

**TOWARDS THE DEVELOPMENT OF AN INDIGENOUS PSYCHOLOGICAL TRAUMA
MODEL FOR WAR VETERANS IN ZIMBABWE**

by

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THESIS

Submitted in fulfilment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

in

PSYCHOLOGY

in the

**FACULTY OF HUMANITIES
(School of Social Sciences)**

at the

UNIVERSITY OF LIMPOPO

SUPERVISOR: Prof T Sodi

2016

DEDICATION

This thesis is dedicated to my husband Solomon to whom I am deeply indebted for his inspiration, patience and love.

DECLARATION

I declare that the thesis hereby submitted to the University of Limpopo, for the degree of Doctor of Philosophy in Psychology has not previously been submitted by me for a degree at this or any other university; that it is my work in design and in execution, and that all material contained herein has been duly acknowledged.

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Full names

Date

ACKNOWLEDGEMENTS

I am indebted to my supervisor Professor T. Sodi for his dedicated mentorship throughout my studies.

I also want to thank my husband Solomon for the unwavering support throughout my studies. I am humbled by your understanding, inspiration and love. Thank you for giving me the wings to fly.

To my children Nyasha, Panashe, Vongai and Tinashe, you were my inspiration and motivation throughout the period of study.

To my parents Mr and Mrs Chimedza, thank you for the love and sacrifice that has seen me go this far.

I am also grateful to the war veterans for sacrificing their time to share experiences and my friends too many to mention by name for spiritual support.

Last but not least I would like to thank Mr Maunganidze and Prof Mudhovozi for the support they gave me.

ABSTRACT

Literature has shown that war has negative psychological consequences and long-term effects on war veterans that can be passed on from generation to generation. Little is known about Zimbabwe war veterans' conceptualisation of trauma. The study was aimed at developing a culturally appropriate psychological model for Zimbabwean war veterans. The research objectives were; 1) To explore the Zimbabwean war veterans' conceptualisation of complex trauma. 2) To establish how Zimbabwean war veterans cope with complex trauma in their lives. 3) To develop a culturally relevant psychological trauma model for war veterans in Zimbabwe.

The study was qualitative and the phenomenological research approach was adopted. The research was informed by the Afrocentric paradigm. Criterion sampling was used to select twenty-six participants. Sixteen individual interviews and two focus group discussions were conducted. Data were analysed using thematic content analysis.

The research revealed five major themes covering the experiences of complex trauma among war veterans in Zimbabwe. These themes are social, economic, spiritual, political and personal trauma. Research findings also identified cultural notions of trauma. The participants had their own way of conceptualising trauma in their local language. The following broad themes that described the participants' coping strategies were identified; appraisal coping, social coping, problem focused coping, emotion focused coping and spiritual coping. Their coping strategies were informed by their culture, experiences and social context. From these themes a cultural model of trauma was developed. The model is unique as it acknowledges the importance of the cultural context in the conceptualisation of trauma and the need to be knowledgeable about local constructs, meanings and languages that inform world views. The model validates propositions by the Afrocentric paradigm that trauma in African contexts is multifaceted.

The study recommends the need to be culturally sensitive to understand an individual's behaviour, explanations of distress, symptom presentation and coping strategies. The study recommends a holistic and contextual approach when intervening among war veterans in Zimbabwe.

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List of abbreviations and acronyms

CDE	Comrade
DESNOS	Disorders of Extreme Stress Not Otherwise Specified
DSM 5	Diagnostic and Statistical Manual of Mental Disorders, 5th Edition
ESAP	Economic and Structural Adjustment Program
FDG	Focus group discussion
GNU	Government of National Unity
GPA	Global Political Agreement
LEC	Life Events Checklist
MDC	Movement for Democratic Change
ONHRI	Organ on National Healing, Reconciliation and Integration
PTSD	Post Traumatic Stress Disorder
SADC	Southern African Development Community
SRQ-20	Self-Regulating Questionnaire
ZANLA	Zimbabwe African National Liberation Army
ZANU	Zimbabwe African National Union
ZANU-PF	Zimbabwe African National Union – Patriotic Front
ZIPRA	Zimbabwe People’s Revolutionary Army
ZNA	Zimbabwe National Army
ZNLWA	Zimbabwe National Liberation War Veterans Association
ZAPU	Zimbabwe African People's Union

CHAPTER I

INTRODUCTION AND BACKGROUND

1.1 Introduction

The purpose of this study was to investigate the conceptualisation of complex trauma among war veterans in Zimbabwe. The study focused on the war veterans' experiences, expressions and understanding of complex trauma. Coping strategies used by war veterans in the face of trauma were also explored. A trauma model on the war veterans' experiences was developed. Chapter 1 mainly looks at the study background, the problem statement, research questions and significance of the study. It has been more than thirty-five years after the war of liberation in Zimbabwe and war veterans have continued to face a number of traumatic events.

