by trauma. Their experiences have forever changed their understanding of themselves, revealing the delicate balance between mind and body that Winnicott so eloquently articulated. This understanding is not merely intellectual but deeply visceral, a primal comprehension that the human spirit, like glass, can shatter beyond repair. This profound awareness transcends language and cultural barriers, piercing their psychic and spiritual core. A 'feeling-knowledge' resonates within them in a language beyond words, a truth etched into their very being through personal experience or witnessing others' suffering. Once this truth was realised, their world shifted on its axis. The conscious or unconscious stability in the identity of former non-statutory and statutory force members they once knew was replaced with fragility, and the illusion of invulnerability shattered.

They were confronted with the harsh reality that the self is not indestructible and that the psyche-soma-spiritual triad can be irreparably damaged. Yet, within this stark revelation, there was also a deeper understanding of life's preciousness—a recognition of the fragility that underpins their existence. Private 5 poignantly observed: "So, but now if you are working here, staying here breathing this thing, haai, it's a little traumatic. Even if you ignore it, you see that it's traumatising. I won't lie to you. I see my friends that still live in here and you can see that, Jesus, there's something wrong". His words reflect the weakened ego strengths resulting from ruptured psyche-soma barriers, leading to unconscious denial and repression of distressing intrapsychic and interpsychic organisational assaults by the SANDF. This results in the unconscious splitting off of intolerable parts of their experiential and emotional reality and the self inadvertently.

The apartheid regime was an oppressive and dehumanising system that compelled some individuals to flee the country's absurdity and escape the systematic dehumanisation they endured (Khan, 2021), whilst others remained behind and took up arms against the oppression. At the end of apartheid, 'armed struggle' force members from different political factions were later integrated into the SADF. This integration was a psychological injustice that remains a historical ghost—an act that carried the weight of the past oppressive system into the post-apartheid era. The psychological wounds of these Black soldiers do not exist in isolation; they were shaped and exacerbated by the collective trauma of apartheid—a system of institutionalised racism that oppressed and dehumanised generations of Black South Africans. The armed struggle against apartheid, while necessary, also inflicted deep psychic scars on those who fought for liberation. Many of these soldiers likely witnessed or experienced horrific violence and loss during the fight for freedom. The trauma of combat was compounded by the trauma of living under an unjust system that denied their humanity. This layered trauma created a unique language of pain, one rooted in the collective suffering of Black South Africans. When these soldiers then entered the military, they brought with them the unresolved trauma of apartheid and the armed struggle.

Wounds of the armed struggle continue to bleed within the SANDF

The SANDF, as an institution, failed to provide adequate psychological support to help them process and integrate these experiences. Instead, the culture of the military perpetuated the splitting of identity that had already begun. To truly understand the trauma of these soldiers, we must situate their trauma within the broader context of South Africa's history. The racial oppression of apartheid and the violence of the armed struggle created deep psychic wounds that continue to reverberate today. Healing the wounds of trauma experienced by Black Africans requires a deep understanding of the unique cultural context that shapes their trauma response. While the biological symptoms of PTSD (such as autonomic nervous system reactivity and re-

experiencing) may be universal, the behavioural and emotional aspects are heavily influenced by cultural factors (Marsella, 2010). Through socialisation, certain coping behaviours become seen as adaptive or maladaptive within a cultural framework, and cultural rules dictate which emotional experiences and expressions are acceptable to display (Ekman et al., 1969).

Providing culturally sensitive support and interventions is therefore crucial when addressing the trauma faced by Black Africans. By acknowledging the distinct cultural language of their trauma, we can better facilitate the healing process and support those in need. The soldiers' intuitive knowing suggested a profound split within their psyche, a conscious coping mechanism employed by the system, especially after deployments. As Private 2 shared: "You can't talk about it, you just have to carry on with the task at hand. But we survived and came back just fine; there was just one guy who didn't seem okay, but I see he doesn't wear the uniform anymore. I don't know what is happening with him, but when I looked at him, he was not okay". This process of psychic fragmentation mirrored the way they stripped down their R4 rifles to ensure operability. As Private 3 commented: "[You] change into a different person, not yourself that people at home know, for example. It is like you are camouflaged, you understand". McMullin (2013) posits that reintegration efforts in African countries, though presented as part of the liberal peace initiative, often exploit vulnerable populations. The reintegration efforts focus on advancing economic goals like market liberalisation and privatisation, prioritising foreign interests over local needs and contributing to further marginalisation.

Consequently, the SANDF was experienced as perpetually traumatising, failing to provide the necessary psychic armour for (re)integration. This perpetuated the splitting of the psyche and self into being either a soldier or a person in the world, part of society, family, and cultural systems. However, the continuous traumatising they experienced did not allow for the full integration of these disparate aspects of the self. The disintegration of the participants' ego functioning further exacerbated their distress, as Private 9 reflected: "More sicknesses to yourself, more than the ones the army gave you of

having two minds—one of a soldier and one of a person when you are with other people and family”. This impaired their integrative capacity, leaving them psychically unintegrated into families, the SANDF, and society. In essence, the participants’ strategies for coping with trauma led to a fragmented existence, blurring the lines between being a soldier and being a self (Lifton, 1973). Participants demonstrated an inability to function outside their identities and roles as soldiers, a testament to being lost to oneself and the world (Frankl, 1959).

The organisation’s failure to provide the necessary psychological support had carved an abyss within their very being, leaving them adrift in a sea of disintegration. The scars of their service run deeper than anyone can see. Psychic splitting, a post-traumatic response, had become second nature, entrenched in underlying shame that threatened to consume them. These were their battle scars, manifested in CPTSD and disorders of extreme stress not otherwise specified (DESNOS) symptomatology born from the relentless trauma these soldiers had endured. For these soldiers, giving in, rather than integrative acceptance, had become a necessary defence for survival. Their journey through the labyrinth of trauma echoed Kohut’s (1971) notion of disintegration, a diminished sense of self that left them adrift.

Disintegration of mind, body and spirit

Dissociation and excessive energy conservation had become their coping mechanisms, trapping them in a fragmented, implosive state wherein the stillness of psychic continuity seemed an impossible dream. Subjectively, they described an erosion of their capacity to integrate self, others, and trauma—a perceived profound betrayal by both the community and military structures that had once defined them. In their anguish, they found themselves robbed of love and meaning, often facing isolation and shattered beliefs (McFarlane & Van der Kolk, 1996). Thus, in this state of partial adaptive acceptance, they assumed the role of victims, acknowledging the harsh realities of their military duties and the SANDF’s failures as an organisation that had only exacerbated their suffering. It was a burden they carried, a weight that began to crush their very spirit.

Navigating through this convoluted terrain of trauma mirrors Kohut's (1971) concept of disintegration, wherein the self undergoes a state of diminishment. Non-integrated traumatic experiences infiltrate through re-experiencing but are often suppressed or split [fragmented] anew. Depending on the complexity of one's psychic defenses, which correlates with the maturity of personality, there are three avenues of recourse: migrating into the body, migrating into the sensory realm, or manifesting through enactment (Britton, 1998). As previously discussed, relived past traumas from former military structures imprint on the perception of subsequent emotionally charged experiences within the psyche. However, this partial acceptance proves maladaptive for psychological integration into the SANDF, the self, and society. Private 5's statement unveils the need to work through former armed struggle experiences to achieve psychological integration into the SANDF: "You have to accept that the instructions coming your way are how we were trained. It took a mental change because these are people you were instructed to fight against; now you have to be part of the same team and no longer see each other as enemies". Yet, the participants remain resolute in only addressing the entry points of their psychic wounds, akin to bullet wounds, avoiding revisitation for fear of triggering emotional breakdowns.

This cyclical psychodynamic illustrates the paradox where healing necessitates enduring pain. For the participants, it meant that to heal was to hurt, and to defend against healing was to hurt (Sibanda, 2020). This paradox had become a cruel dance [march], a figurative ripping off of the heart to escape the pain of feeling, which would, in essence, entail an escape from the self. However, the complex dynamics of the human psyche do not permit such a simple solution. The participants found themselves trapped in a web of their own making, unable to fully heal, yet unwilling to confront the depths of their trauma. It was a Sisyphean task, pushing the boulder of healing up the mountain of pain, only to watch it roll back down time and time again. Enduring the endless, formless abyss of the psyche can be a profoundly painful experience, as evidenced by the lived realities of these SANDF soldiers. Faced with the terrifying void, they were compelled to

become mentally ‘non-existent’ just to survive. Fragmented thoughts and a diminished capacity for mental adaptability mark this psychological terrain.

When confronted with emotional experiences too intense to bear, the mind unconsciously attacks the experience itself and the very ability to process and make meaning of it—a desperate survival mechanism. The participants’ stories reveal the compounded trauma of internalised organisational and operational wounds, as well as the military’s denial of the psychological scars and physical ailments borne by its soldiers. Trapped in a perpetual cycle of reliving their traumatic scenes (Jovic, 2018), these individuals struggle to integrate their experiences into their sense of self, facing grave existential challenges. Thus, the experience remains a non-mental overwhelming hysteria of stimuli inside the mind and body. The notion that mental distress can stem from spiritual causes is further reinforced by the observations of Opiyo and Ovuga (2014). They note that if the spirits of the deceased are not properly appeased through rituals, the individual responsible for the death may experience significant psychological breakdown issues.

This aligns with the African perspective that ‘non-mental’ states can be understood as an invasion by avenging spirits or the shadows of war, as Ngubane (1977) describes. In traditional African belief systems, psychological distress is often attributed to spiritual factors, such as the displeasure of ancestors or the influence of malevolent forces (Mbiti, 1990). Kleinman (1995) explains that suffering is a universal human experience wherein individuals and groups endure certain hardships and serious wounds to the body and spirit. He emphasises that there is no single way to experience suffering, as pain is perceived and expressed differently, even among people in the same community. For soldiers, the overwhelming sensations and fragmentation they experience may be best understood as the result of a spiritual attack by these vengeful spirits. Restoring balance and harmony through rituals and interventions is seen as crucial, though this understanding is often overlooked as soldiers are silenced into shame regarding their traumatic distress symptoms (Sow, 1980).

The perceived triumph in silently soldiering through daily life with chronic trauma is, in fact, a loss of attachment to the communal body through a rupture in one's attachment system (De Zulueta, 2009). Without validation and support, traumatic memories persist, manifesting as anger, withdrawal, or disruptive behaviours (McFarlane & Van der Kolk, 1996). The continued emotional, cognitive, and occupational demands exacerbate participants' fragmented defenses, leaving them split between the self of a soldier, a husband or wife, and a parent, unable to fully integrate the self. Guntrip (1995) describes a profound sense of belonging as being at one with one's world, an experiential reality that eludes participants living with a hyper-aroused nervous system and that perpetuates their chronic psychic disturbance. Participants may harbour resentment toward the sacrifices made for the country's liberation, feeling a projective emotional abandonment by both family and the SANDF. Trauma breeds shame, creating a split between the projected strong survivor and the authentic, vulnerable self (Herman, 1997). Winnicott (1965) posits that the true self is alive, spontaneous, and creative, contrasting the hollow compliance with societal expectations enacted by the participants.

In this state of existential sacrifice, they feel devoid of authenticity, perpetuating their trauma-induced psychic disintegration (Anderson & Winer, 2003). As trauma continues to impact their sense of self, the process of integration into a national force is experienced as ushering in a disintegration of both the organisation and the members' internal and external lived realities. Private 1 stated: "Maybe in time, with trust and better treatment, we can start to heal because our minds and hearts have not been okay, and it has been for so long". Once again, the participants conveyed a sense of having to split themselves into parts and function from part self-object, but never as a cohesive whole self-object functioning and relating being. Private 4 shed light on how those who were demobilised could not sacrifice being integrated into the system at the expense of disintegrating psychically and functionally. They opted for integration into civilian life, which they believed was less costly to their psychological functioning than integration into a national defence

force. He admitted: “It was like you have to change yourself and be someone else, they said”. The dynamic of part-object relating was palpable among the participants, who experienced a strong driving divide between ‘them’ and ‘us’. This fed into a psychotic organisational structure, thus making the participants more vulnerable to traumatic stress responses. It was noteworthy how SANDF members, in general, and the organisational structures responded with incapacitating psychic disintegration in defence against integration, which suggests that integrating psychically into the SANDF also required psychic integration of past traumatic combat experiences (Sibanda, 2020). Despite being of the same race, differences not only in former force allegiance but also in training within the SANDF had reinforced splits within the organisational structures and ranks that seemed to delude the integration process. Staff Sergeant 8 explained this thus:

These people of the new government, they thought we were supporting the old regime, so the old regime also they were not trusting us. We welcomed the change but they had that hatred and anger at us. I think some they still do, there will always be mistrust. They still see us as the enemy because we fought on their enemy’s side.

An organisationally and psychically disintegrating DDR model within the SANDF

The integration of former statutory and non-statutory forces was a political compromise aimed at laying down arms and fostering integration through military experience for the greater good of South Africa. However, this integration posed a complex challenge as it fixated on military identity in allegiance, which remained deeply rooted in the participants’ former force structures. This sense of identity was closely tied to a self shaped by core traumatic experiences, particularly those stemming from combat exposure under these forces. Consequently, it is plausible that the participants struggled to disengage psychologically, remaining fixated on their former force identities due to unresolved trauma. This behaviour seemingly reflects an ego defence mechanism, wherein participants identified themselves primarily by their

former forces rather than embracing the SANDF, while attributing this reluctance to the administrative system of the SANDF. Since its inception, the process of integration seemed devoid of meaning and healing for the participants regarding their combat trauma.

Instead, integration served as a means of repressing their psychological scars, hindering rather than facilitating resolution and (re)integration toward a unified SANDF. This process was internalised by the participants as yet another traumatic experience, serving as a constant reminder of their past identities as former statutory and non-statutory force soldiers. Private 4's observation highlighted this internal conflict: "Now, with promotions, you struggle because your force number indicates that you are a former SADF [soldier]". The integration process perpetuated a fragmented sense of self and fostered resentment among the integrated former armed forces, impeding their healing. This complexity exacerbated their trauma, preventing emotional authenticity and vulnerability, which are essential for psychic healing in an environment lacking trust. Captain 7 articulated this lack of trust: "I don't even trust going into war with my platoon; you cannot go as a battalion. I cannot go fight a serious war with these people because I've never built that trust from the onset". Consequently, participants felt lost within the system and disconnected from themselves, their peers, and the larger system, perpetuating hyper-vigilance and unresolved CPTSD within the SANDF. The demobilisation of former armed forces paralleled the psychic disintegration of their members. The SANDF hoped to provide a semblance of safety for former armed forces' fragmented selves through (re)integration into a structured system. However, the integration process did not necessarily bring about a change in mentality, as cognitive and emotional distortions secondary to unresolved trauma persisted. This is evident from Staff Sergeant 5's reflection: "Now, what happened after integration, we start identifying ourselves as former what-what-what-what, accusing one another and saying you were working for the White regime; you killed us; by then you were against us, you understand?"

With arms laid down, psychic defenses became more rigid, aimed at safeguarding against psychic wounds and concealing

emotional scars. The integration into the SANDF was experienced less as a psychological integration and more as a mobilisation of defenses against undiagnosed trauma. The lack of a cohesive sense of self hindered the psychological and cognitive integration necessary for a unified SANDF. While the participants could cooperate operationally, unity at a deeper level remained elusive. It seemed that there was a vested interest in emphasising differences among themselves, perhaps to avoid confronting the traumatic stress syndrome experienced from the onset of their military service prior to integration. Suffering is fundamentally a social experience. It involves our connections with others as we navigate pain and hardship. It is also shaped by cultural norms that guide how we understand these experiences. Additionally, in professional settings, suffering is categorised and addressed through technical terms (Kleinman, 1995). Importantly, social suffering encompasses a variety of interconnected issues, including health, welfare, legal, moral, and religious factors (Kleinman, Das, & Lock, 1997). The lack of psychological preparation for former force members did not align with the expectation of psychological and cognitive integration into the SANDF.

Instead, the responsibility for military, cognitive, and psychological integration appeared to rest on the members themselves, while leadership concentrated on administrative processes and the political climate. The possibility that these members were grappling with traumatic stress syndrome from previous military activities was overlooked. Disintegration was inevitable in the face of such psychic trauma, leading to rigid defenses against any attempt at functional integration, as well as further fragmentation when left untreated. This situation was akin to patients welcoming newcomers to an institution, as Van der Kolk and McFarlane (1996) describe, who compared the experience to compulsive re-exposure to situations resembling previous trauma, which may have kept these members within the force. Their continuous CPTSD had turned into a self-object attachment, representing the only psychological constant. According to Blizard and Bluhm (1994), the employment of maladaptive defenses allowed these SANDF soldiers to avoid

being overwhelmed by memories of trauma, maintaining a fragile internal structure to evade depression due to abandonment.

This defensive mechanism served the psychic function of depriving participants of a sense of belonging within an integrated force. However, true cognitive and psychological integration would necessitate confronting and working through their trauma, a process hindered by the military environment's lack of structural or psychological space for meaning-making and healing. Trauma-induced emotional reactions often arise from conflicts between internal and external information, according to Horowitz (1986). The integration process, rather than being psychologically meaningful, may have been perceived as rendering their former armed efforts meaningless, leading to a perceived denial of their current military posture within the country's politico-military history and resulting in feelings of betrayal towards the armed struggle and, thus, the country's political history. A loss of symbolic thinking, observed in these soldiers' behaviour, may be related to the necessary psychic defenses employed by participants to protect themselves from disintegration anxieties.

The integration process could have been more effective if it allowed for the processing of unresolved combat traumas, facilitating the internalisation of the SANDF as a positive relational object. Instead, participants felt absorbed into the SANDF merely to be monitored rather than valued for their military potential. Structural challenges in peacebuilding stem from the overall context, while ideational challenges specifically relate to how ex-combatants are perceived (McMullin, 2004). These challenges extend beyond reintegration programmes to encompass the harmful stereotypes that shape perceptions of ex-combatants, depicting them as violent, unstable, lazy, or entitled. Such misconceptions have significantly hindered their successful organisational and psychological reintegration into the national force and society (McMullin, 2004). Historical ghosts are not confined to the past alone; they also cast their shadows over the present and the future (Nkomo, 2024). The lingering effects of past events and traumas can continue to haunt and influence the present and future long after the original occurrences.

Chapter 3

For these soldiers, years after the traumatic events, memories remained unintegrated, causing them to perpetually relive the trauma through intrusive symptoms of long-term undiagnosed PTSD, which has taken a deleterious course of CPTSD. Looking ahead, the next chapter unpacks how SANDF members cope with trauma-related responses in their daily lives, offering insight beyond the Western lens into the psychic cost of psychological survival in their continued military service.

Dear Comrades,

I hope this letter finds you well, though I suspect many of you, like me, are carrying burdens too heavy to bear alone. It's not easy to put pen to paper, to lay bare the struggles that I've kept hidden for so long. But I've come to realise that the weight of silence is heavier still. You see, I'm Participant 3, a Private among you, but my journey has been far from ordinary.

I was formerly a member of MK, and I've seen more than my fair share of hardship and sacrifice. Yet, it's not the battles waged on the field that haunt me most—it's the ones fought within the recesses of my own mind. I moved away from my family, seeking respite from the emotional demands that drained me. But distance only served to deepen the void between us. I drowned in intrusive memories, haunted by dreams tainted by guilt and loss. And though I tried to outrun my demons, they always seemed to catch up with me. I've seen things that no man should ever have to witness, and yet, I find myself trapped in a cycle of denial, unwilling to confront the demons that plague my mind.

The guilt of survival weighs heavily upon me, a burden that I cannot seem to shake. I know now that I've been living in denial, refusing to acknowledge the scars that mark my soul. It's easier to drown my sorrows at the bottom of a glass, to pretend that everything is fine, than to confront the truth staring back at me in the mirror. I have even tried the traditional route of appeasing the spirits.

Kanene

But amidst the darkness, there's a flicker of hope. I long for connection, for understanding from those who have walked similar paths. I know now that I can't bear this burden alone—that true strength lies in our ability to lean on one another in times of need. So, dear comrades, I implore you to see beyond the façade of strength I've so carefully constructed. Let's break down the walls of silence together, creating a safe space where we can share our struggles without fear of judgement. In the trenches of life, we are stronger together. Let's stand shoulder to shoulder, lifting each other up in times of need and carrying the weight of our trauma as one, offering a guiding hand to those lost in the darkness, like me. For only through unity can we hope to find peace amid the battle of our minds.

With unwavering solidarity,
Private 3

Chapter 4

Internally deadening unresolved traumas: Lived experience of combat-related traumatisation

Subjective appraisal of psychological trauma is essential in holistically understanding the lived experience of combat-related traumatisation (Laricchiuta et al., 2023) among Black SANDF soldiers. Therefore, it employs a broader definition of trauma, asserting that traumatic experiences are those that exceed an individual's internal resources' ability to cope and impair the integrity of an individual's psychological functioning.

Within this nuanced perspective that extends into cultural contexts, multiple definitions of trauma are incorporated to explain the complexities of psychological trauma observed in real-life contexts (Van der Kolk, 2000). If we approach the understanding of suffering through a Western cultural lens and then seek to find evidence of the expected corresponding symptom presentation, we are likely to find what we are looking for (Patel & Hall, 2021). However, just because we can identify symptoms that fit a pre-defined disorder does not mean these are the most important or pronounced reactions to focus on within a different cultural context, as in the case of Black SANDF soldiers. Nor does it mean these symptoms necessarily form the same onset of cohesive syndromes, like PTSD, within that cultural group. We must be cautious about imposing Western diagnostic frameworks onto non-Western lived experiences of trauma and suffering. More culturally humble approaches go a long way to truly understanding the unique ways in which various communities physically and psychologically respond to and cope with adversity (Miller et al., 2009).

In the solemn pages of what could have been easily dismissed as mere research data, the narratives of integrated soldiers unfold, each line etched with the weight of their

experiences of traumatisation. Literature is goldenly threaded in to shed light on their sobering truth: the pathway from trauma to PTSD, a journey fraught with peril rooted in their politico-military history. As these warriors stepped into the folds of the SANDF, they bore not only the weight of their duty but also the unseen scars of past battles of the armed struggle. Empirical research conducted by Andrews et al. (2009) and Frueh et al. (2009) reveals that when military personnel experience additional stressors or traumatic events later in life, they are significantly more likely to develop PTSD in response to a previous traumatic experience. This discovery highlights the profound and lasting impact that trauma can have on our service members. It is not just the initial event that takes a toll, but the cumulative weight of subsequent challenges that can truly test the resilience of our brave men and women in uniform. This is evident in SANDF soldiers' continuous CPTSD, cumulative from their armed struggle and military service. While research highlights the profound and lasting impact of trauma on military personnel, it is also important to consider how trauma is experienced and expressed across various cultural contexts (Peterson, 2015).

Culturally specific idioms of distress offer a more nuanced lens for understanding how trauma is experienced and expressed across various communities. These locally dictated, culturally recognisable forms of expressing suffering, such as "thinking too much", often do not map cleanly onto Western psychiatric diagnoses like PTSD (Kaiser et al., 2015). Examining idioms of distress acknowledges the diversity of trauma responses and the need for culturally sensitive diagnostic tools that capture the unique ways various groups make sense of and cope with adversity (Kohrt et al., 2014). Rather than imposing Western frameworks, this approach recognises that PTSD reactions can vary significantly across cultures. This understanding sheds light on the predisposed vulnerability observed among participants, particularly as they will have been integrated into the SANDF with an underlying post-traumatic syndrome.

Distressing emotions secondary to PTSD symptoms manifesting as displacement onto the SANDF may have been an unconscious cry for the organisation to acknowledge the

members' psychic pain. Their cries, though silent, spoke volumes—a plea for acknowledgement, a call for understanding. An appreciation, rather than a silencing denial, of the historical and cultural events underlying their trauma, would have meant normalising and not pathologising their traumatic combat response, a lifeline that their leaders could have extended. Distressing echoes of PTSD reverberated within their souls, seeking solace in the embrace of the organisation to which they have now pledged allegiance. Failure to meet this internal stirring unconsciously drove participants to continue deploying and repeatedly expose themselves to danger. Van der Kolk et al.'s (1996) reminder about the compulsion for soldiers to revisit the ghosts of the past and confront the shadows that linger in the recesses of their minds echoes through the ages. This explains these soldiers' compulsive re-exposure to situations similar to previous traumatic combat experiences, an enactment of the survival of perceived failed mastery. One soldier's voice rang out amidst the turmoil, bearing witness to the dangers of the battlefield and the absence of support: "Deployments get very dangerous; there are lots of people who are getting hurt, and then after that, there is no support. We witness all that, also".

Unresolved past traumatic losses create an imprint of continuous traumatising grief

Taylor (1998) states that premorbid motivations clearly influence the rate of self-exposure to traumatic events and vulnerability to PTSD. The complexity and chronicity of these soldiers' traumatic response syndrome seem to lie in the fact that continuous psychological stressors cannot be processed and thus become unresolved traumas thrust into the depths of the psyche alongside previous unresolved traumas. This keeps past traumas raw and difficult to digest into manageable bits of the self (Sibanda, 2020). However, for current or recurring traumatic responses to be processed and integrated, past traumas must be revisited to allow for a mirroring 'honorary' avowal rather than renewed disavowal. At the heart of trauma's complexity lies a profound and enduring truth: it becomes your very heartbeat if you don't acknowledge its poisonous roots. Only by confronting the ghosts of the past and

revisiting the wounds that refuse to heal can these warriors find peace. Captain 7 reflected: "I am one person who has deployed a lot, and we have been ambushed; we lost guys, or some got injured". During a recent deployment, he was driven to breaking point and threatened to kill his fellow soldiers and commanders with an axe in a violent outbreak. He described his experience: "No one supported me; they made me feel like I was going crazy, like I told the social worker. Yes, I got so angry, but I was not going to hurt anyone". When psychic defenses fail, separating the person who is a soldier from the role of a soldier threatens fragmentation of the self because of the erroneous internalisation that the self must be separated from the soldier. In exploring the soldiers' journey, we uncover a vital quest: making meaning of self-experience amidst the shadows of trauma and the intricate dance with self-objects.

Shay's (1994) meticulous exploration of PTSD symptoms reveals a crucial truth: the lingering scars of unresolved traumas often wear the cloak of other disorders, leading to misdiagnoses that echo through our politico-military history. This tangled web of misinterpretation leaves members stationed in infantry bases overlooked and labelled as dysfunctional. In an attempt to concretise their pain and preserve their sanity, participants made meaning of their emotions due to years of the system's mischaracterisation of trauma symptoms, which were unconsciously expressed behaviourally. Specifically, they linked their feelings of grief to being buried alongside fallen soldiers. This inhibited their process of mourning, which would allow them to work through their loss. Therefore, the loss of lives witnessed in military combat was a significant source of trauma for many of the participants, which they experienced before and during SANDF operations (Sibanda, 2020). Blood was shed for a dispensation that could form a national force from the armed struggle, a truth that reconciliatory efforts could not bury. This was conveyed in Private 9's experiential reality: "The denial of this politico-military fact is tantamount to the denial of part of integrated soldiers' lived experience in the country's history". Private 1 attested: "Yes, like things I used to see in outside operations when people got killed, I never got help from a psychologist or anyone for that trauma".

Private 2 supported this: “Yes, we saw a lot of things; people lost their lives, and I can say there was a lot of bloodshed”. Nothing in the participants’ military training armed them with coping mechanisms to mourn the loss of life adaptively. Rather, loss became an enemy that disarmed them of their psychic defenses. Private 3 explained: “You see one or two people losing their lives, and you can’t talk about it; you just have to carry on with the task at hand”. These soldiers’ ‘denied’ traumatization became pain that festered into a characterologically and functionally impairing undiagnosed traumatic syndrome. However, this traumatic part of the participants’ experiential reality had to be defensively split off psychologically, leaving them regretting sacrificing their lives, only to feel that they are dead inside. Private 9 shared: “People can’t see it; only you know what is inside of you. Sometimes you don’t want to live anymore and think those who have departed are lucky”.

For many of our brave service members, traumatic losses remained unresolved and became a root of distress and long-term undiagnosed traumatic syndrome for these soldiers. Despite their training to face death head-on, the trauma they experienced profoundly affected how they reacted to loss and mortality in their own lives. This unresolved anguish can manifest in a myriad of ways, both clinically and culturally, from heightened anxiety and depression to a profound sense of disconnection from their loved ones and communities. Addressing this hidden burden is crucial to empowering our service members to confront the demons of combat wounds and reclaim their lives with dignity and purpose. Acknowledging the lasting scars of the country’s traumatic history that the soldiers endure is not only for the well-being of our military heroes but also for the strength and resilience of our entire society. An inability to grieve within cultural rituals perpetuates a traumatic stress response trajectory and consequently exacerbates these soldiers’ undiagnosed CPTSD.

This psychological burden, however, was not merely an individual struggle, but a shared experience among those who served. It manifested in the defensive splitting off of traumatic realities, which also meant a splitting off of part of the self, as if they could be buried alongside fallen comrades, echoing Private

9's poignant reflections on sacrifice and existential emptiness. This robbed participants of themselves and their lives. It deprived them of the ability to make meaning of, and mourn, their losses—a crucial psychic process. This process involves acknowledging and letting go of what has been lost while internalising what has been gained. Without this balance, there remains loss without any gain, leading to an emptied psyche. Without any cultural outlet to make meaning of their trauma, it became a process of killing off those elements of their experiential and emotive reality, which further disintegrated their already fragile sense of personhood. This has left them at the mercy of shadows of themselves and shadows of those whose souls they bear for various reasons. A glaring clinical injustice, which I dare to liken to cultural intolerance, is the insensitivity toward the unique symptomatology and experiences of these African servicemen and women. The onset and manifestation of their symptoms may have differed significantly from Western standards. Alford (2016) writes that PTSD is an emotional condition tied to a specific social and historical time and place. However, PTSD, though a poor diagnosis at times, can be life-saving, as it breaks the silence by forcing someone to listen and step away from the misuse of social, political, and medical power. It facilitates a process for the traumatised person to express their feelings, whether through words or less destructive behaviours.

Culturally reflexive clinical approaches to treatment of continuous PTSD

African culture lacks a clinical conceptualisation of trauma, resulting in the absence of nuanced models traditionally employed to aid individuals in processing their traumatic distress. Patel and Hall (2021) caution that we must be open to understanding the unique ways communities make sense of and cope with their traumas. Only then can we begin to develop culturally humble approaches that truly meet people's needs. This can be an important first step in the healing process for diverse communities. SANDF soldiers interviewed alluded to a persistent low mood, which is typically co-morbid with symptoms of post-traumatic stress reactions and can be linked to emotional

detachment. Staff Sergeant 8 described this feeling: “Just not feeling good inside most of the time; it is the stress just because you don’t know who to talk to, who to cry to”. Furthermore, the participants not only felt alone in their struggle with intense negative feelings associated with undiagnosed PTSD but preferred to isolate themselves when these feelings were evoked. Private 5 explained: “When those memories and emotions come, they are so strong you don’t want anything but just to be alone”. There appeared to be an awareness of a consequent deterioration in the quality of life and sense of self, which these soldiers mourned. Private 9 elucidated: “And I love my children; I panicked because I didn’t want their lives to become like mine, where you have lost all enjoyment in living”.

Long-term undiagnosed PTSD has resulted in soldiers enduring traumatic experiential realities that lack a facilitative environment for meaning-making, thus creating perpetual disquiet in their state of being, both psychically and spiritually. As Private 4 shared: “I get surprised when I laugh at something sometimes because it feels like the days are too long some days and I can’t remember what makes me happy anymore or if happiness is real”. This pervasive state of melancholy finds expression through isolation and enduring psychic pain in these soldiers’ psyches, with positive emotive experiences being only a brief flicker. Private 9 related: “I am sometimes happy like everyone else, but it doesn’t last; then the sad and painful things I’ve been through come back to me. I find myself crying and feeling scared again”. Despite being denied subjectivity and the capacity for mourning, the affirmation of Black SANDF soldiers’ humanity enables the expression of repressed lived experiences and the articulation of counter-narratives to epistemic blind spots (Peterson, 2019).

In an attempt to escape the distress from a disintegrated ego and self as a result of long-term undiagnosed PTSD, participants resorted to self-destructive behaviour as though to counteract the internal annihilation over which they had no control—which is, in itself, a form of resilient coping. These military heroes face unimaginable challenges, both on and off the battlefield. For many, the psychological defenses they developed

to cope with the horrors of combat have become maladaptive, no longer shielding them from the crushing weight of their traumatic distress. Instead of providing a buffer against the debilitating anxiety and anguish they experience, these defenses have perpetuated long-term, psychically incapacitating, and often undiagnosed PTSD. The chronic, untreated trauma of our serving members has taken a devastating toll, correlating with enduring personality changes that can leave them feeling like strangers in their own skin. This organisational pattern of defenses, mobilised to protect the ego when overwhelmed by the sheer magnitude of their experiences, has become a double-edged sword. While it once served as a lifeline, it now threatens to pull them further into the depths of isolation and despair. As Private 4 elucidated: “That is why you are never the same person; that is why you never talk about the experiences after they have happened. You have to try to forget it all as soon as it has happened”. Their perceived ability to cope is steeped in their African resilience and pride, which unduly perpetuates their suffering in silence. When it comes to assessing and treating trauma-related issues across various cultural contexts, we must be exceedingly careful not to rely too heavily on Western diagnostic frameworks. The reality is that these frameworks often fail to account for the presence of ongoing systemic stressors that render trauma and adversity a persistent, ever-present phenomenon for many communities (Tol et al., 2024). Imagine trying to neatly categorise someone’s experience of chronic hardship and oppression under the label of PTSD. While the symptoms may align, the underlying context is fundamentally different. By neglecting these crucial cultural nuances, we risk misdiagnosing, or worse, completely missing the mark when it comes to providing appropriate, effective support and intervention.

Psychical armour in defence against internalised traumatising ghosts of combat

These defence mechanisms, whether conscious or unconscious, have shaped their ways of thinking and behaving, affecting their inner strength and self-object relationships with themselves and others. As we delve deeper into the experiences of our

Black SANDF soldiers, the observations of Honing et al. (1999) take on a haunting resonance. Their behavioural patterns have grown increasingly detached or estranged, serving as a defence mechanism against the overwhelming weight of their trauma. However, this detachment is often compounded by associated disorders like depression, substance abuse, and cognitive impairments that frequently go undiagnosed. Imagine trying to function in a world that feels increasingly foreign, where social and family settings become minefields of triggers and challenges. Occupational instability, marital strife, familial discord, and difficulties in parenting—these are the scars that trauma leaves in its wake. Young's research (1995) sheds light on this phenomenon, but for soldiers, it is more than just experiential research evidence, it is their lived reality—a daily battle against the demons that lurk within. Like fragments scattered by an unforgiving wind, their sense of self has been shattered by the horrors they have witnessed and the pain they have endured. Kohut and Wolf (1978) unveil a spectrum of self-pathologies rooted in developmental lapses.

For the soldiers, these lapses were not of their own making, but rather a consequence of the trauma they faced in service to their country. They find themselves adrift, unable to navigate life's storms without resorting to destructive coping mechanisms—a legacy of profound mirroring failures in infancy (Swartz, 2009)—that has continued into their adult lives. These souls wander through existence, haunted by chronic states of existential disorientation, where time loses its flow and space; instead, its embrace is enveloped by an unsettling fog of anxiety (Kohut & Wolf, 1978). Connecting to others becomes a near-traumatising experience as the soldiers struggle to reconcile their fragmented selves with the demands of the outside world. In their journey through this labyrinth of internal turmoil, the participants' coping mechanisms unfolded in maladaptive and self-destructive ways rooted in primitive psychic defenses. It became evident that these strategies were not vehicles for healing but rather a means of preserving a fragile equilibrium amidst the tumult of unresolved traumas. Their self-destructive actions emerged as a desperate attempt to confront and retaliate against

the internalised ghosts of trauma—a psychically armoured response shaped by a profound sense of being besieged by their own internal objects. As we delve deeper into the soldiers' stories, it becomes clear that their struggle for survival is not just physical but a battle for their very souls. These soldiers' way of existing hinged on dissociating from their lived experiences, and they often resorted to excessive alcohol consumption as a means of escape. The soldiers' self-destructive behaviours, such as excessive drinking, not only reflected their psychological distress but also worsened the debilitating effects of the undiagnosed PTSD they were struggling with, creating a vicious cycle. Figley (1978b) highlights how combat was linked to post-war psychological struggles, including poor coping skills, unemployment, strained family dynamics, and substance abuse.

Echoing these findings, soldiers in this study displayed a multitude of symptoms that pushed them toward self-destruction and a conflicted psychic state. Parson (1984) further reveals that individuals with PTSD engage in self-destructive actions that erode their sense of self, stemming from underdeveloped self-representations. Captain 7 endeavoured to cope with his experience of a fragmented and self-destructive self by telling himself: "I'll drink like nobody's business until I don't feel that hurt anymore; especially if someone did something, and I ignored it. It's better if I reacted with a fight; then it's over for me". The primary attempt is to protect the self and conceal distress, even at a high cost to their psychic balance or cohesive sense of self. Private 6 shared his experience following a long hospital admission for health complications due to excessive alcohol use: "I wasn't able to eat solids, salt, and hot spices too. And at that time, I was drinking a lot, but after that, I stopped drinking". Captain 7 also painted a picture of how members arrived at work drunk, which was met with punitive disciplinary measures and exacerbated the distress from undiagnosed PTSD. He related: "They do see him drunk acting like this; you can call him and speak to the member, 'What you are doing is wrong; why don't you do this and this?'" The SANDF's intolerance of soldiers' traumatic psychic distress, which spiralled out of control into self-

destructive behaviour, may have left them feeling vulnerable and at the mercy of attacks from their internal and external worlds.

These behaviours serve as a defence against overwhelming trauma and persecutory anxiety, reflecting the participants' vulnerability to both internal and external threats. Consequently, they chose to prioritise physical risk over emotional vulnerability, opting to endanger their lives rather than confront their unresolved trauma therapeutically. This divergence between psychological and physical vulnerability appears to be an adaptive response to the system. Solomon et al. (1986) found that officers who received support from colleagues, supervisors, and administration experienced less post-shooting trauma. Similarly, Kaplan and Sadock (1991) note that the availability of social support could impact the development, severity, and duration of PTSD. Unfortunately, this crucial support was lacking for the participants, whether due to their psychological barriers or systemic shortcomings. The neglect of psychological services within the system exacerbated their psychological distress, which was left untreated for too long, perpetuating the cycle of enduring CPTSD. The participants acknowledged feeling vulnerable and out of control in response to the ruptures in environmental provision experienced in the SANDE. This mirrored their psychic ruptures from undiagnosed trauma. (Re)integrated former statutory and non-statutory members found themselves in a system they experienced as persecutory, which elicited paranoid anxieties. Captain 7 stated: "We knew at the time why we wear this uniform, but nowadays we find ourselves so stressed we become so vulnerable". These soldiers appeared to feel out of control in a system that was experienced as less than psychically restorative. Also, the system persistently failed to respond empathically to their traumatic stress in an introjected capacity as a mirroring self-object.

Physical and emotional vulnerabilities on and off the battlefield

Private 6 explained: "Now, with the things that happen on the external deployments, when the past ones come back to you,

it's like watching a horror movie of yourself in your mind". The organisation had become a relational self-object, as soldiers appeared to develop and experience their sense of being and sense of self as part of the organisation, for which the family unit had been sacrificed. The SANDF, however, became a self-object that could not be internalised and merged with an image of calm and cohesiveness (Kohut, 1971). Captain 7 reflected: "Members get charged, but a psychologist or social worker in the unit never gets called to come and assess the person". Participants conveyed a struggle to find safety, not only within the structure of the self but also within the organisation. This contributed to persistent traumatic self-object experiences and, thus, a damaged self. This predisposed the participants to the subsequent development of a traumatic pathology of the psyche and self. Private 6 asserted: "Now with a drug problem, and when on these drugs, he loses his mind; his case is known, but there is nothing happening. So, actually, how must I handle those people in having to do duty with them? I don't know how to, do you get what I mean?" Soldiers' feelings of vulnerability were not only felt during deployments but also in response to the organisational structural processes, which had a traumatic impact on the cognitive, emotional, and occupational aspects of their functioning. Private 8 noted: "Last time, when we went to Sudan, we went there; there was no sustainment planned [...] haai, the weaponry system, in fact, logistically we were at a disadvantage".