1.2 Background

Historically, Zimbabweans have experienced epochs that were characterised by armed conflict, torture and detention. After independence (between 1982 and 1987) there were politically motivated ethnic clashes between the *Shona* and the *Ndebele*, and these were known by the name *Gukurahundi* (Barnabas, 2009; Ndlovu, 2010), loosely translated to mean the early rains which wash away the chaff before the spring rains. The Economic and Structural Adjustment Program (ESAP) of the early 1990s saw the untimely retrenchment of thousands of workers and most of them migrated to rural areas with no meaningful sources of income (CCJP & LRF, 1997). The economic meltdown of the late 1990s culminated in abject poverty for most ordinary Zimbabweans (Masaka, 2011).

The land redistribution program in 2000 also led to suffering as war veterans haphazardly grabbed land, more especially from the white farmers (Reeler, 2012). Some whites were killed, most farm workers were displaced, and few who remained were not decently remunerated as the new property owners did not have the capacity to pay for their upkeep. Forced relocations as a result of government programs such as Operation

Restore order (Operation *Murambatsvina*) in 2005 led to negative mental health consequences for thousands of people (Ndlovu, 2010).

In 2013 the poverty datum line in Zimbabwe was at US\$595 and the lowest paid government worker was earning less than US\$200 per month (Nhodo, Maunganidze, Gukurume, Nyamubarwa & Marimba, 2013). In July 2015 an average person in Zimbabwe lived on \$1.01 per day (ZIMSTAT, 2015). However, the expected consumption for one person was at \$99 meaning that to survive one person needed \$3.19 per day (ZIMSTAT, 2015). World food program (2015) estimated that 72% of Zimbabweans live below the national poverty lines and the statistics are higher for the rural populace. The World Bank defines extreme poverty as living on less than \$1.25 (World Bank, 2015). Therefore, most people in Zimbabwe are living in poverty (UNICEF, 2011; Nhodo, et al., 2013). Patel and Kleinman (2003) observed that factors that have a bearing on psychological illness in Zimbabwe include absolute poverty, limited public health services, widespread civil unrest, and social inequality. These socio-structural factors can interact with psychological factors to result in distress (DeLoach & Petersen, 2010).

The SRQ-20 (Self-Regulating Questionnaire), a standardised questionnaire used for psychiatric screening was administered to war veterans in Zimbabwe. Results of the study showed that 73% of war veterans had symptoms of a mental disorder (Amani Trust, 1996). Reeler, Mbape, MatShona, Mhetura and Hlatswayo, (2001) analysed the prevalence and nature of psychological disorders due to trauma among survivors of the liberation war in MaShonaland Central Province in Zimbabwe. The study showed that 10% of the adults over the age of 30 reported torture and were suffering from a clinically significant psychological disorder. Higher rates of trauma and its sequel were obtained in studies on the disturbances in Matebeleland and Midlands between 1982 and 1987 (Amani Trust, 1998). Here it was noted that more than 80% of the sample reported trauma, and the prevalence rate for consequent psychological disorders was 58% of all adults over 18 years.

At independence, no efforts were made to bring perpetrators from both warring functions to dialogue or make people accountable for their crimes. Some highly ranked officers from the Rhodesian military were incorporated into the Zimbabwean army (Tony & Liisa, 2003). War veterans were helpless, their abusers were not charged, however, some got high posts in Government. Robert Mugabe the then Prime Minister of Zimbabwe called for people to forgive, forget and start afresh. Impunity was extended to those who had committed crimes. It was envisaged that searching for the truth would reopen old wounds and thus had a negative impact on reconciliation (Tony & Liisa, 2003). Research has shown that improper handling of the war veterans` needs after the war may threaten peace and stability as discontented soldiers may pose as a security threat in future (Liebenberg & Roefs, 2001). Manyame-Takaruzza (2011) observed that twenty-three years after the struggle, women in Zimbabwe were deeply traumatised and exhibited symptoms of psychological distress. This was attributed to the fact that the women had been exposed to additional social, political and economic stressors.