Furthermore, Van der Kolk et al. (1996) assert that vulnerability plays a crucial role not only in the development of trauma but also in the long-term adjustment to living with its consequences. The socio-political climate of the country during that period may have left integrated members politically, physically, and psychologically vulnerable. Given political pressures at demobilisation and reconciliation, these soldiers would have been perceived as part of society, with their presenting difficulties representing memories of suffering, rage, and pain in a country that longed to forget. It appeared as though the cost of holding on to their defenses meant holding on to psychic trauma, as the person they once were was embedded therein. This perpetuated a cycle of vulnerability and relinquishing control of

their internal and external worlds to military force structures. Hence, these soldiers' passivity in their integration into the SANDF became evident despite their misgivings about the process and psychological ramifications. As McFarlane and Van der Kolk (1996) note, victims of trauma are often exploited for various political and social agendas, both benevolent and malevolent. In the eyes of society, these victims represent memories of suffering, rage, and pain, prompting mechanisms of repression, dissociation, and denial at both individual and societal levels (Herman, 1992). This intricate web of vulnerability and trauma shapes not only individual experiences but also societal responses, further underscoring the profound impact of trauma on both personal and collective levels. As these soldiers disengaged from their internal and external selves, it felt as though they had unplugged from life-support machines, succumbing to their overwhelming anxieties.

Their bodies seemed to move mechanically, carrying the weight of the dead through the motions of life. There was nothing in their external world to nourish their internal world, leaving it numb and lifeless. Davies and Frawley (1994) liken this dissociation to surrendering to the numbing inevitability of danger, a defence against intolerable pain that inflicted great internal suffering. The trauma continued to haunt their inner world, leaving buried parts of themselves to wither in a state of complicated bereavement, hindering their journey towards healing and integration. Their impoverished internal landscape felt like a psychic internal suicide, driving some to desperation, seeking escape from their emotional graveyard through suicide, sadly, sometimes successfully. Aligned with object relations theory, Kardiner and Spiegel (1947) describe war trauma as a contraction of the ego, stifling the action system and inhibiting engagement with the outer world. They vividly portrayed the aftermath of trauma as the crumbling of once-rich connections with the external world, leaving the ego impoverished and vulnerable.

This erosion of connections leads to disorganisation, emotional dysregulation, and a pervasive sense of danger, undermining individuals' capacity to navigate their relationship

with the world. The participants' manner of engaging and negotiating their roles in relationships lent itself to enduring maladaptive behavioural patterns, which impeded their ability to provide and receive nurturance in these relationships. Private 4 added: "To avoid fights, even when I am on leave and go home, I spend time with my friends in the tavern; it is better that way. When you get home, you just sleep". The maladaptive nature of their defenses operated through the mirrored and perceived abnormality of their experiences in the military environment. Private 5 explained: "Even if you survive, you make mistakes in your life that you have to live with, but I have learned to toughen up. Yes, I know you cannot always be like that, but we have to because this environment is not a normal one".

Participants deadened their internal world because they experienced emotions as malevolent threats, which elicited traumatic memories. The splitting and killing of bad, traumatising objects and parts of themselves left the soldiers with a deadened internal world, void of emotional connections with themselves and their external environment. Staff Sergeant 8 likened it to a graveyard: "It is hard to talk about because in this uniform you must be this tough person, but inside you know it is like a graveyard, I can say". The participants' long-term undiagnosed PTSD impoverished their internal world, which subsequently impaired their emotive and cognitive functioning. Private 5 stated: "You must take your brain and use it to think and not your heart, or you will be a mental case". When their emotions escaped them, the soldiers became intolerable and promptly acted the emotions out aggressively to evacuate them. Private 6 explained: "Who will you fight? You won't find anyone to fight. Because if you carry it in your heart, you will want to fight". The deadening of psychic reality may have been mobilised to protect the ego from disintegration and the self from unbearable emotional pain, which was inevitable. Private 4 related: "I can't explain it; certain things change in you after living your life in that way. It is like something or part of you dies even if you are alive".

And yet, we soldier on, knowing that the next deployment could be our last. I have heard the whispers of judgement

Chapter 4

and felt the weight of stigma pressing down on my shoulders. Seeking help is seen as a sign of weakness, a betrayal of the code of silence we have sworn to uphold. But let me tell you something—there is strength in vulnerability, courage in admitting when we are not okay. We owe it to ourselves and to each other to break free from the shackles of pride and seek the support we need. So, here's to us—the unsung South African heroes, the survivors, the ones who refuse to be defined by our scars. Let us lean on each other and lift each other up when the boots get heavy. Because in this brotherhood, there is no room for judgement, only understanding and resilience. Stay strong, stay vigilant, and remember—we are in this together.

In solidarity,
Participant 4

Chapter 5

Roots of relational trauma: Exploring the impact of early object relations on soldiers' emotional disengagement

In the hallowed echoes of their past, etched with scars of struggle against oppression, lies the tender heartache of these soldiers. Their disconnection from self, comrades, and the very organisation they serve is rooted in the wounds inflicted during their formative years. Imprinted in essential ties from caregiver bonds, their souls bear the weight of both benign and persecutory internal and external objects intricately woven into the fabric of their being. With each step forward, they carry the burdens of internalised pain, a heavy load that weighs upon them as they navigate the tumult of their existence. Our relationships, whether real or imagined, leave an indelible mark on our lives, as philosopher Jacques Derrida (2001; 2004) so eloquently observes. This trace we leave on one another forms the very foundation of how we connect, not just with others, but also with ourselves. It is the bedrock upon which our bonds are built and the wellspring from which our grief flows when those connections are severed by absence, departure, or even death. Every interaction, every embrace, every shared laugh or tear shapes us into the people we become.

Even the most fleeting of connections can leave a lasting impression, altering the trajectory of our lives in subtle and profound ways. And when those relationships change or end, whether through the slow drift of physical or emotional distance or the sudden, shattering finality of loss, we grieve not just the person but the piece of ourselves that was inextricably linked to them. Narrative interpretative analysis of these soldiers' root causes of emotional disengagement sheds light on their profound

sense of detachment secondary to continuous traumatising. It suggests that their disconnect from self, others, and the military system may be an imprint of the emotional bonds formed—or fractured—during childhood. Trauma, especially at a young age, and later trauma that evokes the false self in all of us, threatens the very existence of the self (Winnicott, 1991). Positive early experiences shaped healthy libidinal object relationships, while negative ones gave birth to aggressive counterparts. The affective link between these early bonds and the soldiers' self-image looms large, exerting a significant influence on their emotional struggles. These soldiers are the inheritors of a profound imprint—one etched deep within their very being.

They carry the emotional archives of their developmental and military past, a weighty inheritance of grief and trauma that has been passed down through the ages (Adonis, 2016; Padi et al., 2014). The scars of history are seared into their souls, a burden they did not choose, yet one that now shapes the contours of their lived experience. They are the custodians of a collective emotional legacy, tasked with the daunting challenge of reconciling the sorrows and ghosts that haunt their lineage. It is heavy armour to bear, this inheritance of the heart—of a soldier's heart. Yet, within this darkness, there lies the potential for profound meaning-making.

By piecing together these emotional archives alongside broader historical narratives, these soldiers can begin to forge new understandings and new ways of grappling with the trauma that has been passed down to them. It is a journey fraught with difficulty, to be sure. Delving into the depths of one's own emotional history and giving voice to the silenced stories of those who came before requires immense courage and resilience. But it is also a profoundly important undertaking—one that has the power to heal, to liberate, and to pave the way for a more just and compassionate future. For in the act of confronting these emotional archives, these soldiers become the keepers, not the sufferers, of memory; the custodians of a legacy that must never be forgotten. They carry the weight of the past, yes, but they also hold the keys to its redemption—if they can find the strength to face it, to make it their own, and to forge a new path forward.

Amidst the throes of trauma, these soldiers' hearts have been shrouded in a veil of repression, the psychic ruptures obscuring the light of acceptance with the shadows of internal conflict.

The traumatising internal darkness of introjected badness

According to the whispered wisdom of object relations theory, the failures of their emotional bonds with significant others have borne heavily upon their souls, burdening them with the weight of perceived inadequacy. Within the recesses of their being, the undesirable characteristics of their caregivers have morphed into internalised 'bad objects', weaving a tangled web of self-loathing and insecurity. As the seminal thinker Fairbairn (1943) writes, when there is a failure in emotional experiences with parents, children often transfer the problem to themselves, taking on the burden of "badness" as their own. In their quest for external security, these soldiers have sacrificed the sanctuary of emotional well-being, clinging to the phantasy of omnipotent control in a desperate bid to tame the chaos within. Yet, amidst the turmoil of continuous traumatisation, they find themselves adrift, unable to reconcile the good and bad parts of themselves that wage war within their souls. But within this darkness, a glimmer of resilience remains. The very act of confronting these internalised bad objects holds the power to transform, heal, and reclaim the light that has been obscured. By facing the shadows trapping them in their past, these soldiers can begin to forge a new understanding and a deeper acceptance of the full breadth of their humanity. A daunting journey, to be sure—one that requires immense courage and resilience. But in the crucible of this reckoning, they might find the strength to transcend the limitations of their perceived inadequacies, to shed the shackles of self-loathing and traumatisation, and to embrace the fullness of their being.

For in the end, the true battle was not against the external world, but the war that raged within, with no internal protecting self-objects to tame it. By emerging victorious from this inner conflict, these soldiers could reclaim not only their emotional

security but the very essence of who they were—scarred, yet stronger, and imbued with a profound wisdom forged in the fires of their own transformation. It is a burden they did not choose, but one that now defines them. And in the crucible of this inheritance, they may just find the power to transform not only their own lives but the very course of history itself. The lack of acceptance of the good and bad within themselves left these soldiers struggling to forge ahead in secure, trusting, and loving relationships. Instead, they clung to the ‘bad’ persecutory objects that had taken root in their psyches, their internal defenses an armour against the vulnerability of true connection. The internalised representations of their past relationships with significant others and the military organisation had become imprinted on their mental and emotional responses, colouring their current intimate bonds.

An inability to tolerate the unpredictability of others, when they could not maintain the same level of control as they did over their internal objects, contributed to the impoverished quality of these relationships. Caught in the throes of undiagnosed, continuous PTSD, they battled against the demons of their own minds, their internal reality slipping through their fingers like grains of sand. The patterns of relating, impoverished and fractured, echoed within the chambers of their hearts as they grappled with the roles thrust upon them by politico-military circumstances. In the tumult of their existence, conflicts of loyalty raged within their souls, casting shadows of doubt upon their every interaction. Their perception of others as adversaries, borne from the scars of their relational and military past, left them feeling abandoned and isolated in a world that seemed to offer little solace. Yet, in confronting the bad objects that had taken root within them, they might find the path to integrating the good and the bad, the light and the shadow, all camouflaged into a uniform of resilience and profound self-understanding. This integration, like the blending of colours in a military camouflage pattern, could help them navigate the complex terrain of their inner and outer worlds through a meaningful compass. For in the end, the true battle was not against the external world, not their self-objects, apartheid regime, SANDF, or family (or community), but the war that raged within. These SANDF soldiers tended to

disconnect from both their internal and external worlds, perhaps as a means of shielding themselves from the turmoil within. Private 9's poignant reflection encapsulated this struggle: "Just because you are part of a system, but at the same time you are alone". This denial of the need for connection seemed to stem from a desire to protect their deeply traumatised inner world, leading them to withdraw from their surroundings. I contextualise Massumi's (2015) writing as follows: the reason for their exiled disconnection evolved into "pain", and this absent presence in familial ties resulted from the pain. 'Disconnection' and 'pain' are processually embracing.

Exiled in isolation

Private 9 further illustrated this point, expressing a reluctance to trust and a preference for solitude: "I just live to work for my children [...] I don't know if I can trust people I meet, and that's why I prefer to be alone". Similarly, Private 5 echoed feelings of isolation within familial relationships, where emotional vulnerability was met with resistance: "They don't want to be that close to you. [...] Your child only knows to ask you to buy this and that, but to go somewhere with them to spend time to get close to you does not happen". These struggles with interrelatedness were compounded by continuous CPTSD, which impaired the soldiers' capacity for connection. Private 4's narrative highlighted the limited social circle and restricted movements that characterised their lives: "I don't have a lot of friends; my friends are some of my fellow soldiers and comrades; otherwise, my life and movements are restricted". Interestingly, the soldiers often attributed their unmet psychological needs to the traumas inflicted by the military system. Private 1's lamentation reflected this sentiment: "And then you find this guy isolated from his family [...] this promotion has cost me that". This defence mechanism shielded them from acknowledging their own internal struggles, particularly the undiagnosed PTSD, which left them feeling disempowered and trapped in a cycle of isolation and despair.

The soldiers found solace and identity within the force, viewing it as a primary object in their lives. However, the demobilisation of previous forces left them feeling abandoned and

vulnerable, leading to the internalisation of negative emotions that were then displaced onto their experiences within the SANDF. Employing various defence mechanisms, including resistance to (re)integration, they sought to protect their ego states from further psychological attacks. In the face of intolerable distress, the soldiers turned away from both themselves and others, retreating into isolation as a defence mechanism. This withdrawal mirrored Fairbairn's (1943) notion of internalising objects as a means of coping with early relational frustrations. Consequently, when faced with complexities in later relationships, they regressed to these early internalised objects, further isolating themselves from meaningful connections with others. Van der Kolk's (1996) insights underscore the importance of seeking and nurturing interpersonal connections as a means of mitigating the effects of trauma. Yet, for the soldiers, the path to healing seemed fraught with obstacles as they grappled with the ghosts of their past and the shadows of their present. As participants recounted their lived emotionality, a poignant sense of loneliness permeated their narratives, rooted in the belief that they were unseen and undervalued. This profound isolation compounded their trauma, leaving them psychically exiled to the isolation of their pain. Bereft of nurturing self-objects, their overburdened selves were denied the solace of merging with the tranquillity of an omnipotent presence, leaving them vulnerable to the relentless onslaught of anxiety. In a world devoid of soothing psychic structures, they found themselves adrift in a hostile sea, grappling with the tides of trauma and isolation. This internalisation of rejection, both within the military and familial systems, further solidified the soldiers' sense of being outcasts.

This collective gravitational shift away from integration mirrored their isolated identification with former forces, perpetuating their cycle of alienation. These Black serving members chose not to demobilise but to remobilise into the SANDF, suggesting an element of psychical holding within the structure of the SANDF, which may have been viewed as a form of psychic reparation. However, as the echoes of continuous trauma reverberated through their psyche, their internal resources dwindled, leading to unconscious psychological isolation. This

manifested in physical distancing when they sought refuge from the pain within. Even amidst opportunities for advancement, joy remained elusive, replaced instead by a bitter lament for further estrangement from their families. In the words of Lénárd and Tényi (2003), theirs was a solitary existence marked by psychological deprivation and exile, a testament to the toll of both physical and psychological warfare. As participants wrestled with the complexities of relating, they faced the daunting task of allowing their true selves to be mirrored back to them—a process that demanded vulnerability and trust. However, the weight of their anxieties and hidden emotions proved too heavy to bear, as they feared that exposing their psychic scars would only deepen their wounds.

Understanding the breakdown of interpersonal connections due to emotional detachment

Trapped in a cycle of emotional disengagement and detachment, symptomatic of PTSD, they found themselves unable to bridge the gap between the self and the other. Both within and beyond the confines of the military, the soldiers relied defensively on internalised ‘bad objects’ as guides through the treacherous terrain of emotional connection. This defensive dependence is underpinned by object relations theories, which underscore the developmental significance of interpersonal relationships in regulating affect, particularly in the aftermath of trauma. Their struggles with forging emotional connections extended to their familial relationships as they grappled with the distressing awareness of their relational difficulties.

Private 1’s poignant lament underscored this struggle, highlighting the challenges soldiers faced in maintaining balance and authenticity within their relationships, often resulting in the heartbreaking dissolution of marriages. Amidst the complexities of their marriages, the soldiers found themselves grappling with a profound sense of emotional detachment—a tell-tale sign of enduring undiagnosed PTSD. As Private 4 poignantly admitted: “Family, I see them when I see them; I taught myself never to get too close”. These feelings of detachment, compounded by a

pervasive sense of misunderstanding and unacceptance, served as formidable barriers to both psychic and social integration, plunging the soldiers further into the abyss of their internal turmoil. Private 1's recollection of marital discord underscored the toll of this emotional disconnection: "That is why my ex-wife used to say I don't care about her, and that was always the fight". The soldiers' struggles to maintain healthy relationships amidst their internal battles were echoed in Private 5's reflections: "It's like that; we find difficulties in relationships for sure; that's why soldiers divorce a lot. [...] I cannot be fine and show you who I am inside; I cannot because me here (tapping his chest) [...] haai, I cannot". These poignant admissions laid bare the soldiers' anguish, the abyss that had opened between them and their loved ones.

Trapped in an exile of their own making, they had learned to erect emotional barriers, severing the very connections that might have offered solace and understanding. The weight of their trauma had become too heavy to bear, and in their desperation to protect themselves, they had inadvertently pushed away those who could have helped them make meaning of their continuous traumatisation. Faced with the overwhelming burden of their internal battles, these soldiers sought refuge in the escape provided by deployment missions, using physical distance as a shield against the persecutory pain and anxiety that plagued their minds. Private 2's admission spoke volumes: "I just learned to avoid talking and just leave the house when they make me cross. And also deploying helps because you are away from it all". Yet, this perceived safety came at a cost, as the soldiers found themselves increasingly disconnected from their loved ones, both physically and emotionally.

This profound sense of disconnection, rooted in internal conflict and a struggle to negotiate relational needs, left these soldiers feeling disempowered and psychically entrapped within the confines of the military system. Private 5's lamentation captured this sentiment: "Now imagine getting out of the system. Where will you get hired?" The SANDF, though fraught with its own challenges, provided a semblance of stability and familiarity, serving as a refuge amidst the storm of undiagnosed

CPTSD. However, this refuge came with its own challenges, as efforts to connect with family and find a sense of belonging within the SANDF often resulted in feelings of rejection and disempowerment. Private 5's poignant reflection shed light on this struggle: "I wanted them to feel the difference of having me around when I'm home so we all have a good time, but you can see even if you want to socialise with them, it's as if you are forcing them".

In the face of this rejection, the soldiers found themselves retreating further into the shadows of their own internal turmoil, grappling with the relentless cycle of disconnection and despair. Their lived experiences painted a poignant picture of disempowerment, both within the confines of the SANDF and beyond. The experiences they shared illuminated a troubling pattern of avoidance and defence mechanisms in intimate relationships, echoing the findings of Van der Kolk and McFarlane (1996). Their research suggested that individuals with PTSD often actively shun emotional arousal, retreating further into a state of detachment where even the possibility of pleasure or discomfort is met with resistance. For these soldiers, the absence of feeling seemed preferable to the tumultuous waves of irritability and distress that threatened to engulf them. Furthermore, there seemed to be a pervasive avoidance of positive emotions, as any stirring of emotional arousal risked triggering the annihilatory physiological responses associated with PTSD. In a world haunted by the ghosts of trauma, the soldiers found themselves navigating a delicate balance between emotional numbness and the overwhelming weight of their own internal turmoil. The findings of the study on which this book is premised shed light on the intricate interplay between past trauma and present-day psychological defenses.

The imprint of ingrained trauma in shaping patterns of relating

Kernberg (2004) posits that entrenched and neurotic character traits often stem from internalised object relations that have become deeply ingrained within an individual's character patterns

and defence mechanisms. This resonates with the observations of Krystal and Niederland (1968), who note that such fixation results in a loss of all benign introjects, depriving survivors of the capacity for nurturing relationships. The narratives of interviewed soldiers painted a vivid portrait of the psychological battlegrounds they navigated daily. Their avoidance of emotional intimacy, a self-protective measure against the ravages of trauma, had become a double-edged sword, severing them from the very connections that might have offered solace and healing. The numbness they had cultivated as a defence mechanism had become a prison of their own making, trapping them in a world where even the possibility of joy was met with suspicion and fear.

In the context of Black SANDF soldiers' experiences, these defence mechanisms served as a means of warding off abandonment depression. Rather than risk facing the agony of feeling abandoned, they pre-emptively abandoned their emotional connections, plunging themselves deeper into the abyss of psychic disintegration characteristic of undiagnosed PTSD. Thus, the soldiers found themselves ensnared in a perpetual cycle of emotional withdrawal and psychological distress, trapped between the echoes of their past trauma and the relentless onslaught of their present-day struggles. I found that the interviewed soldiers may have internalised the integration process as a form of abandonment by their former force structures. This internalisation likely fuelled underlying feelings of betrayal and anger, exacerbating their persecutory anxieties and prompting maladaptive defence mechanisms. While they sought to protect their former force structures as relational objects from destructive impulses and emotions, these feelings were displaced and projected onto the SANDF and their partners. As trust eroded in their former leaders to safeguard their interests during the armed struggle, the integrated SANDF became the target of similar psychological attacks. The abrupt transition from the armed struggle to an integrated force compounded the participants' pre-existing unresolved traumas, leading to heightened psychological distress.

The demobilisation process may have reinforced the perception that their armed struggle lacked meaning, prompting

a reassessment of core beliefs, self-identity, and a sense of belonging. This internalised sense of meaninglessness likely hindered the participants' ability to embrace the integration process, as these disparate former forces struggled to find cohesion within the SANDF. Instead of seeing themselves as meaningful contributors to a unified force, they perceived themselves as mere victims absorbed into an impersonal organisation. We see them relate to or occupy roles in the same manner within their families. These soldiers' collective grievances regarding poor leadership and inadequate planning within their former force structures likely stirred feelings of distress, particularly concerning the (re)integration plans that excluded them from crucial decision-making processes. This exclusion may have left them feeling adrift and unsure of their military service and psychological development trajectory.

Despite the internal conflict they faced in protecting their negative internal objects, the participants clung to them, compounding their struggle to manage the distress of their PTSD. Fairbairn's (1943) insights shed light on this phenomenon, proposing that soldiers harbour a strong attachment to their negative objects in their repressed state, yet experience a deeply repugnant reaction when these objects are released and defenses break down. Consequently, the participants perceived both the SANDF and other relational objects as negative objects. According to Fairbairn, traumatic experiences trigger the release of these negative objects, leading to a cascade of psychological conflict as defenses falter in the face of overwhelming emotions linked to these internalised objects. As Watters (2010) poignantly observes, when one returns home from the crucible of trauma, the stark reality of their condition becomes painfully apparent. The idea of PTSD, once a distant concept, now looms large, casting a shadow over their every waking moment. In our modern world, we have become adept at isolating trauma as a malfunction of the mind, a disorder to be treated with specialised therapies and targeted interventions. However, in doing so, we have stripped the experience of trauma of the very cultural narratives and beliefs that might otherwise give meaning to the suffering (Watters, 2010).

The soldier, once a hero in the eyes of their community, now finds themselves adrift in a sea of misunderstanding. The very symptoms that once protected them in the heat of battle now serve as a barrier between them and the world they once knew. The stares, the whispers, the well-meaning but ill-informed attempts at comfort—all serve to deepen the chasm between these soldiers and those they love. In this isolation, the true weight of their burden becomes clear, for trauma is not just a malfunction of the mind but a shattering of the soul. It is the price paid for the privilege of bearing witness to the darkest corners of human existence and our political history. In a ‘post-apartheid’ South Africa that has forgotten how to make sense of such darkness, soldiers are left to carry that weight alone. However, within this loneliness, a glimmer of hope remains. In the act of sharing their story and giving voice to the unspeakable, they have reclaimed the narrative of their experiential reality. They can anchor their experience in the enduring narrative of the country’s history, taking solace in the knowledge that they are part of a collective struggle. To confront the demons of one’s past, to lay bare the wounds that have shaped them, takes courage that few can fathom. Yet, in the act of doing so, these soldiers can begin to heal, not just for themselves but for all those who have walked this lonely path before them. Ultimately, the true power of trauma lies not in its ability to destroy but in its capacity to transform. It is a crucible that forges the soul, tempering it with a strength and resilience that can only be born of the deepest suffering. In the hands of those who have walked through the fire, it becomes a tool for healing and connection, and in the pages of this book, it represents the reclamation of the very humanity that trauma sought to steal away. Interviewed soldiers exhibited a notable distortion in their cognition, characteristic of undiagnosed PTSD, reflected in their pervasive negative beliefs about others.

This negative worldview extended to their perceptions of former and current force commanders, encapsulating in their shared conviction that no one can be trusted. This profound sense of mistrust fuelled feelings of being marginalised and abandoned, fostering a self-imposed psychological exile that isolated them from shared emotionality. The shared

narratives poignantly underscored the erosion of mutual trust and connection among soldiers, exemplified by Captain 7's lamentation that a sense of camaraderie and support had never been cultivated among them. This impaired relational capacity, exacerbated by the enduring effects of long-term PTSD, hindered the participants' ability to share their experiences with others for fear of exposing their traumatic struggles. Moreover, there was a profound disillusionment with authority figures, as these soldiers felt betrayed by commanders who failed to provide adequate support and understanding. This betrayal compounded feelings of abandonment and rejection, driving them towards maladaptive self-reliance as a defence mechanism against further psychological injury.

Feeling ambushed in relationships

The soldiers' accounts highlight the complex interplay between trauma, mistrust, and relational intimacy, underscoring the deep-seated psychological wounds inflicted by their military experiences. In the depths of their experiences within and outside the SANDF, the soldiers grappled with the complexities of human relationships. For them, the terrain of relationships was fraught with fear and uncertainty, demanding a level of trust and vulnerability that felt perilous. To open themselves to others meant risking rejection and abandonment, echoing the wounds buried deep within their psyches. Captain 7 poignantly shared: "I've never built that love from the onset; we've never built that mutual relationship amongst ourselves, you understand. [...] Soldiers have lost hope and trust in leaders because of what they are doing that affects them every day in their workplace". Their inner worlds were fortified with defenses against the pain of unresolved traumas, hindering their capacity for healthy self-object relations. Trusting others with their vulnerabilities seemed to invite only abandonment, rejection, and emotional distress. This reluctance to engage extended even to their own families, as they sought to shield themselves and their loved ones from the perceived threats lurking within. Despite their yearning for a sense of belonging, the soldiers found themselves adrift in a sea of uncertainty. The demobilisation of their former armed

forces left them feeling vulnerable and exposed, fearing the risk of further relational wounds within and outside the integrated SANDF. Private 5 expressed: “That one honestly is like that; if you are a soldier, you can’t change it”, reflecting on his strained relationship with his family. Private 5 continued: “I know they are afraid of me, and I hate that part of it. When I’m there, I know it, and it stresses me. They don’t want to be that close to you. And you feel bad, haai, we are paying the price when it comes to that”.

Their unmet needs and shattered ideals fuelled feelings of resentment and pain, leaving them grappling with a profound sense of loss, emptiness, and betrayal. In their quest for identity, wholeness, and healing, they looked to the military system as an idealised object, hoping for an exchange that would breathe life into their shattered selves.

Yet, this exchange remained elusive, leaving them feeling abandoned and alone in their struggle. The soldiers’ sacrifices extended beyond the battlefield, reaching into the depths of their familial bonds. They wrestled with regret over the emotional detachment necessary for military life, recognising the toll it took on their relationships with their families. The disintegration of their selves, organised around internally conflicting trauma and isolation, left them bereft of the self-soothing structures that could protect them from the storm of their emotions. In their journey through the shadows of trauma, the soldiers bore witness to the profound importance of emotional attachment. However, their own experiences starkly contrasted this truth, leaving them isolated and adrift in a sea of meaninglessness. As they navigated the tumultuous waters of their inner worlds, they grappled with the cost of disavowing their relational selves, wondering if there could ever be redemption from the depths of their pain.

Through unsuccessful reconnaissance of their lived emotive and experiential realities, the soldiers struggled not only with the burdens of their traumas but also with the weight of resentment that simmered within their hearts. For them, the sacrifices made, both physical and psychological, felt overlooked and unappreciated, casting a shadow over the value of their lives—dead or alive. Private 3’s words echoed the prevailing sentiment

among them: “Just know that you must look after yourself to survive; no one cares at the end of the day. It is just that sacrifice you make peace with”. This sense of resignation mingled with bitterness, shaping their perception of their chosen paths and the people they had become. Private 5’s observation shed light on the discord between their professional and personal lives: “I’ve worked with soldiers before; you find he is happier at work than with his family, so it is obvious there is a problem there”. The weight of their burdens seemed to manifest physiologically in the form of a soldier’s heart, with the toll of their struggles evident in their characterological changes. At times, they sought solace in the belief that their sacrifices would secure a future for their loved ones, even if it meant equating their own lives to mere monetary gain. Staff Sergeant 8 voiced this sentiment, saying: “But what will happen if my life ends? Okay, if I die, the rest will get the money; you don’t care about your life; you care about your dependents and the money”. Yet beneath this facade of practicality lay a deeper truth: the soldiers yearned not for financial security but for emotional connection with internal and external objects to internalise and by which to be internalised. Their sense of self-worth had become entangled with monetary value, leaving them feeling burdened and alone despite their sacrifices. As they navigated the complexities of their relationships, these soldiers grappled with the harsh reality that their worth was measured not in love and understanding but in material gain from their perceived rejecting objects. In this poignant struggle for recognition and acceptance, they found themselves rudderless, longing for the healing warmth of genuine human connection amidst the cold, indifferent rejection of their internal and external objects.

Weighing heavily on these soldiers’ hearts is that their worth in relationships is measured not by the richness of shared emotionality but by the cold psychological economics of monetary exchange. This basis of soldiers’ relational trauma is a poignant segue into the next thematic chapter: a journey into the profoundly ungratifying connection within a soldier’s family.

My fellow soldiers,

I know we've all been through hell and back. The things we've seen, the things we've done—we carry them heavily, day in and day out. It's not easy carrying that burden, is it? At first, I'll admit, I looked down on those who couldn't cope. I thought: "We're soldiers; we're supposed to be tough. What's wrong with you?" But then I realised—it's not weakness to struggle. It's human. We've all got our demons.

And let's be real—the SANDF hasn't exactly made it easy for us, has it? The disintegration, the chaos, the way they've let us down time and time again—it's enough to drive a man mad. On top of that, we've got our own personal traumas to deal with: the things we saw in combat, the friends we lost. It's a lot to carry. I know a lot of us try to numb the pain with alcohol or plain avoidance. But it doesn't work, does it? The flashbacks, the depression—they just keep coming back. And we're too scared to ask for help because we don't want to be seen as weak. We've got to be tough, right? But I'm telling you, brothers—it's okay to need help from others.

Because the alternative is worse, I look at myself, and I see a man who's lost his way. I used to love being a soldier; I was damn good at it. But now? I'm demotivated; I'm jaded. I don't take pride in it anymore. And the worst part is, I don't know how to leave. I've been a soldier for so long; I don't know how to be anything else.

I'm a visitor in the outside world, a stranger in a strange land. I don't have the skills to survive out there. Haai, we have also become strangers in our own homes, and then we divorce because of it. But we've got to try, don't we? Because staying here, in this toxic environment, it's killing us. Slowly but surely, it's eating away at our souls. So let's stick together, my brothers. Let's support each other and lean on each other. Let's not be afraid to ask for help from each other. Because we're soldiers, damn it. We're

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tough. But we're also human. And we've got to take care of each other.

Your brother in arms,
Participant 5

Chapter 6

Transactional economics of family: Impaired emotional connection with family

The lives of military families are forged in the spectre of service, where the demands of duty and the needs of the heart are constantly tested. Through the eyes of these soldiers, we uncover the profound psychological impact of military service on family dynamics as we delve into the tragic reality of traumatic emotional relationships within these families. These soldiers' psychic representations have rendered their internal resources too fragile to withstand the demands of familial dynamics, exiling them into emotional self-isolation. We continue our uncharted psychological journey as they confront not only the external pressures of their military roles but also the internal turmoil rooted in their history of armed struggle and integration into the SANDF. Collectively, these soldiers have developed a shared set of defenses against the anguish of failing to meet their emotional familial obligations.

They reveal a conscious awareness of their internal depletion, where meeting financial duties serves as a psychic shield against true emotional connection. Their psychological defence structures dictate this complex interplay of identity, role, and relational functioning within the family unit. Through this exploration, we uncover three unique relational patterns: the linking of relational bonds with financial duties, the fear of losing connection with children rather than spouses, and the dissolution of family within the SANDF setting. These stories shed light on the profound impact of military service on family dynamics and the ongoing struggle to reconcile the demands of duty with the needs of the heart, often exacerbated by the lingering effects of PTSD and the historical context of armed conflict.

The experiences featured in this chapter serve as a sobering reminder of the sacrifices made by those who continue to serve in the national force, both on the battlefield and within the confines of the family unit. The family unit becomes a source of great pain for soldiers who battle core psychic conflicts, evoking their trauma-induced anxieties and hidden feelings and threatening to disintegrate their psychic defenses. As eloquently conveyed by Private 4: “Family, I see them when I see them; I taught myself never to get too close because anything can happen to you, and you have these people left behind with pain”. All male participants experienced their emotional connection with their families as impoverished, withdrawing emotionally and relating as appendages to the family, feeling ashamed and unworthy of being nurtured and loved due to their internalised sense of badness. This forced them to sacrifice their interpersonal place within the family to protect their families from their perceived damaging and damaged ‘badness’.

Consequently, they missed out on being found so as to be seen in the mind and held in the mind of the other in the family. Not being seen at this depth, and therefore their pain being silenced as it is within the force, feels rejecting of their pain and, therefore, of them. However, the family desired a deeper connection with them, but in a mirroring protective act, the family protects them from deeply rooted psychic pain by not speaking about it, just as the soldiers do. Interviewed soldiers have had to hold on to the psychic defence in the confinement of their physical and psychological isolation or risk complete ego disintegration and, thereby, complete self-disintegration. This may have been due to a fear of accepting a possible feeling of objectlessness, a state of not being connected to anyone at all and, therefore, a loss of meaning in the world and oneself. There is a psychic defence displayed in the avoidance of being with family, which is compounded by the reality of emotional disengagement characteristic of enduring PTSD. The participants defended against the pain of having lost their family by choosing military forces as self-object units over family and the resultant projected abandonment. In the face of a traumatic collapse of psychic structure and object relationships, the psyche catches

any available object to prevent an even worse reality of total objectlessness. Ironically, this psychologically thrusts them back into the psychical abyss of the SANDF, exiling them to an isolating paranoid-schizoid state from the family system as well as the former and current military forces.

Perhaps unconsciously, it had been hoped that the military forces would fill voids resulting from primary familial object-relational traumas, but through unresolved combat exposure, they became the very source of trauma. Life is lived through the oscillation between the military force as an object and their trauma as an object. Secondary traumatisation befalls family members unbeknownst to these soldiers. At a very deep level, participants did not understand that material provision is not the only self-object function of a father, mother, or spouse within any family unit. This incapacity to feel secure in self and others demonstrates how PTSD, and especially CPTSD, affected both soldiers and their families. The role of financial provider led the participants to regularly risk possible further combat-exposure re-traumatisation to ensure their families' instrumental needs were met. This was prioritised over the emotional needs of both soldiers and their families. Guntrip's (1995) statement still holds true in that the importance of human living lies in object relationships, and only on such a basis can our lives be said to have meaning. He added that, in the absence of object relations, the ego itself cannot develop. Theirs remained a disintegrated ego, secondary to unresolved continuous trauma to the psyche.

Monetary provision as a substitute for emotional provision

Furthermore, the adverse dynamics that emerge within military families also cause relational trauma for these soldiers' wives and children. This substitute role of providers is a defence against the emotional distancing from the demands of heading a family. The risk of repeated deployments becomes not only a source of extra income but also an escape from family, manifesting as both physical distance and conscious emotional distancing. Private 3 asserted: "It is better if you send money and you are not there all

the time". This was corroborated by Private 5: "Your child only knows to ask you to buy this and that, but going somewhere with them to spend time and get close to you does not happen". Identity and role within the family also appeared to be narcissistically entwined with money as a currency in the participants' self-object functioning solely as providers. Private 3 attested: "For me, what can you do? Providing for my family is important, and that is what has kept me going". Courtois' (2008) groundbreaking work on complex trauma sheds light on the profound challenges faced by those who suffer from it. At the heart of this struggle lies the inability to regulate one's emotions, organise one's thoughts, and draw strength from relationships to regain a sense of self-worth. For many soldiers, the frustrations of career progression led them to seek additional income through deployment. This decision, while understandable, may have been a subconscious attempt to compensate for their inability to give of themselves to their families. The belief that alleviating financial stressors would also alleviate psychological distress is a common, yet often misguided, notion. Even the female soldier interviewed had taken on this masculine position of provider within her family role, distancing herself from the maternal role, which her daughter has assumed. Perhaps defensively so, as it requires emotional attunement too jarring for her, evoking emotions rooted in the pain of her unresolved trauma.

The need for emotional support, which could have been a potent protective or healing factor for these individuals, was disavowed. This challenged them with the emotional vulnerability of needing another and being needed by another. This was a risk they could not take for fear of falling into and out of the hands of another, which filled them with a dread of falling forever, deeper and deeper into the abyss of a traumatised self. Rather, defensive psychological economic transactions replaced emotional reciprocal exchanges at the psychological cost of nurturing family bonds.

Tragically, the failure to provide financially for their families only compounded participants' unresolved trauma, triggering feelings of having fallen short of the idealised image of a soldier and provider (Ulman & Brothers, 1988). This internal conflict is

a heavy burden to bear in isolation, leaving scars that exacerbate these soldiers' enduring CPTSD. As we delve deeper into their lives, we uncover the profound impact of PTSD and CPTSD on both the soldier and the family unit. Research by Schilbach et al. (2023) highlights how the loss of social support can increase vulnerability to PTSD, while Ozer et al. (2003) emphasise that this loss may leave individuals with fewer internal resources to cope. Richardson et al. (2007) discovered that peacekeepers deployed multiple times are more likely to experience PTSD, regardless of where they serve. Similarly, Yarvis and Schiess (2008) found that these repeated deployments increase the risk of PTSD by 3.676 times compared to those who have never been deployed. These soldiers were notably aware of the dangers of deployment and the possibility of re-traumatisation, which seemed to be almost laced with a death wish. They had an inner knowing that continued psychological and financial survival during deployment, in the reenactment of the maddening unresolved combat-related trauma that lived in their minds, weakened their internal resources. They spoke of ensuring there was money for funeral arrangements, as though unconsciously wanting to escape continuous re-traumatisation through death. Private 4 soberly acknowledged: "You start thinking if you left everything in place back home, so when I do not come back, there is money for the funeral and to take care of the family. Yes, if I am going to die, that is where it'll have to be then. And the extra money helps a lot when it comes to taking care of your responsibilities". This focus on themselves as money for family when they die resonates with their descriptions of themselves as dead men walking. They are perhaps prepared for physical death as the only way to rid themselves of the internal torment of long-term undiagnosed PTSD that makes them feel internally deadened.

When they do not die during deployment, they return to continued psychic turmoil with undiagnosed PTSD. Their children appear to be a source of relief that enlivens them, although they cannot admit this to their children. This, unfortunately, perpetuates an unconscious intergenerational transmission of abandonment and rejection, with internalised 'rejecting' object relations. The story of these soldiers is one of immense inner

turmoil and a battle waged not on the battlefield but within the depths of their psyche. Their need for emotional connection, a fundamental human drive, was suppressed in the face of overwhelming traumatising, leaving them emotionally isolated and vulnerable.

The very act of deployment, a means to provide for their families, became a subconscious escape from the emotional demands of family life—a way to avoid the vulnerability of being needed and the fear of failing those they love. As we delve deeper into their stories, we uncover the complex labyrinth of trauma, dissociation, and unconscious self-destructive tendencies that have taken root in the minds of these soldiers. The wish for death, a way to finally find relief from the unrelenting torment of long-term undiagnosed PTSD, is a testament to the immense psychological pain they carry. Yet, in the face of this darkness, there is a glimmer of hope in the form of their children, a source of joy and relief that momentarily breaks through the veil of their inner turmoil. It is in telling these soldiers' stories that we can begin to break the cycle of intergenerational trauma and offer them a path towards wholeness and connection. The participants appeared to have internalised an idealised close relationship with their children rather than with their spouses. We glimpse this through Private 4's reflection: "Even going to the social worker, I went because I needed to please my wife; I had beaten her up when I went home, and she made threats that she would leave with my children if I didn't get help".

Invested self-value in relation to children

Most of the soldiers interviewed found value in and held on to an attachment to a parent-child relationship. It was apparent that they feared losing this relationship and went to great lengths to protect it, even if it meant availing themselves of psychosocial intervention. Interviewed soldiers appeared to experience an element of mastery over their inner child object relations, wounding, and restoration of pride in providing for their children, despite a painful acceptance that an emotional disconnect existed. One wonders if this also unconsciously concerns their own conflicted self-object relational dynamics with their caregivers.

Could this be an attempt to protect their children from mental representations of their own self-object introjects?

We sadly witness how these soldiers' inability to find solace in their families seemed to exacerbate their deleterious course of undiagnosed PTSD further because they did not have emotional scaffolding. If anything, the families suffered the brunt of living with afflicted individuals and faced the possibility of transmission of secondary trauma from these soldiers' displaced emotive projections stemming from unresolved combat-related continuous traumatisation. When talking about his partner, Captain 7 related: "She doesn't know how to deal with a soldier like me, and my family always says I must leave her, but I think of my child. What if she takes my child and I never see her again? It is losing someone again, you understand; I have lost too much. I can't. She is the only good thing I can say I have in my life". This is linked with both their object-relational and combat-related traumatic experiences. In addition, given their undiagnosed PTSD, their responses stem from a fight-mode psychological state when strong emotions are aroused. This may help explain why disagreements with their spouses escalated into physical aggression.

An element of devaluing their partners rears its vengeful head as their idealisation of former forces and the SANDF, in part, has left them feeling devalued. Private 6 admitted remorsefully: "There are times when you don't expect it, and they see you angry, especially with their mother. That is where you can lose your temper, and fights have occurred". Captain 7 related: "We were fighting a lot while I was on that deployment, where I eventually had to be sent home". This reflects an element of impairment in sustaining intimate relationships, which contributes to their impoverished internal resources, thus perpetuating their CPTSD symptomatology. Although their relationship with their children was based on monetary rather than emotional currency, their children were evidently important to them, and they seemed to find safety in the parent-child dyad. Their preoccupation with being providers (instrumental needs) and identifying as a father or mother in this manner was possibly experienced as easier, as it did not impose emotional demands, allowing them to remain in

control of the process. The vulnerability of intimacy as husbands, wives, or partners challenged them, hovering too closely to their deep-seated trauma-induced emotions. Private 1 stated: “Haai no, I can say I’ve moved on, which I can attribute to my daughter. I won custody of my firstborn, and she came back to me; she is 21. That at least heals me that she came back to me”. Furthermore, a split between acceptance of the reality of the quality or manner of relating to their children and a phantasy that all was well was apparent. This conflictual splitting was evident when Private 5 shared: “Now imagine getting out of the system; where will you get hired? It’s just self-motivation that helps you survive, and, thinking of your children”.

The participants’ children had the privilege of experiencing the positive aspects of their ego, possibly because they mirrored such traits to the participants, which made their suffering with undiagnosed CPTSD less painful, even if only momentarily. The narrative of these soldiers’ relationships with their families unfolds like an intricate awning, encompassing trauma, resilience, and the enduring strength of the parent-child bond. As we immerse ourselves into their experiences, we uncover the profound impact of long-term PTSD and CPTSD on their ability to form and maintain healthy, intimate connections. Their struggle to balance the emotional demands of family life with the need to provide financially is a testament to the immense challenges they face, both within and beyond the battlefield. Despite the provider-child nature of the relationship with their children, the participants’ children became significant objects to hold on to at all costs. The participants may have experienced feelings of being bad and unworthy of their children’s love (Mitchell, 1981). However, they could be good by being providing parents. The participants’ children seemed to represent a self-object unit whose emotional disintegration was blamed on the SANDF. As one of the soldiers regrettably stated: “Out of fear, the child ends up not knowing whether what they are doing is right or wrong; when you are around, they behave differently; they don’t feel free around you”. Despite the participants’ preference for distance between their families and themselves, there appeared to be underlying feelings that it was yet another part taken away from

them by the SANDF. They felt they had no control over this due to their military obligations. The nature of military life entails not being geographically bound.

The escape of not being geographically and emotionally bound

Although many participants did not live with their families, this seemed to be a preference embedded in their psychic defenses rather than one imposed by the system. Participant 5 explained: “It’s like that, we find difficulties in relationships for sure; that’s why soldiers divorce a lot. You cannot balance; you cannot—you are lying, you cannot. [...] It’s hard actually (cynical laugh), you see”. It was apparent that those soldiers who remained married had always lived away from their families. Although those who were divorced had lived with their families, Participant 5 poignantly explained that they struggled in their roles as husbands or wives and fathers or mothers. Distance seemed to maintain their relationships and prevent total collapse, which proximity could not. Being away from family led to disconnections that the members’ ego function could neither restore nor repair.

Due to undiagnosed CPTSD and related psychic disintegration, participants also struggled to integrate into their family systems. The situation was then defensively accepted as an expectation in the military. Admitting defeat in this aspect of their lives would be the last straw to break these soldiers psychologically. Private 4 explained: “To be able to focus on my job and have no stresses, family can stress you out. And it is also no place for children and wives”. This is related to the participants’ disengaged self and fragmented ego, as well as the manner in which this translated into an inability to be part of integrative systems that entailed shared reality. Being part of a family elicited vulnerability, which was defended against to the point of denying themselves a place within their families. Holding on to bad internal objects (Summer, 2024) was also transferred to the participants’ manner of relating within their families. These soldiers also made the decision to conceal information from their spouses regarding the physical and psychological difficulties they

faced, possibly out of fear of rejection due to perceived shame and weakness if they dared to risk showing their true traumatised selves. The literature has revealed that although the object is internalised through an oral incorporative response to frustration, it becomes employed by the ego in its struggle to sustain good object relations. The ego becomes ambivalent about this initially pre-ambivalent object and, in an attempt to control it, splits it into gratifying and ungratifying parts, subsequently splitting the ungratifying parts further into exciting and rejecting elements, which is what the family has become (Mitchell, 1981).

Moreover, upon their return from deployment, role transition left the soldiers feeling disempowered, both at home and at work. Private 1 noted: "And that was always the fight when I travel for work; you leave the family behind for some time, and the woman ends up having to take on the role of the man when you are not there, which causes problems and breaks marriages apart". The difficulty of traumatised people in finding safety in spaces, especially in finding safety in another, is evident here. Distancing from their family was more than just part of a psychic process of defending themselves from being exposed by their symptoms of undiagnosed PTSD. Their internalisation of the psychic wounds of combat was perceived as a weakness in them, which was shameful.

The soldiers may also have made an unconscious defensive effort to protect their family from the perceived negative aspects of themselves, which they experienced as feeling impaired by CPTSD. Yet, despite the odds, they cling to their children as a lifeline; herein, their good parts are mirrored amid their inner turmoil. The journey of these soldiers and their families demands our humanity not to silence and forsake them as the unfortunate collateral damage of our politico-military history. We must revere the soldiers and their families.

To my family,

I write this letter to you with a heavy heart, burdened by the weight of my experiences and the toll they have taken on our relationship. The life of a soldier is one of constant sacrifice, where the demands of duty often clash with the

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needs of our hearts. As I've navigated the furnace of military service, I've found that my internal resources have become too brittle to fully meet the emotional needs of our family. The weakened emotional bonds within our home have, at times, left me feeling exiled and isolated, unable to be the partner and parent I long to be. The financial obligations I've taken on have become a psychological defence against true emotional connection, a way to provide for you all while distancing myself from the vulnerability required for deeper bonds. I fear that in my efforts to be the provider, I have neglected the other vital roles of a father and husband. My children, you have become a source of solace, a relationship I mentally cling to even as I struggle to maintain intimacy with your mother. The fear of losing that parental connection is a constant worry, even as I remain guarded and hesitant to fully open up. The combat-related trauma I've endured has left me feeling unworthy of your love and affection. I've built walls to protect myself, but in doing so, I've denied us all the nourishment of true familial bonds. The guilt and shame I carry are a heavy burden, one that has at times erupted in anger and aggression, further damaging our relationships. I know that my absence, both physical and emotional, has taken a toll. The distance required by my military service, and as a result of it, has created disconnections that my tattered soul cannot repair. I fear that I have become a stranger in my own home, unable to fully integrate again into the family system that I so desperately want to be a part of. My love for you all remains steadfast, even as I struggle to express it. You are the light that guides me through the darkness, the reason I continue to march forward. But the scars of my experiences have left me wounded, and I fear that without your understanding and support, I may never fully heal. I pray that one day, I can find the strength to tear down these walls and truly be the partner and parent you deserve. Until then, please know that you are forever in my heart, and that I will continue to fight, both on the battlefield and within myself, to be the man and family member I long to be.

Kanene

I'd rather die on the battlefield or of a soldier's heart than
of a lonely heart.

With love and gratitude,
Participant 6

Chapter 7

Fragmented warriors: Extricating the psychological barriers that undiagnosed PTSD imposes on soldiers

In the trenches of military service, the psychological toll of combat trauma often lingers long after the battles have ceased. It is like having unceasing sounds of gunshots firing in your head, affecting your autonomic nervous system. You feel trapped in combat, even in your own mind. This state of being shapes soldiers' core identities and roles, their very sense of self, leaving them with enduring, debilitating character traits. Moreover, the unique psychological dynamic of former statutory and non-statutory forces makes integrating into the current military structure difficult due to the idealisation of their past combat experiences deeply rooted in conflicted self-object representations.

Undiagnosed CPTSD exacerbates this struggle. This chapter compassionately illuminates Black soldiers' internal struggles. We explore their reliance on primitive defence mechanisms and their continuously traumatising lived experiences of (self) fragmentation. This chapter envisions a healing space where emotional support and culturally humble introspection can pave the way for the integration of psyche and soma, fostering a transformative shift from fragmented identities to cohesive selfhood. As we embark on this exploration of psychically fragmented warriors and their battle against the internal turmoil of combat wounds, we are privileged into the intricate layers of their psychological defenses. We unravel the complexities of combat trauma integration and the profound impact of unresolved combat trauma on soldiers within the SANDF.

Through the voices of interviewed soldiers, we gain emotional insight into how these soldiers' 'selfhood' functions

from their psychic defenses, which feed into their continuously traumatised state of being. They share how they live in a persistently vigilant state, fearing danger within their internal and external psychological structures. This erodes their psychological capacity and depletes their core characterological structures, morphing their character into CPTSD symptomatology. These soldiers experienced personality changes due to chronic undiagnosed trauma and rigid defenses mobilised to cope with traumatic distress. They were aware of the psychic changes manifesting in irreversible damage to their character. There was a sense of loss of ego strength, steeped in a lost self they once knew, which their psyche could not process and their own words failed to capture.

These soldiers felt like shadows of themselves, at the mercy of paranoid-schizoid and persecutory anxieties that they had to defend against to survive. Honing et al. (1999) note that the most important long-term impact of trauma often takes the form of enduring character traits that may have originated as coping responses to the trauma. The soldiers interviewed made meaning of these character changes as a result of the ways in which they had to previously carry their psychological difficulties silently while with the former forces and currently as part of an integrated force. Reich (1990) observes that patients who have chronic PTSD may experience deleterious personality changes. There is a sense of an 'other self' that is either deeply hidden within or felt to have been lost, belonging to a time or life before the traumatic combat experiences endured. There is a tenderness towards this other self, almost like an inner child whose protection at all costs seems to have been worth the psychic battle. The failure of this protection threatens complete fragmentation.

Kernberg (2004) poignantly writes that the more unyielding and neurotic character traits are, the more they reveal that a past pathogenic internalised object-relation has become fixated into a character pattern and, thus, its defenses. We are taken into participants' confidence as they share how changes in character from fixed psychic defenses affected other significant areas of their functioning and personality organisation. As one soldier reflected: "I think a lot about something before doing it;

sometimes I don't like to involve myself in things that make me feel unsure of the outcome; it is too much of a gamble". These fixed psychic defenses developed in response to disintegrating primitive persecutory psychic anxieties. Ulman and Brothers (1988) assert that neither reality nor phantasy results in trauma, but the unconscious meaning of the real occurrence causes trauma by changing the person's experience of the self in relation to self-objects. This unconscious meaning connects to the traumatised relational and, thus, self-aspect of their core that could not be separated from the soldiers they had become.

Trapped in a perpetual state of traumatising

In taking up arms previously and presently in the SANDF, these soldiers were not acting in defiance of death but in service of their hearts, psychical and political ideology and defenses, as well as their country. The term 'a soldier's heart' symbolically captures these (re)integrated soldiers' military sojourn from their days in the armed struggle to the present within the SANDF, from having the true heart of a soldier to suffering with a soldier's heart that finds expression in the form of CPTSD. These soldiers' enduring symptoms of unresolved trauma culminated in what appeared to be a psychic organisation centred around annihilation anxieties and inherent destructive ego defence patterns. Private 2 shared: "And you live with that fear of what if it is me next?" They lived in a persistent psychological entrapment of suffering founded on concerns about survival, self-preservation, and safety. This entailed fears of being overwhelmed, merged, disorganised, death, dying, and real and phantasised bodily and psychological harm or serious injury, which became part of their characterological traits. Private 3 expressed his fears as follows: "These were guys who were good combatants, and they were killed, so what will stop you from also being killed at some point?"

The participants had an enduring trauma-perpetuating fear that they would not be protected or saved, which may lead to their untimely deaths. Although they were expected to be brave in their role as soldiers, there seemed to be a genuine human element of fear and a need to be protected, which the participants lived with but struggled to express, as this was more of a psychological

than physical protection. There is a misconception within South African society that soldiers never go to war, and therefore, their combat-related traumatisation is often dismissed. However, we now see the dangers of deployment on peacekeeping or peace enforcement missions and how these experiences are consciously or unconsciously made meaning of. According to Greenberg et al. (2008), during peacekeeping missions, soldiers face traumatic stressors similar to those in conventional warfare, such as witnessing death and facing hostility from the very populations they are meant to protect. This exposure can result in both physical dangers and psychological stressors related to PTSD.

Notably, PTSD rates among peacekeepers are comparable to those of soldiers in active combat situations (Magruder & Yeager, 2009; Souza et al., 2011). The lack of control and certainty during deployments, along with accompanying misperceptions dictated by the psychological armour of their defenses, drove members deeper into their annihilation anxieties. Private 9 explained her fear of annihilation as a woman as follows: “You have to face it again being a woman means there are issues of rape, so you must protect your life against it at all costs. I can say now I will never deploy externally; I am afraid”. Private 3 shared the following traumatic experience:

Our base was ambushed, and there was shooting; some people got hurt, and there were threats of more ambushes if we don't leave that country. And we know they have better weapons than us; you don't know if you stand a chance of surviving.

Haley (1993) observed numbed detachment in the face of annihilation anxiety, where no internal or external good objects are experienced, resulting in a disorganised ego through psychic numbing, profound underlying anxiety, and disorganisation. True to this, the findings on which this book is premised take us through a guided discovery of how this manifested as functional impairment among the interviewed soldiers, which was unfortunately misdiagnosed or misinterpreted as ill-discipline rather than the unconscious psychodynamics of CPTSD. As a means of defending against the perceived threat of annihilation,

the ego splits the bad object from the good in an attempt to protect the latter. However, a vicious cycle ensues, where splitting leads to omnipotence and paranoid anxiety, which in turn is defended against through further splitting of the object as excessively good or extremely bad, with alternating states of persecution and idealisation (Anderson, 1992).

We witness with compassion how the interviewed Black SANDF soldiers perceived the SANDF as a bad object that placed the soldiers under a persistent threat of danger, which may have sent the soldiers deeper into a fragmentary state with manifest paranoia in their presenting undiagnosed CPTSD. These soldiers not only perceived persecutory attacks from the SANDF as the cause of their undiagnosed PTSD but also feared retaliatory persecutory abandonment for being weak and, therefore, bad for developing PTSD in response to continued traumatisation. This cycle of splitting and idealisation further reinforced their undiagnosed CPTSD, leading to a deeper fragmentation of their psyche and a persistent sense of danger and persecution. The trauma they experienced was not just a result of external events, but also of the internalised object relations and the psychological defenses they developed to cope with the trauma. The findings of this book highlight the need for a more nuanced understanding of the psychological impact of untreated continuous combat trauma on soldiers that will help facilitate their healing and integration into the self, the national force, and society. This is not only for the sake of their individual well-being but also for the very foundation and resilience of our entire military force. Because the nature of military capability requires that traumatic incidents be repressed as a sign of mental and emotional fitness to move on with other operations, the soldiers' capacity for resolution and integration of trauma becomes complicated.

This culminated in CPTSD symptoms as a result of continuous untreated traumatisation. Captain 7 explained: "We have seen and done a lot; it's just that a person is not trained to go back there. You know, once something has happened, we recover and move on". It became evident from the participants' enduring symptoms of undiagnosed PTSD that repression and avoidance of their traumatic experiences, and thus the lack of

integration thereof, had deleterious effects on their psyche. This necessitated that when one defence no longer served the desired self-object function, various defenses were subsequently employed maladaptively. These defenses resulted in an emotional disengagement from the self and others, the emotional devastation of which became repressed. The accumulation of all that was swallowed psychically, only to be repressed in avoidance of digesting it, created an internal world from which the participants attempted to either flee or ultimately accept defeat in the battle against CPTSD. This psychic manner of coping leads to an attack on the psyche, which, in essence, is an attack on the self. This implies that the elements of consciousness that are usually integrated are not permitted to integrate, and the traumatic experience itself remains unintegrated.

A battle lost against psychic repression

The psychological defence of repression against the experience of intolerable pain carries immense internal hardship when the psychological sequelae of the trauma continue to haunt the internal world (Kalsched, 2010). When maladaptively repressed psychic material ultimately finds expression, as though in flight from a deadened internal world, it manifests in the physical and trauma-related psychiatric syndrome with which the participants presented. The perceived severity of the traumatic content against which the participants defended appeared to threaten their psyche or life. The participants' reality entailed the psychic anxiety of losing their minds or lives. Bion (1970) explains that the capacity to repress might seem to be a psychological triumph, releasing the mind from psychotic franticness and, finally, autistic encapsulation. However, beta elements, when accreted, propel for evacuation, as evidenced in the participants' lived symptoms of CPTSD. This vicious cycle of repression, avoidance, and the eventual implosion of unintegrated trauma further exacerbated soldiers' CPTSD, trapping them in a perpetual state of traumatising.

Avoidance may take a myriad of forms, such as keeping away from reminders and ingesting drugs or alcohol to numb the awareness of distressing emotional states, as revealed among

the interviewed soldiers. This avoidance of specific triggers was intensified by a generalised numbing of responsiveness to a vast range of emotional arousal in all areas of their lives. The process of integration of the self within the SANDF implies bringing to consciousness repressed trauma-induced psychological burdens, the shadows of the ghosts of combat, so to speak, from previous and continued military activities. This is a risk too grave to take and is compounded by conflicting expectations of military training regarding what it means to be a mentally fit soldier. Through these soldiers' narrations of their lived experiences, we bear witness to attempts at forgetting activated anxieties that were defended against, which further fragmented the psyche and perpetuated long-term PTSD symptoms. The cohesive self of soldiers is inextricably linked to the strength and readiness of our armed services.

This starts with confronting this silent crisis and empowering our Black SANDF soldiers to overcome the invisible wounds of war, both psychically and culturally. The overall well-being of soldiers is the very foundation upon which our national, military, and political defence stands. Participants were resolute about self-managing their undiagnosed PTSD symptoms and not seeking psychological rehabilitation. Private 1 explained: "Sometimes you see a psychologist or social worker so young and feel they will not be able to help me, and you don't go for help, forgetting that they are trained in what they are doing. You tell yourself, let me keep my problems to myself; we are afraid to go". This suggests defensive aggression towards mental processes that imply an attack on thinking and making meaning of intolerably distressing emotions. An attack on the psyche points to a psychotic psychic organisational structure, which perpetuates these soldiers' annihilatory dread and continuous CPTSD symptomatology. Private 4 asserted: "It is a waste of time; it is something that can't be fixed. So, I don't entertain or show emotions. When you start going to a psychologist, it means you are showing you have lost self-control or that you have lost your fight with your demons, and that means you've lost your mind". We see an interplay between a fear that their feelings would cease

their being, yet at the same time, choosing to live as ceased beings by not feeling.

The control these soldiers were constantly at pains to exercise over their emotive state illustrated an impaired capacity to tolerate and make sense of their feelings. Private 5 elucidated: “No. You learn to deal with these things. We were trained not to say anything. It just becomes too much to bottle it all in because you are trying to show discipline. You just have to cope”. This dismissal of psychological services may be linked to feelings of having had their psychic wounds attenuated by psychologists during and after the integration phase, sentencing them to survival with these raw, untreated psychic wounds. Even the female participant was loath to seek psychological help, which does not concur with research in military psychology.

Studies have revealed that when affected psychologically, women tend to request help more readily than men do, thereby evading many of the long-term mental sufferings that male soldiers face on post-deployment missions (Crum-Cianflone & Jacobson, 2014; Maguen et al., 2012). In salutation of these soldiers’ resolve, I can’t help but quote Derrida (1994, p. 19): “If it—learning to live—remains to be done, it can happen only between life and death. Neither in life nor in death alone. What happens between two, and between all the ‘two’s’ one likes, such as between life and death, can only maintain itself with some ghost; can only talk with or about some ghost”. When asked how he had tried to cope with troubling thoughts and feelings, Private 3 replied: “I don’t pay attention to them anymore; I have learnt to help myself to bring myself to a different mind state”. The deployment of this psychic defence was also compounded by the reality of conflicted misgivings about the protection of confidentiality within the system and how they could be disadvantaged in terms of promotional and deployment opportunities should their psychological difficulties be disclosed.

Private 3 shared: “I have not consulted a psychologist, no; confidentiality is a big problem. You don’t know if your problems will get to your seniors and how it will be used to your disadvantage”. This mode of survival was a pyrrhic victory—

psychological warfare between the self, the threatening internal conflict, and the organisation's psychological and physical health stipulations. The fact that most of the soldiers whose lived experiences we follow remained privates, despite their service, reveals how their continuously fragmented, traumatised state robbed them of opportunities. This compromises their functional military and personal developmental capacity. Private 9 explained: "I have never spoken to a psychologist except for when we do CHA [comprehensive health assessment], but to say to myself, okay, I have this problem now, and maybe it needs a psychologist—no, I have never".

Psychic relief in the form of medical treatment

Help was sought in the form of medical assistance because psychological distress became lodged in the participants' bodies, which were displaced from the psyche as a means of coping. We must respect that in many traditional cultures, trauma is often expressed through physical symptoms like stomach problems, body pains, and the like. This is known as somatisation. However, somatisation is not a core feature of PTSD (Alford, 2016). As Private 6 acknowledged: "It really gets tough to feel okay when those scars are open. You find yourself also feeling sick in your body, but the sickbay tells you they can't find anything wrong". It appeared to have become normalised for these soldiers to feel physically sick rather than psychologically unwell. This was because physical wounds were celebrated as part of being a soldier, while psychological wounds were shamefully dissociated and denied, perpetuating their long-term undiagnosed PTSD. Apart from concerns about confidentiality in seeking psychological support, the participants feared that this would mean a loss regarding their internal battle. Moreover, Hoge (2010) found that members also forgo treatment to evade any potential harm to their military careers.

Confidentiality concerns suggested mistrust of authority figures that was exacerbated by the participants' former force backgrounds. This mistrust is associated with perceiving the SANDF as a traumatising system. The avoidance of seeking mental health input lays bare how these arms of service had not been

internalised as secure bases to feel safe within or to be held and have one's emotions and psychic content regulated, either after integration or after deployments. This is indicated in Private 9's statement: "For me, maybe seeing a psychologist means my mind is no longer okay; I must be sent to Ward 7. I can't risk that". When emotional pain could no longer be bottled up and escaped by these soldiers, it was understood physiologically or physically through psychosomatic presentations for which medical treatment was sought from the sick bay. This mirrors a culturally prevalent aspect of traumatisation wherein somatic symptoms are considered a common dimension intrinsic to trauma presentation (Eagle, 2014). This possibly explains the influx of members to sickbays and the link between PTSD and increased rates of somatic complaints, general medical conditions, and substance-related disorders.

Herman (1992) also notes that, in complex traumatic stress, the impact of exposure to multiple traumatic events over a prolonged period generally involves the development of chronic somatic problems. For these soldiers, the physical manifestations of their psychological wounds became an acceptable way to express their inner turmoil, as the military culture had conditioned them to suppress and deny their mental health struggles. As Alford (2016) poignantly argues, the diagnosis of PTSD in the United States was controversial, as it attempted to make sense of and politicise the psychological damage done to Vietnam War veterans. Similarly, in the South African politico-military context, the un-diagnosing of these soldiers due to their PTSD being linked to the armed struggle remains equally contentious in our negotiated democracy. I agree with Alford (2016) that the broader effect of creating the PTSD diagnostic category was to render all humans vulnerable to an assault on their character that would incapacitate them from living everyday life meaningfully.

No longer were some humans more susceptible than others; if they were, every human shared vulnerability to PTSD, any one of whom could be overwhelmed by circumstances. While the expansion of the PTSD category may not be evidence of clinical

rigour, it is a humanitarian achievement. However, it is not an undiluted one.

The PTSD diagnosis has brought attention to the psychological toll of trauma, but it has also medicalised human suffering and potentially pathologised normal reactions to extreme events. It is noteworthy that seeking psychological assistance would have required participants to trust and connect with the psychologist as a relational object. This presented the participants with the same psychic conflict as that of psychological integration into the family and the SANDF. Again, it became apparent how ruptures in former relationships had left a psychological imprint on how participants negotiated relational aspects within and outside the SANDF (St. Clair & Wigren, 2000). External validation of feelings about the reality of a traumatic experience in a safe and supportive context is a pivotal aspect of the prevention and treatment of post-traumatic stress (McFarlane & Van der Kolk, 1996). Accessing a therapeutic space would have ideally been available to the participants had they consulted psychologists within the system. However, the creation of such a context for recovery can become very complicated if the social network is depleted or unavailable (McFarlane & Van der Kolk, 1996). We learn that veterans hospitalised for PTSD in Young's (1995) study were aware that the key to their treatment was disclosing their traumatic experiences. However, many of them resisted this process. Young (1995, p. 189) notes: "You had to be in Vietnam to know what I'm not talking about", which implies that their refusal to share flipped the knowledge and meaning-making process. It granted the patients, rather than the therapists, privileged access to the meaning of their traumatic memories. These soldiers were protective of their traumatic experiences, unwilling to fully disclose them to their therapists. They felt that only those who had been through similar combat could truly understand the significance of their memories.

This resistance to the therapeutic process highlights the deeply personal and guarded nature of their trauma, which they were reluctant to share even in the context of treatment. This is also apparent from the interviewed Black SANDF soldiers, who experienced the psychological support system as unavailable and

aligned themselves more with physical health support within the system. The failure to facilitate a cognitive shift in this regard caused the participants to suffer from continuous undiagnosed PTSD, which ultimately culminated in CPTSD.

Rigidly fenced in cognitively and emotionally

The soldiers' experiences, both past and present, left them feeling deeply out of control and vulnerable. In response, they developed rigid control as a psychological defence, perpetuating the chronic nature of their CPTSD. Cognitive difficulties resulting from untreated PTSD also impaired their healthy executive functioning and cognitive flexibility. Soldiers are primarily trained to respond cognitively or tactically, not emotionally. They have to take control of their emotional reality and execute military commands, leaving no room for displaying intense fear, helplessness, or horror. This is supported by Van der Kolk et al. (1996), who seminally uncovered that dissociation at the moment of trauma was the single most important determining factor for the development of chronic PTSD. As Private 2 explained: "People say we have hardened hearts just because you have self-control". This unyielding cognitive pattern manifested in a restricted way of engaging with the external world. The lenses through which they perceived reality served as a shield against the pain of past traumas. As Private 3 shared: "I prefer to plan my things and have targets and goals. I don't like being unsure of things". The malevolent emotions embedded in their cognitions informed their psychological organisation and who they had become. Through cognitive distortion, they could feel a semblance of control over their thoughts, emotions, and behaviour. As Private 6 conveyed: "Once you take things and put them in your heart, you will not make it, that I can bet you". This was not pleasant for them or others, but it alleviated the persecutory and paranoid anxieties that exacerbated their undiagnosed PTSD.

Ultimately, this maintained the avoidance of acknowledging the relationship between the self and the perceived unsafe world—a notion that still serves as an explanation for complex trauma. As Private 3 related: "You learn self-control and not to let things make you angry. You exercise the discipline, mental

and physical, you have been trained in and follow instructions”. The trauma to their psyche remained unintegrated, unable to form part of their ego and true self. The memory of the trauma was not integrated and accepted as a part of the participants’ personal past. Rather, memory came to exist independently in a disintegratively split-off dissociated form, as though part of another lifetime and not the self.

Private 4 stated: “We all have our own history, and what happens to you becomes a part of your history, not you as a person, is what I think”. The soldiers’ psychic organisation became such that the psychic distress from any traumatic experience was discarded dissociatively and denied any room within the psyche and, thus, the self. An interpretation of the description of the lived experience of the soldiers I spoke with was that of a profound sense of psychic and bodily disintegration—a loss of their cohesive sense of self. This underlying condition, which went undiagnosed, formed part of their CPTSD symptomatology. Private 9 poignantly captured this experience: “It just makes you feel like, as we all live this life, some people are going one way while you’re going in another direction. In life, you make choices, and this is the one I made. It’s like there are different pieces of you, all separate”.

The soldiers’ attempts to alleviate their emotional distress were evident in how they projected their inner turmoil outward. Their psychological pain became more bearable when they could locate it in the systems they struggled to be a part of. Consequently, they exiled themselves, living in a fragmented state, never able to integrate their shattered selves. They never worked towards a psychological shift to an integrated self capable of integrating meaningfully into their external reality. This found expression in their traumatising experience of serving in a perceived psychically disintegrating SANDF.

Unresolved previous traumas had left them with disintegrated egos and a tenuous grasp on reality. This was the result of unresolved prior experiences of trauma, which the participants brought with them from previous combat exposure, regressing them into individuals who had to survive

with disintegrated egos and selves. It was evident that it would be difficult for the participants to experience integration into the SANDF when their psychic functioning was rooted in operating from a disintegrated psychological structure and, therefore, a disintegrated self. As Winnicott (1965) describes, their personalities can be said to have become unmoored—they felt unreal in relation to their environment, and the environment felt unreal to them. Private 3 shared: “I don’t know how to explain it, like living life but not always in the same world as others, like there’s a world you escape to so you can be your old self”. Unable to keep their psychic pain separate from their bodies, the soldiers resorted to desperate measures. Private 5 related: “It’s like you must find ways to trick your mind by controlling it. Sometimes you can take sleeping tablets to help yourself”. These were signs of a profound psychic developmental arrest, a fixation on trauma.

Their bodies had been denied the capacity to integrate the psyche, and physical signals of distress were denied or pushed away. As Private 6 acknowledged: “When you feel pain, don’t feel it with your heart; put your heart in neutral like it’s not there”. The soldiers’ stories reveal the devastating impact of unresolved trauma—a fracturing of the self that leaves one forever adrift, searching for a way back to wholeness—back home to self. As Carl Jung (Sreechinth, 2018) poignantly states: “Wholeness is not achieved by cutting off a portion of one’s being, but by integration of the contraries”. The soldiers I spoke with were caught in a never-ending psychological war, which only worsened their chronic, untreated PTSD.

Winnicott believed that for the mind and body to become deeply intertwined, the environment needed to provide emotional support and respond to a person’s inner turmoil. However, for these men, there was no safe haven where their psyche could integrate with their body instead of being a source of trauma to fight against. Their minds and bodies had become completely disconnected, resulting in the disintegration of the ego, which led to primitive defenses such as splitting, trapping them in a paranoid-schizoid state. Without a facilitative way to psychically and culturally process what they had experienced, the soldiers’ minds and bodies became irrevocably fractured. Psyche and

soma, like self and object that were once a unified whole, now warred against each other in an endless cycle of hypervigilance and dissociation. These men had been failed by the very systems meant to support them: sent into battle during the armed struggle and, after integration, they were then abandoned to pick up the shattered pieces of their minds and bodies alone. They faced a living internal hell from which there seemed to be no escape.

Defensive psychic splitting of SADF and SANDF

For those participants who had previously served in the SADF, a unique dynamic compounded their ability to feel integrated within the SANDF. This was different from the resentment experienced by participants from other former forces who were absorbed into the old SADF structures. Among the former statutory force participants, there was a defensive splitting of the SADF as a 'good object' and the SANDF as a 'bad object'. This splitting occurred despite carrying unresolved psychic traumas sustained during combat exposure under the SADF. Captain 7 reflected: "We used to enjoy soldiering even if we didn't earn a lot, so whatever you experienced, you knew you would be okay". The inability to recognise both the good and bad aspects of the SADF led to intensely negative feelings being displaced and projected onto the SANDF. The SADF was represented as an all-good, idealised 'part object', unaware that the previous traumas had been defensively transferred onto the SANDF, now manifesting as undiagnosed PTSD. As Kernberg (Christopher et al., 2001) asserted, psychological development is rooted in the cycle of internalising object relations and resultant defenses, a cycle often rendered unconscious. The failure to integrate positive and negative self-and-object presentations resulted in the primary defence mechanism of splitting (Summers, 2024).

Without a secure base in the SANDF where their psychic wounds could be made meaningful, the former Black SADF soldiers were trapped in a vicious cycle. The failure to develop an integrated sense of self leads to the defence mechanism of splitting (Kernberg in Christopher et al., 2001). However, resolving this requires a crucial developmental shift—moving from splitting to integrating the self and others (Summers, 2014). Splitting led to

omnipotence and paranoid anxiety, which, in turn, was defended against through further splitting of the object as excessively good or bad, resulting in alternating states of persecution and idealisation. Caught between the familiar (if flawed) SADF and the new (threatening) SANDF, these soldiers struggled to find their footing, their ego identity fractured and their trauma unresolved. Unable to reconcile their own destructive drives or see the SADF as a whole, flawed object, the soldiers resorted to primitive defenses such as splitting and projection.

These defenses served to protect their fragile egos from the trauma and persecutory anxiety stemming from the 'bad object' of the SADF (Duckham, 2011; Potik, 2018). It was as if they related to the SADF as a primal, part-object that had become a fixed part of their psyche, divorced from reality. This revealed the unresolved traumas they carried with them into the SANDF, which were only compounded by continued military trauma. Staff Sergeant 8 reflected: "With the old regime, you were well-equipped and just had to carry out your tasks. If lives were lost, you accepted it as part of the battlefield". But when asked if he would allow his son to join the SANDF, Private 2 said: "It's not how things used to work. I won't let him come here and change into a different person". These soldiers had disavowed their own trauma and 'bad' parts and projected them onto the SANDF leadership. This may have explained their inability to psychologically integrate into the new system. As Private 6 put it: "The training was thorough, but now with these peacekeeping missions, the leadership is poor. When ambushes happen, people get hurt".

Ultimately, some former SADF soldiers clung to their loyalty to this idealised object, unable to let go even as they felt betrayed on an unconscious level. Giving it up would have meant facing another devastating loss and succumbing to the undiagnosed CPTSD that haunted them. Trapped between the old dispensation on whose side they fought and the future they felt could not embrace them—a democratic dispensation—these soldiers were caught in a unique internal war. One that made it hard to feel like brothers in arms with integrated former non-statutory force members. Fairbairn (1954) argues that soldiers have a strong attachment to their 'bad objects', even in a repressed state.

Chapter 7

Letting go would mean a breakdown of their defenses and a loss of their very minds. But the toll of clinging to these shadows was heavy, exacting a devastating cost on their psyches, bodies, and their very souls.

My fellow SANDF soldiers,

I write to you today with a mix of emotions—guilt, fear, and a deep sense of vulnerability. I've held on to the SADF as good for far too long. It was a survival mechanism, a way to cope with the trauma and guilt of our past. But it's time for me to confront the truth, and therefore myself. I am burdened by the weight of our shared history, though we marched in different directions, and the wounds that time has not yet fully healed.

As a former Black soldier in the old SADF, I have had to mask fear about my place among you. For years, I clung to my identity within the SADF as a familiar refuge in a world that had become increasingly foreign and unsettling. The prospect of seeing the sameness in our integrated forces was a daunting one, for it forced me to confront the very atrocities I was instructed to commit against you during the armed struggle. The combat wounds, both physical and psychological, that I had endured seemed to set me aside, making it difficult to truly embrace the unity we now share. I feared that by letting go and no longer defending the SADF, I would be seen as a sell-out, a traitor to the cause for which so many had sacrificed. The uncertainty of being accepted by you, my fellow soldiers, weighed heavily on my mind, and I found it easier to retreat into the familiar, though traumatically isolating, even if it meant denying the progress we have made.

I ask for your understanding and, if you can find it in your hearts, your forgiveness. I know that I am not alone in this struggle; many of you have also carried the weight of our shared history. By sharing my story, I hope to help us all move forward.

Kanene

I hope that we can find the courage to confront our demons and emerge stronger, united in our purpose to protect and serve our country.

Yours in service,
former Black SADF soldier,
Participant 7

Chapter 8

Battling the shadows: The hidden toll of combat trauma on soldiers' minds, bodies, and souls

Within the South African politico-military history, the life of a soldier bears the responsibility of honour, duty, and sacrifice. However, the psychological cost of military service is far more debilitating than the public eye can see, with its continuous psychosomatic degenerative effects. The participants' years of military service have culminated in a degenerative deterioration of their overall well-being, with somatic complaints often masking the underlying traumatic psychological syndrome (Sibanda, 2020). These soldiers have witnessed the loss of well-being among their fellow comrades, a trauma that further exacerbates their own PTSD symptoms. Through the powerful narratives of these soldiers, we uncover the devastating toll taken by continuous undiagnosed PTSD and CPTSD on the well-being of those who have dedicated their lives to the liberation and protection of this country. From the loss of bodily and self-functional integrity and meaning in their work to the overwhelming sense of helplessness and lack of control, these soldiers face a continuous internal battle just as arduous as any they have encountered on the battlefield. The narratives of the interviewed soldiers reveal an overwhelming loss of control over their own lives. The participants spoke of feeling like mere shadows of their former selves and that the former forces they had dedicated themselves to had left them feeling discarded and forgotten within the national force.

Feeling discarded and unprotected by the very forces they had sworn to serve, the participants experienced a deep sense of vulnerability and a loss of control over their own minds and futures. This drove them to project their perceived undesirable qualities onto others, often manifesting in negative mood extremities and a persistent inability to feel positive emotions.

This powerful exploration of the unseen wounds of military service serves as a poignant reminder of the hidden psychological and physical costs of our political combat history and the now pressing need to address the psychological crisis facing our nation's soldiers in ancestrally appeasing ways, if that is what it takes. The soldiers' accounts reflect a profound deterioration of their minds, bodies, and even their very sense of manhood and soul, all as a result of the continuous combat exposure they endured, first in their former forces and then in the integration of the SANDF. PTSD can be severe enough and last long enough to completely impair a person's daily functioning. For these soldiers, the psychological symptoms of CPTSD were marked by clear biological changes. Consequently, their trauma was complicated by a myriad of other physical and mental health problems (Iribarren et al., 2005).

While the psychological syndrome may have been easier to explain away or deny through somatic defenses, the unrelenting physical illness signalled a fragility and functional decline that was traumatising in itself. Though the soldiers' reality was psychically organised around hiding their psychological pain from themselves and others, this very defence mechanism rendered them vulnerable to physical ailments when their psychic distress became somatised (Sibanda, 2020). Their psychic defenses tried to displace and separate the psyche from the soma. However, when physical ailments erupted, it forced them to confront the body—the very vessel where disparate parts of their fractured psyche had been deposited. Their minds had poisoned their bodies, threatening imminent fragmentation.

Continuous trauma evidently produced an overactivity of mental functioning, oscillating between profoundly pathological cohesiveness and incohesiveness. The satisfactory, mutual interrelation of psyche and soma had been irrevocably prevented, impeding any true sense of aliveness in relation to self and others (Corrigan & Gordon, 1995). The cumulative years of military service had taken a devastating toll on these soldiers' overall well-being. While their presenting complaints were often somatic in nature, the prognosis was always guarded, given the underlying traumatic psychological syndrome lurking beneath the surface.

The trauma only compounded as they internalised the secondary wounds of witnessing their fellow soldiers' own deterioration. This mirrored their own deterioration, exacerbating the fixated, annihilatory anxieties that perpetuated their enduring CPTSD.

For this psychologically vulnerable community, being physically ill—whether from battle wounds or biological causes—was just as traumatising as being psychologically unwell. The feelings of shame and weakness associated with this loss of functional vigour were inextricably linked to a sense of being fundamentally damaged and damaging (Sibanda, 2020). These once-proud soldiers mourned the loss of their idealised selves as both their soma and psyche succumbed to the ravages of war. The total damage left them bereft of the very essence that had once defined them. The shame was unrelenting, a constant self-persecution over how the military environment had irrevocably changed them. Studies showed that veterans diagnosed with PTSD or substance abuse also presented with more chronic physical health problems (Kulka et al., 1990). For these soldiers, physical ailments with no clear medical cause signalled a profound defeat—not just over their bodies, but over the mental control they once held in their internal and external worlds. It was a defeat that personified all the other devastating losses in their lives. Shay's (1994) seminal work details the myriad ways in which veterans felt permanently impaired, with factors stemming from their combat exposure that proved stubbornly persistent. His attempt to define PTSD in terms of the continuous, deleterious experience of ego function, affect, and other impaired faculties was an effort to capture the veteran's experiential reality as closely as possible. It was this very reality that the SANDF soldiers now faced. When presenting with the same undiagnosed CPTSD symptoms seen in veteran cohorts, their trauma-related clinical profile was further complicated by the fact that they were veterans of their former forces.

Loss of former, present and future shadows of the self to undiagnosed PTSD

The loss of functioning capacity, secondary to the trauma, encompassed an even more profound loss—a loss of meaning in living itself and in continuing to be. We gain a rare glimpse into how the participants felt they had lost themselves to the harrowing course of undiagnosed PTSD. What remained were mere ghosts of their former selves. As Private 5 asserted: “And that part of yourself is gone forever. And when this system is done with you, it is done with you forever; it just leaves you like that”. The loss of meaning in their work as soldiers had become embedded in a perceived loss of the fight for a meaningful life and existence. This experiential reality encapsulated the very fragments that had once made up their cohesive sense of self—a self they felt they had lost to the system. Private 6 reflected poignantly: “Haai, no, I can say you just work; there is no meaning anymore. It is all gone. We lost our years here; it means nothing to them”. When being a soldier became merely a means to provide for their families, it further impeded their healing from the traumas of their line of service—a process of meaning-making that had become elusive. Private 2 echoed: “Ehh, you have to work; otherwise, what else do you do at home? There are people dependent on you”. This habitual need for escapism in soldiering on, perpetuated the undiagnosed PTSD from which they suffered. When not in the military routine, they were then not in their psychologically protective roles as soldiers—roles that had come to represent the self—this meant a further fragmentation of self. With only their minds left to rely on, the fear of losing even that last vestige of their former selves loomed large.

These soldiers had become ghosts, haunting the very system they served. The loss these soldiers experienced went far beyond the physical—it was a loss of meaning, of purpose—and it cut to the core of their very identity. Van der Kolk et al. (1996) postulate that such loss, whether of life, possessions, integrity, or beliefs, is a primary component of the traumatic experience. For these men, the loss of meaning in their work as soldiers was inextricably tied to the loss of meaning they had derived from their former forces and operations. It was an assault on their psychic structures, the

mental representations that had once given shape and purpose to their lives. Their identity and purpose were deeply ingrained in being a soldier and active military service.

The trauma they carried was inseparable from this core aspect of who they were. And as Van der Kolk et al. (1996) note, the meanings victims ascribe to traumatic events can be as fundamental as the events themselves. Wolff's (1995) research sheds light on this internal conflict. Many South African soldiers had endured severe trauma during the war in Angola without exhibiting PTSD because they could still attribute meaning to their service. However, after 1994, when that meaning was called into question, the symptoms multiplied, and the diagnoses escalated. Yet for the soldiers chronicled in this book, the integrated SANDF represented an undermining of the meaning they had ascribed to their politico-military contributions. Their CPTSD remained undiagnosed and untreated, with its debilitating symptoms manifesting in their deteriorating behavioural, physical, emotional, and occupational functioning. The loss they had suffered was not just of life or limb, but of the very essence that had once defined them.

Soldiers from both statutory and non-statutory forces were shadows of their former selves, haunted by the meaning taken from them within the context of the country's history. Ironically, these soldiers were unaware that it was the undiagnosed PTSD, not the system itself, that had taken so much from them. The positive feelings they could no longer muster towards themselves or their work were a manifestation of PTSD's emotionally impairing features. Kienzler (2008) points out that trauma is worsened by factors such as low economic status, financial dependency, feelings of government-sanctioned injustice, and a lack of recognition and opportunities. In addition, Pedersen and Kienzler (2008) and Pedersen (2002) emphasise the importance of linking immediate stressors and economic or political challenges to the broader social context, highlighting how these elements are interconnected in understanding trauma. Private 9 lamented: "I can say nothing was gained from it; I now have to live with haunted memories. I can say it means nothing".

The perceived lack of acknowledgement for the loss of self to the SANDF system, and previously to their former forces, was a pain that gnawed at their psyches. Private 9 continued: “The sacrifice, and for what? Were we sacrificing our lives so that we can feel like we are dead inside? Some of us lost our innocence in this”. The sacrifice of giving themselves to a system unable to hold their psychically split-off, traumatised parts through culturally and politically attuned interventions had left them feeling lost—to the system and to their own spirits. Private 5 acknowledged: “Part of my life, you see, 80% of my life is here [...] and that part of yourself is gone forever. And when this system is done with you, it is done with you forever; it just leaves you like that”.

The soldiers made a poignant distinction between loss of self and loss of life. They seemed less distressed by the possibility of dying in the line of duty than by the pain of sacrificing their families as relational self-objects. Private 4 explained: “It is part of your job; you sacrifice your life to protect others”. But in doing so, they sacrificed not just themselves but also their emotional role in the family unit and their place in the internal self-object representations of their loved ones. They had lost not only themselves but also the meaning of life itself. In object relations theory, the absence or loss of meaning is associated with the loss of the object. As Guntrip (1995) states, the importance of human living lies in object relationships—only on such a basis can our life be said to have meaning. This was a factor over which they had no control, perpetuating their undiagnosed CPTSD. Private 5 reflected: “That one honestly is like that; if you are a soldier, you can’t change it. I know they are afraid of me, and I hate that part of it. When I’m there, I know it, and it stresses me. They don’t want to be that close to you. And you feel bad; haai, we are paying the price when it comes to that”. These serving members experienced profound loss—physical, psychological, relational—due to cumulative combat trauma that remained unresolved and unintegrated into their perception of self. They presented a false self to themselves, their families, and the SANDF—a turning away from their very souls. This is ironically an unconscious marching in line with the drill command of being ‘a soldier first and a person behind’.

Loss of control leading to loss of ego functioning

Culturally framed interventions help bring back not only social and cultural factors but also essential political contexts into our understanding of what causes trauma. This is something that a strictly biological approach often overlooks or minimises (Wright, 2021). The soldiers' journey continued to unfold as the development of their psyches mirrored the changing nature of their military service. The transformation from an armed struggle combatant to a soldier could be understood as a form of internalising the external object, a desperate psychic manoeuvre.

When faced with the traumatic collapse of their psychic structure and object relationships, their psyches sought to latch onto any available object to prevent the even worse reality of total objectlessness (Grand & Alpert, 1993). The SANDF's current peacekeeping mandate, which is so different from the integrated former forces' operations, may have provided a cathartic outlet for the soldiers' aggressive and destructive impulses—a way to evacuate the perceived 'bad objects' within, beyond just a military response to the political context at the time.

There was perhaps an element of repetitive compulsion, a preoccupation with re-exposing themselves to potential combat and trauma through deployments. When operationally inactive, they were forced to dwell within themselves, confronted with the psychological distress of their unresolved traumas (Sibanda, 2020). However, when active, they found distraction from their internal turmoil. What the organisation perceived as ill-discipline and dysfunction seemed to occur when these soldiers' defenses failed them, their enduring undiagnosed PTSD symptoms raging like an active psychosis within. They remained trapped in an unwinnable battle, both externally and internally. Vulnerability is a powerful force that can irrevocably shape our experiences and our very sense of self. When we feel like our world is no longer a safe, structured, and just place, it can colour our entire relationship with it. As Van der Kolk et al. (1996) note, this is a significant factor in the development of trauma and the long-term adjustment to its residue. This is especially true for soldiers tasked with protecting their country's fellow residents yet left powerless

to shield themselves from the psychological trauma they endure. As a result, these soldiers often feel like they have lost all control over their environment and the world around them (Cole et al., 2013). They are gripped by a deep, unsettling vulnerability, left at the mercy of a system that seems to disregard their wellbeing. Private 5 lamented: “Here you are just expected to be on time, be fine, fully fit—do your job, and after that, you’re on your own”. This sense of vulnerability and lack of control can ignite feelings of emotional pain, distress, and even anger. Interviewed soldiers revealed this in their raw expressions of being disregarded and unprotected. Private 5 reflected: “You find yourself working hard, but you’re left behind, while others get the advantages. And you don’t even know why—it’s just so painful”. Trapped in this cycle of trauma and betrayal, the soldiers feared exposing their emotional vulnerability. Their pain often found an outlet through resentment and rage as they struggled to cope with the invisible wounds that threatened to consume them. This unconsciously resulted in the resurfacing of distressing feelings from their past traumatic experiences, exacerbating their CPTSD symptoms and maladaptive defenses.

As Kardiner (1995) argues, traumatic events create levels of psychic stimulation that the individual is unable to master, dealing a severe blow to their total ego organisation. This was evident in the lived realities shared by the soldiers. The negative mood extremities were also turned inwards, resulting in relentless self-persecution. The soldiers’ negative expectations about themselves, others, and the future were manifest in Private 3’s poignant words: “You are just sacrificing yourself, like a lamb to the slaughter, which is what most of us have done. No one cares; no one thinks to help us in a way that will make a difference”. The soldiers’ persistent inability to feel positive emotions—happiness, joy, satisfaction—was one of the typical diagnostic features of their PTSD. They experienced their basic needs for health and well-being as disregarded, rendering them vulnerably out of control of the organisational failings. This made them feel devalued and unworthy of care. As Private 3 acknowledged: “Even when here at work, a person is never sure what will happen”. This continuous loss of control perpetuated their undiagnosed

PTSD. Private 9 captured the experience poignantly: “Soldiers suspended for more than five years are unhappy and stressed at home; all these years of not knowing what will happen. I can say the people on top are careless with the people on the ground; they don’t know how to take care of us. So it is all these stresses, really, that cause us pain and trauma”.

According to Haley (1993), this loss of control manifests in numbed detachment, annihilation anxiety, and a disorganised ego. It leads to an inability to identify and work through memories and affects, contributing to somatisation, passivity, and an inability to verbalise guilt about atrocities (Sibanda, 2020). The soldiers concealed their CPTSD symptoms, desperate to keep the darkness from breaking through their skin boundaries at all psychic costs. In the shadows of their undiagnosed CPTSD, they battled the shame and stigma that threatened to consume them.

My fellow SANDF soldiers,

The combat wounds, both physical and psychological, that I have endured seem to isolate me, making it difficult to truly embrace the unity we now share. Many of us carry the ghosts of our shared history, but our trauma remains undiagnosed, silenced as being political. We have had to mask our fears, doubts, and pain, all while trying to adapt to the new realities of the SANDF. The stress, uncertainty, and lack of trust in our commanders have taken a toll on our mental and physical well-being. We have been sent on deployments without proper planning or support and have suffered the consequences of these decisions. The ammunition shortages, poorly maintained equipment, and the loss of our comrades have only added to the anger and depression that we carry within us. We have been abandoned by the very system we were sworn to protect, and the pain of that betrayal is something we struggle to move on from. The high blood pressure, diabetes, sleeping problems, and constant feeling of unease are all symptoms of the trauma we have endured. We have been left to fend for ourselves without the support or understanding of those

Kanene

around us. It is as if we are shadows just soldiering on, unable to find the peace and healing we so desperately need.

I know that it is not easy to confront these demons, to let go of the familiar and embrace the unknown. However, I believe that by doing so, we can find the courage to march forward, heal the wounds of the past, and build a stronger, more united SANDF that truly serves the people of South Africa. We can restore the functional and operational integrity we have lost, as well as the honour of being a soldier, surviving the political missiles and misorders once and for all. I ask for your understanding, your compassion, and your forgiveness. I know that it will not be easy, but I believe that together, without depending on our commanders, we can find a way to confront our shared history, acknowledge the trauma we have endured, and emerge stronger, united in our purpose to protect and serve our country.

Yours in service,
former Black SADF soldier
and now Black SANDF soldier,
Participant 8

Chapter 9

Unmasking the shadows: Shame and stigma in soldiers battling with undiagnosed continuous CPTSD

In the heart of South Africa's tumultuous history, where the echoes of non-statutory and statutory armed struggles resonate, lies a poignant tale of shame and fear camouflaged with the scars of trauma. Within the depths of their being, the participants grappled with the shadow of shame, concealing their PTSD symptoms behind a veil of anger, shielding themselves from the daunting uncertainty of ever finding psychological reprieve.

As they navigated the labyrinth of combat exposure and (re) integration into the SANDF, a delicate dance unfolded, revealing the hidden burdens of psychological anguish and the silent battles waged within. We must face our own demons as a country and admit that these soldiers have been 'detached' from the SANDF and the country instead of being integrated, having been forgotten and silenced in their struggle with PTSD.

In the shadows of their silence, a narrative of resilience and vulnerability emerged, painting a portrait of individuals haunted by the spectres of undiagnosed PTSD and the weight of societal perceptions. Through their journey, we confront the raw emotions of shame and fear, tracing the intricate threads of psychological distress and the quest for acceptance amidst the backdrop of South Africa's complex military legacy, where shadows and light converge. The soldiers' stories serve as a poignant reminder of the sacrifices made and the battles fought, both on the battlefield and within the depths of their psyche. Interviewed soldiers masked their shame about their PTSD symptoms with anger, which also defended against the fear of not knowing if they would ever feel psychologically well. Shame, coupled with a sense of being a burden when asking for professional help for distressing undiagnosed PTSD symptoms, was internalised as

being a nuisance to others. This informed their tendency towards inadequate and defended self-reliance, thus turning away from others. This may also have been attributed to the participants not feeling that they deserved help as a result of internalised bad objects and, accordingly, the belief that they, in turn, were inherently bad (Sibanda, 2020). While the diagnostic system has aimed to capture traumatisation in universal and specific terms, the debates about the adequacy of Criterion A in the fifth version of the DSM have also extended to whether this set of affects is sufficiently exhaustive.

Several contributors have observed that anger and shame, for instance, are often present in the aftermath of trauma (Eagle, 2014). A brief overview is provided on how combat traumatic stress reactions manifest and are interpreted within African culture. According to Mbuqe (personal communication, 2010) as cited in (Brooke, 2010), the Xhosa people of South Africa refer to the psychological wound from combat as *kanene*, which highlights the warrior's insight into the burden he carries—a shadowing experience that constantly reminds him of his actions. The Zulu people of South Africa call it *ukuhlanya*, a term derived from *ukunhlanhlatha*, meaning to wander rudderless and to lose one's bearings geographically, morally, and spiritually (Brooke, 2017).

These enduring psychological wounds of combat have not only shattered the internal compass of Black SANDF soldiers but have also fractured their spiritual, psychological, and collective selves. Consequently, the psychological leap required for them to achieve true integration within the SANDF remains an elusive journey. These soldiers expressed fear of admitting to or showing their broken or fragile parts to those within their reporting lines or to the mental health practitioners responsible for addressing these vulnerabilities. Private 9 stated: “For me, maybe seeing a psychologist means my mind is no longer okay; I must be sent to Ward 7. I can't risk that”. Private 6 concurred: “I am ashamed of the damage it has done to me mentally and physically”.

The soldiers were in tune with their emotional vulnerabilities as a means to fortify their psychological resolve for the mental and physical fitness required of a soldier, and this

remarkable trauma-protective factor has become equated with shameful weakness. Private 4 explained: “You know, as a person, you don’t have to reveal your weaknesses, especially in this job. You can’t, and once you go there to consult when it is time for CHA [comprehensive health assessment], they’ll say you are not green, and then you don’t deploy. No, a person does not need that kind of stress”. The participants harboured feelings of shame that their traumatic stress response to combat exposure rendered them psychologically unfit. They were unaware that if their PTSD were to be diagnosed as a natural response to traumatisation, this would lead to a process of identifying and resolving their psychological difficulties holistically. This would foster emotional and spiritual insight and resilience, ultimately leading to enduring psychological hardiness (Sibanda, 2020). These psychological processes were intended to have been facilitated alongside the administrative processes of DDR, thereby integrating members of the former armed structures into the SANDF.

The psychic cost of DDR on Black SANDF soldiers

Depending on one’s perspective, during integration, a bullet was either dodged or lodged into these soldiers’ psyches, as the DDR administrative processes turned a blind eye to possible pre-existing psychological conditions. Furthermore, there was political resolve to maintain this status quo. Acknowledging the afflictions of re(integrated) soldiers would mean confronting the repercussions of the atrocities of apartheid, which was not in the interest of those who negotiated a national force achieved through bloodshed.

The more the participants tried to conceal their PTSD symptoms, the more these symptoms manifested through mood, physical, and behavioural disturbances, and the more the organisation turned a silencing blind eye. Concealment was to toe the line of a precariously negotiated democratic state. This vicious cycle perpetuated the soldiers’ exile in the shadows of the psychological battlefield and prevented them from accessing the support they so desperately needed to heal and integrate into their psychological and military capacities. As though politically collusive, once they were declared psychologically fit in the system

through the comprehensive health assessment process, during which their symptoms were significantly masked, there were no pre-emptive programmes in place, thus exiling the members deeper into their distress. This psychological anguish is no better than that experienced by those who went into exile to escape the apartheid regime as a consequence of their revolutionary political resistance. This explains the deleterious course of undiagnosed PTSD among some of the Black members of the SANDF.

According to Schell and Marshall (2008), data support the claim that fear of discrimination among United States military service members forms a significant hindrance to seeking treatment. The military in the United States, like the SANDF, uses information about psychiatric diagnoses and mental health treatment to determine whether members are suitable for deployment. Consequently, these members forego treatment to evade any potential harm to their military careers (Hoge, 2010). The soldiers maladaptively repressed their emotional vulnerabilities and, thus, forewent the possibility of psychological resolution of their trauma because they feared being declared psychologically unfit and, therefore, excluded from deployment and promotional opportunities. Private 2 asserted: “Those sessions will get recorded, and your section leaders will know, then you can’t deploy or go on courses because it means you are not strong mentally”. The participants mirrored the system’s inability to look within unashamedly for reparative work to occur regarding national force and psychological integration. This led to a cognitive distortion regarding the importance of psychological well-being, which is the foundational mental weapon with which a soldier must be armed (Sibanda, 2020).

Mental fitness cannot be void of emotional well-being in the same way a soldier cannot be separated from the self; the ideal is an integrated, cohesive self to build capability in soldiers. Private 5 sadly stated: “It’s not a normal way of living; it’s like a little torture. So, you must keep it in because the way we were taught, you don’t talk about your feelings”. The ‘soldier’ in these participants was ashamed of the self, which they were instructed to split off, which is, in and of itself, maddeningly fragmentary. It appeared that by splitting, the self was where the undiagnosed

PTSD was located, not in the person of the soldier. Private 5 explained: “We were trained not to say anything, like in interviews and so on. But also, no one can know about your stresses because you learn to hide it well with discipline”. I am humbled to have been entrusted with a rare glimpse into these soldiers’ pain and, thus, the responsibility to honour them by giving voice to their silenced combat-related traumatisations. The defenses of splitting, repression, and denial employed by the system and the participants in relation to emotional vulnerability contributed to chronic psychological trauma. Private 3 acknowledged: “So a person must always put on this mask that you are coping normally for family and at work”.

It was important for these soldiers to put on a brave façade that masked all signs of psychological weakness, namely, undiagnosed PTSD, which had become a source of shame. It is a painful way to live, trapped in one’s own mind, never to be seen in the mind of another. The organisation’s failure to address the emotional well-being of these soldiers had condemned them to a life of silent suffering, ensnared in the shadows of their own minds.

Understanding soldiers’ choice to forego psychological treatment

Consulting a psychologist is equated with having a mental illness, and interviewed soldiers feared that their CPTSD symptoms might mean they had a mental illness due to the traumatic experiences they endured (Sibanda, 2020). According to Horwitz (1976), some individuals with PTSD alternate between periods during which re-experiencing intrusive symptoms are more prominent and periods during which denial-numbing symptoms are more pronounced, with the latter becoming more apparent when individuals feel they are psychologically weak. Seeking psychological help is perceived as a weakness, which relates to the persecutory relationship these soldiers had with their internal objects. The former and current military forces were introjected as bad objects, creating a psychological template for relating to their external environment. This also served as a defence because

psychological intervention implies a relational dynamic indicative of the soldiers' core suffering. These servicemen and women may have experienced the need for relational objects to meet some of their dependency needs, which they viewed as a weakness to be defended against (Sibanda, 2020). Fairbairn (1943) asserts that when a soldier's traumatic experiences trigger the release of bad objects, the ensuing failures of defenses and coping strategies occur: psychological symptoms, in the form of PTSD, are directed by the return of repressed bad objects.

Accordingly, the return of bad objects implies a failure of the repression defence because only that which has been integrated into experience and psyche can be repressed. Private 9 noted: "It is like that, how can I put it..? [...] Eh, I will be punished because they will think I am weak". This perceived persecution resulted not only from external objects but also from an internally persecutory self, as these soldiers felt weak for lacking the psychological strength to prevent long-term CPTSD—a battle lost to the shadows of combat. The soldiers' fear of being perceived as mentally ill and weak, coupled with the persecutory relationship they had with their internal and external realities, denied them the opportunity to confront and integrate their past and ongoing traumatic experiences. Seeking psychological help was equated with weakness rather than seen as a phase during which the ego was weakened in the fight for psychic equilibrium.

The role of psychological intervention would have been to strengthen their ego functioning. Private 9 declared: "No, like stress no, you just have the stress after these happenings and you live with it but not like to go to [1 Military Hospital Psych Ward] and now start taking medication". This attests to a propensity to cope by fleeing from self, as explained by depressive and manic defenses that Klein (1946) describes. The soldiers' psychic wounds remained hidden from psychological support officers, leaving them reliant on themselves and their impoverished internal resources. Private 5 explained: "Don't talk about your feelings; it's like exposing my inner weakness, actually. You just know that as a soldier [...] otherwise, this thing will beat you. I can say it is an everyday battle with yourself to keep it away from other people". The negative emotions that arose from this not

only turned inwards in a self-attacking manner but also targeted the organisation's health support services for their perceived failure to provide an attuned source of psychological relief and empowerment. This often manifests in self-destructive patterns of behaviour, which are interpreted as ill-discipline within the system, to which psychological distress and traumatic syndromes have come to be labelled in accordance with political narratives.

Relying on stereotypes about ex-combatants actually hinders their goals by making it harder for them to reintegrate socially, politically, and economically after the armed struggle, in this case. Such broad assumptions overlook the unique political and historical contexts when creating and implementing DDR security structures. This approach also represents a form of structural violence, where outside forces impose their will on those labelled as security threats (McMullin, 2013). The ability to understand suffering and link personal experiences of violence to the state's political legitimacy, social justice, and international relations has likely played a bigger role in the growth of PTSD awareness than the clinical aspects of the disorder itself. This perspective highlights how societal and political contexts shape our understanding of trauma (Breslau, 2004). For these soldiers, seeking psychological help should have been normalised as necessary, where the ego is strengthened through the support of mental health professionals.

By reframing this process within socio-cultural and socio-historical treatment interventions, the soldiers could have been empowered to confront their trauma and integrate their fragmented selves rather than being condemned to a life of silent suffering. This perpetuates soldiers' fear and shame of being perceived as mentally ill and weak, thus contributing to their continuous CPTSD symptomatology.

It appeared that even those in senior positions avoided enlisting psychological support for their members because they feared being perceived as inadequate, weak, and unable to manage their subordinates. Captain 7 noted: "When the problems started, no one cared, and no one invited a psychologist to come from the beginning; they always want to hide things and look like they are

coping with the members, but they are not—that’s the problem”. Participant 5 poignantly explained this from the members’ experience: “That is why you find that with management, it shows weaknesses; they exploit those weaknesses too much, and that makes discipline deteriorate in some other people”. This behavioural modelling seemed to perpetuate a cycle of a system with members who functioned at an impaired psychological level, secondary to undiagnosed CPTSD. Evidently, this reinforced a perception that psychological distress is a weakness that would not go unpunished. Soldiers, in turn, punished themselves for being psychologically distressed. Staff Sergeant 8 explained: “It is hard to talk about because in this uniform you must be this tough person, but inside you know it is like a graveyard, I can say. We don’t talk about it—all of us”.

These soldiers had no choice but to find strength in silently and collectively carrying this perceived weakness, namely, the traumatic combat exposure from former forces and the SANDF. In essence, they unconsciously supported each other in a system that fails to understand the minds and experiences of this important unsung capability in the history and ongoing diplomacy of our struggling democratic state. This book enhances our understanding of Black SANDF members’ thoughts and feelings regarding their experiences of traumatisation and secondary long-term undiagnosed CPTSD from an object-relations perspective.

The invisible wound of combat bleeding from the armed struggle into the national force

Through phenomenological interpretative analysis, it emerged that Black SANDF members from former forces carried unresolved PTSD from combat exposure into the newly formed SANDF. This aligns with Tal (1996), who noted that traumatised conscripts have carried their psychic wounds into the new South Africa, much like Black integrated soldiers have carried theirs from the armed struggle into the SANDF. Similar to the participants in the study on which this book is based, Mashike and Makalobe (2003) indicate that South African former combatants’ self-reported

symptoms are akin to those described for the diagnosis of PTSD. According to Abrahams (2006), combat experience has also left many soldiers emotionally distressed, which has been further compounded by their frustration at not being understood by their families, communities, and society at large. They are also burdened by the stigma of having fought for the struggle, yet having nothing to show for it (Shapiro, 2012), evidenced in the book regarding promotion in rank. Psychic defenses against this trauma shaped the interviewed soldiers' experience of the SANDF as an organisation.

Black SANDF members present with undiagnosed CPTSD symptoms from previous and current military service operations, which continue to affect their character as well as their relational, familial, physical, occupational, and social adaptive capacities spanning many years. It is important to note that Black SANDF members presented their trauma as not driven by anger (appetitive aggression) but by suffering, with emphasis on 'fellow suffering' as they see the pain in others and how others also attempt to defend against it. Unresolved psychological trauma endured during past and current military service has led to psychological disintegration, as manifested in the interviewed soldiers' undiagnosed CPTSD symptomatology (Sibanda, 2020). This is supported by an international study by LeardMann et al. (2009), which showed that as these individuals continue to be deployed, diminished mental or physical health status before combat deployment is strongly correlated with an increased risk of new-onset PTSD symptoms after deployment. Within the SANDF, the psychic defenses rigidly employed in an attempt to alleviate psychological distress perpetuated a core pattern of suffering that rendered members' ego, self, and self-object relations fragmentary.

According to Sibanda (2020) in order to survive with undiagnosed PTSD and CPTSD symptomatology for as long as they had, their primitive defenses were to undermine a cohesive self and to undermine a psychological shift towards healing. They had relinquished introjected bad objects, resulting in the arrest of psychological development and impairment of psychic organisational structures.

Findings also demonstrate a holding onto psychic defenses by Black members of the SANDF, as manifested in fixed ideological and psychological alignment to former force structures, wherein their ego identity seemed to lie. Furthermore, an internal conflict exists in holding on to their psychic trauma, as though healing would mean erasure of their identity, which had been entwined with their experiences of combat exposure (Sibanda, 2020). This indicates that therapeutic treatments for traumatised Black soldiers will be effective only to the extent that their moral and spiritual conflicts are addressed on their own terms and not merely as symptoms of a psychiatric condition (Brooke, 2017). The members' pain centred around loss of self: physically, psychologically, and in relation to self and self-objects, both internally and externally. The members' perception of who they were and who they wanted to be was discordant, as their cumulative military-related traumatic experiences had not been integrated into their psyche. This may explain why former force members were unable to integrate psychologically into the SANDF, as well as into their families and society (Sibanda, 2020).

In Doherty's (2015) examination of memoirs from conscripts of the South African Border War, one conscript poignantly stated that war trauma remains an unrecognised, cancerous growth in the heart of South African society that threatens to undermine every effort to solve the country's problems. This resonates with the collective social suffering in our country to date, as reflected in the psychological state of these soldiers. Therefore, their CPTSD remains undiagnosed because it is a politically charged diagnosis that questions the integrity of our democracy as it is built on failing DDR compromises. Based on the findings of Sibanda (2020), the SANDF has been internalised as a persecutory and traumatising object, which suggests a displacement of underlying feelings of abandonment and depression by former force structures from the process of demobilisation of statutory and non-statutory armed forces. These pathological self-object dynamics compounded the extent of vulnerability and symptomatology from exposure to combat trauma among Black SANDF members who fought in the liberation movement. The anecdotal evidence of the role of psychology in

the SADF indicates that trauma was given minimal recognition by the military authorities at the time.

Mental health professionals had an ambivalent status in the army at the best of times, as psychological problems were dealt with as disciplinary offences (Doherty, 2015). This remains evident within the current SANDF. At the time of the interviews, participants presented with active symptoms of CPTSD and resorted to self-destructive behaviours to cope. Part of the distress in their clinical presentation included impairment in their relational patterns, exiling them to suffer silently in physical and emotional isolation. They felt ashamed and persecuted themselves for what they perceived to be a weakness in having developed CPTSD (Sibanda, 2020), not understanding that this is a normal defence mechanism of the psyche that requires integrative psychic restoration. This is exacerbated by cultural norms forcing men to endure trauma and strive to gain mastery over its effects to claim the status of 'manhood' (Goldstein, 2003).

This is especially true for former non-statutory forces, considering how the apartheid regime undermined Black manhood in its attempts to repress armed resistance. Unique to the findings presented in this book is that, after demobilisation, these Black SANDF members have had to psychically mobilise to defensively repress their plight from traumatising, hiding it from others and, for the most part, from themselves. This has trapped them in the trenches of continuous combat-related traumatising as their core pattern of psychic suffering. In sum, the presentation of mood, behavioural, physical, cognitive, and functional disturbances among Black SANDF members is a manifestation of underlying symptoms of untreated CPTSD, secondary to combat trauma. Furthermore, the perceived functional impairments among them are inherent conscious and unconscious psychological and behavioural defenses for coping with long-term post-traumatic psychological wounds, to which the SANDF and psychological healthcare practitioners were perceived to be misattuned (Sibanda, 2020). This is despite the development of protocols for psychological debriefing by the SADF in the 1980s, the implementation of which was not particularly

thorough (Dohert, 2015), and the enduring symptomatology of these soldiers remains misattuned to this day.

These serving members have demonstrated remarkable resilience by successfully masking the morbidity and severity of their undiagnosed CPTSD symptoms. They do this not only to protect themselves from being psychically overwhelmed and politically ostracised but also to avoid being perceived as psychologically unfit or as having lost control of their minds due to past and ongoing traumatic combat exposure. As we conclude this chapter, it is important to acknowledge the value of the study that underpins this book and to consider the following recommendations for practice, policy, and future research.

Summary of key insights

According to a phenomenological enquiry conducted by Sibanda (2020), this study was impactful in uncovering the nuances of experiences in the dynamics of both collective and individual traumatisation among Black SANDF soldiers. The primary value of this research lies in exploring what trauma means to these SANDF members, as well as its lived symptoms among them. The study showed how the participants' past traumatic experiences of combat exposure were reactivated by continuous traumatic experiences, which explained the chronic nature of their undiagnosed CPTSD.

Psychologists in the SANDF may learn that symptoms of untreated combat PTSD remain active and may span many years, impairing overall functional capacity. Furthermore, the research also explored conscious and unconscious maladaptive psychic defenses employed to defend against the psychic distress caused by long-term CPTSD among Black SANDF members. Focusing on the manifestation of traumatisation in lived symptoms of PTSD from the participants' experiential reality is valuable for understanding the complexity of PTSD secondary to combat exposure. This may facilitate the diagnosis and treatment of CPTSD in the SANDF context. This study presents a psychoanalytic understanding of trauma to the psyche and, accordingly, PTSD from an object relations perspective. This facilitated an

understanding of how the participants experienced and related to their internal and external worlds from a traumatised psyche and, thus, a disintegrated ego and self.

The psychoanalytic lens views PTSD as both an unconscious and conscious manifestation of psychic disintegration due to the failure to integrate traumatic combat experiences into the psyche. This perspective contrasts with a pathologising medical lens, assisting in explaining why these soldiers could not psychologically integrate into their families, society, and the SANDF. Object relations theory was valuable in understanding these members' self-object relations, which dictated the course of their unresolved trauma. Being aware of the self-destructive defenses employed due to introjected bad objects afforded an understanding of the emotional, somatic, mood, relational, behavioural, and occupational disturbances observed as manifestations of undiagnosed CPTSD. Furthermore, internal defensive dynamics against trauma to the psyche influence intrapersonal and interpersonal interactions, resulting in conflictual core relational patterns and, hence, disintegration in the character of the self and the SANDF soldier. The findings from this study are beneficial in guiding military mental health practitioners to establish socio-culturally and socio-historically reflective psychological treatment programmes for members with undiagnosed CPTSD secondary to enduring traumatisation. These could be incorporated into the SANDF's psychological wellness programmes and as part of comprehensive health assessment diagnostic and intervention tools.

The findings can also contribute to psychotherapeutic models focused on integrative meaning-making of the pain and suffering of soldiers experiencing CPTSD. Furthermore, these therapeutic models could enable internal regulatory capacities that facilitate a process that can help integrate soldiers psychologically and promote the activities of the national defence force. Finally, intensive proactive psychological programmes can be developed after training mental health care practitioners to understand how enduring unconscious defensive core conflicts from traumatisation underlie impairments in SANDF members' psychological, physical, behavioural, and occupational

presentations. These targeted comprehensive efforts could inform policy on the sustained wellbeing and combat readiness of soldiers before and after deployments.

This study focused on integrated SANDF serving members' experiences of long-term undiagnosed PTSD and the impairing effects on their psychological, relational, and functional capacity from an object relations theoretical framework. Thus, several recommendations for further research can be offered.

It is recommended that future research examine the families, spouses, and children affected by the soldiers' CPTSD regarding possible secondary traumatisation. It is also recommended that quantitative studies on the prevalence of CPTSD in the SANDF and in programme evaluation studies for therapeutic interventions be conducted. In addition, it is recommended that future research examine the resilience and possible psychological resources of SANDF members living with untreated CPTSD and how these could be strengthened. This could be conducted from positive psychology and African psychology perspectives, focusing on their healthy and culturally rooted psychological parts to develop interventions that meaningfully strengthen their resilience. Finally, with reference to military service, research could be conducted on African perspectives on PTSD in relation to how the symptomatic expression of traumatic stress can be understood and managed culturally.

Dear Reader,

As I sit here, the weight of my experiences as a female soldier weighs heavily on my heart. The shadows of combat have left an indelible mark that I carry with me every day. When the trauma first struck, I tried to push it down, to bury it deep within. "You just have the stress after these happenings and you live with it", I told myself: "but I cannot go to 1 Military Hospital Psych Ward and start taking medication".

The fear of being deemed unfit, of losing my chance at deployment and promotion, was too great to risk. But the stress, the trauma, refused to stay buried. It would

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resurface, overwhelming me until I could barely function. I couldn't handle a weapon; all the blood from the past would appear before me, and I would think I might hurt someone or myself. The fear never left me, and I found myself avoiding the very weapon meant to keep me alive, terrified of what I might do.

As a single mother, my children were my reason for living, my drive to keep going. I panicked because I didn't want their lives to become like mine, where they had no parents and had lost all enjoyment in living, merely surviving for the sake of being alive. I carried the weight of my own trauma, not wanting to burden them with it, too. There was no time to heal; a person was young at the time. And as a woman, the added threat of sexual violence was my reality, a constant fear that I had to protect myself against.

What's more, the integration process was a betrayal, a stripping away of the little solace I had found in the comradeship of our armed struggle. The leaders we were following at the time betrayed us by handing us over to this so-called (re)integration. Now, I find myself a mere shadow of who I once was. I live only to work for my children.

I am not the kind of person who likes to have a lot of friends; I am a single mother, and I don't know if I can trust the people I meet, which is why I prefer to be alone. The soldier's heart within me has walled off my feminine heart, leaving me isolated and afraid. But I am not alone.

My fellow soldiers, the unsung heroes of our nation's history have also carried this burden in silence for far too long. It is time to break that silence, to end the shame, and to finally find belonging in the integrated national force. May our stories be heard, our sacrifices remembered, and our wounds begin to bleed so they can heal. Only then can we truly rebuild a military force that is not just strong, but whole – in body, mind, and spirit.

Kanene

Otherwise, our collective loss as a nation would have been
in vain.

Yours in resilience,
female private,
Participant 9

Closing reflections

International implications and positioning

The ANC's strategic use of history has had far-reaching international ramifications, shaping the global narrative around South Africa's anti-apartheid struggle and its transition to the post-apartheid era. As the governing party since the end of apartheid, the ANC has skilfully leveraged its historical legacy to construct and maintain its reputation, creating one of the most captivating political narratives of our time (Irwin, 2012).

The fight against apartheid involved not only local activism but also the cultivation of relationships with international media and public figures who possessed "celebrity capital" (Bethlehem & Zalmanovich, 2020). This underscores the importance of prominence and the media's influence in shaping global perceptions and responses to the apartheid state. South Africa's liberation movements employed the internationalisation of opposition to apartheid, fostering solidarity and worldwide alliances that aided in the fight against the oppressive regime. The lessons from this struggle continue to resonate with movements calling for human rights and racial equality worldwide.

The anti-apartheid campaign and the subsequent peaceful negotiated transition to a post-apartheid era have provided vital insights for addressing complex socio-political challenges on a global scale. The transition to a post-apartheid era has been a complex and challenging process, offering valuable reflections on the difficulties post-conflict countries face regarding reconciliation, governance, and institutional development. The legacy of the armed struggle and the efforts to conserve and disseminate the historical narrative associated with the anti-apartheid movement continue to be a source of both global admiration (Thomas, 2021) and local resentment, as seen in the politico-military traumatising of integrated Black soldiers.

South Africa's transformation from violent resistance to active participation in United Nations peacekeeping missions reflects its commitment to global peace and stability (Visagie et al., 2022).

This transition has been commendable, though not without its challenges, as evidenced by the recent incident in the DRC where one SANDF soldier was killed and 22 were wounded in a confrontation with the M23 Revolutionary movement. This raises questions about the psychological and political implications of South Africa's externalised defence posture and its impact on the domestic landscape.

Also, South Africa's administration has recently taken on an internationally vilified role in the case of genocide, opening a case against Israel and its continued bombardment of Palestine. This case was brought to the International Court of Justice, resulting in a historic victory on 26 January 2024. This decision has further solidified South Africa's commitment to international justice and human rights.

The world continues to closely follow South Africa, particularly in the wake of the historic 29 May 2024 election results. The emergence of the uMkhonto weSizwe (MK) Party, a splinter revolutionary political party from the ANC, has significantly altered the political landscape in South Africa, costing the ANC a majority win since the first democratic elections in 1994. The MK Party's rapid rise and its resonance with the psychologically, politically, and socio-economically exiled segments of the population have raised concerns about the sustainability of South Africa's democracy. The exclusion of the MK Party from the Government of National Unity and its refusal to join hands with the White-led Democratic Alliance in the name of national unity have further exacerbated the political tensions within the ANC, with some agreeing with the MK Party that to join the Democratic Alliance is counter-revolutionary. I dare say the current political psychology of the Government of National Unity mirrors the SANDF. That said, the Government of National Unity has the potential for nation-building, but what about

international relations such as those of BRICS¹? For instance, as these align with the ANC-led administration, would they align with the other parties' political philosophies to remain part of this international organisation? Only time will tell.

In closing, South Africa's anti-apartheid struggle and its transition to the post-apartheid era have had profound international implications, shaping global narratives and providing valuable lessons for post-conflict countries worldwide. As the country navigates the complexities of its political landscape, it is crucial to reflect on the lessons of the past and strive for true reconciliation, both psychologically and politically, to ensure sustainable transformative development and a unified national defence force.

The Government of National Unity, in the form of the seventh administration, if not in the service of international investment preferences, could have facilitated a change in South Africa's political landscape over 30 years of democracy that may have led to a national negotiation for true healing and integration. This could have provided a second chance for political will towards genuine psychological and national demobilisation, with hopes that it would extend to a truly integrated national defence force—a true spear of the nation.

1 BRICS refers to a number of emerging market countries—Brazil, Russia, India, China, and South Africa (with a growing list of countries joining the bloc)—that seek to establish ties between member nations and cooperate on economic expansion, including trade.

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The Black SANDF soldiers' experiences are unique, shaped by the armed struggle, long and repeated deployments, constant threats, and repeated exposure to the horrors of battle. Traumatized Black SANDF members' journeys reveal the profound impacts of combat trauma, often echoing the symptoms of CPTSD, characterised by an ongoing sense of danger and a fractured sense of self. The interpretation of these soldiers' lived realities interconnects, creating an intricate pattern of grief and resilience stitched into the camouflage fabric of their military and psychological reality. In the crucible of their pain, they find solace in shared silence, their sacred cries resounding through history's corridors. We witness their raw truths as we navigate the shadows of their combat experiences. The legacy of fallen and surviving soldiers, etched in blood and sacrifice, honours the unyielding spirit of the human soul dedicated to the nation's greater good.

These lived stories privilege us with an honoured glimpse into the psyche of serving force members haunted by our past and continuous military engagements. These soldiers' stories forge a collective narrative of resilience, highlighting their enduring spirit in the face of trauma and adversity within an integrated SANDF.

Kanene, armed with these soldiers' self-insights, emerges as the guiding light, navigating through the dark psychological recesses of lived trauma to bring hope and healing to those who have served and continue to serve their country.