Efforts have been made to address psychological trauma among people in Zimbabwe for example the establishment of the Organ on National Healing, Reconciliation and Integration (ONHRI) in 2009 by the Government of National Unity (GNU). The Southern African Development Community (SADC) facilitated the formation of GNU when the general elections that were held in Zimbabwe in 2008 failed to establish a legitimate government (CRS report for congress, 2008). The GNU was comprised of ZANU PF and the two MDC formations (Machakanja, 2010). The parties comprising the GNU signed the Global Political Agreement (GPA), which was an agreement between the parties on resolving the challenges facing the country.

As stipulated in the GPA (Article VII) the mandate of the ONHRI to advise the GNU on a 'national healing' process. Under this Article the Parties agreed that the new Government:

- i). will ensure equal treatment of all regardless of gender, race, ethnicity, place of origin;
- ii). will work towards equal access to development for all;
- iii). shall give consideration to the setting up of a mechanism to properly advise on what measures might be necessary

and practicable to achieve national healing, cohesion and unity in respect of victims of pre and post-independence political conflicts; and, iv). will strive to create an environment of tolerance and respect among Zimbabweans, and that all citizens are treated with dignity and decency irrespective of age, gender, race, ethnicity, place of origin or political affiliation (Global Political Agreement, 2008, p. 7).

ONHRI has been criticised for failing to deliver on its mandate of trauma healing. Machakanja (2010) observed that one reason why the organ has failed was that Article VII reveals ambiguity and vagueness in addressing critical human rights issues of equality, national healing, cohesion, and unity. The article frames Human rights provisions in general terms, which mask fundamental details of transitional justice in the post-independence period. The Article was also not clear on the steps that needed to be taken and time period for when the mechanisms and processes of transitional national healing should start or provide an exit strategy to the process. According to Mbire (2011), the above issues should have been clearly addressed since the GPA was a transitional or short term, twenty-four month, power-sharing agreement and not a comprehensive Peace Agreement (Mbire, 2011).

Another criticism of Article VII-1(c), of the ONHRI was that it focused on national healing, cohesion and unity but lacked clarity as it conflated conflicts from different historical periods that is, pre and post-independence (Machakanja, 2010). The problem with this is that approaches to healing for the two periods cannot be the same and if conflated together in this way, national healing would become overwhelming, and would take decades (Machakanja, 2010). Article VII was been criticised on its focus on the nation and not individuals. It was designed to respond to socio-political issues at a macro or national level (Mbire, 2011).

In Zimbabwe, not much has been so far since the inception of ONHRI to consider the plight of war veterans. Even the ministry of war veterans that was set up in Zimbabwe in December 2014 to look into the welfare of war veterans has not made initiatives to

address the psychological needs of war veterans in the country. Famula (2007) argues that traumatic events may leave an imprint on everyone, on the 'group mind', on thinking patterns and memory. Furthermore, trauma changes the lives of individuals, their families and their communities in fundamental ways, and it transforms society (Liam, 2013). According to Levine (2014) trauma experience may be passed on into the collective memory to be recounted in stories, narratives and folklore, songs, poetry and dramas to influence future generations.

In the Zimbabwean context, little is known about war veterans` conceptualisation of trauma, that is, their experiences, expressions, and understandings of complex trauma. There are no studies in the country that seek to understand the veterans` social and collective representations of traumatic experiences. This study therefore explores the issues of trauma and trauma healing in Zimbabwe from the perspective of the war veterans. The current study may contribute to new ways of understanding war trauma and the experiences thereafter.

1.3 Research problem

As a result of the several episodes of war and the associated economic hardships and resultant poverty, it can therefore be suggested that many Zimbabweans have gone through a number of traumatic events (Choto, 2012). Reeler (2012) noted that Zimbabwe conforms to the kind of situation termed complex emergency in view of the economic collapse, the collapse of all supportive services (health and social welfare), severe food shortages and high levels of violence. The country resembles a country at war, but in the absence of the obvious features of war (Reeler, 2012). According to Courtois (2008) these experiences are better described as complex trauma, a type of trauma that occurs repeatedly and cumulatively, usually over a period of time and within specific relationships and contexts.

There were no formal programs in the country to help war veterans in their reintegration into civilian life as well as psychosocial support in coping with traumatic experiences (Tony & Liisa, 2003). Due to ignorance of the war veterans` needs, many of them faced a number of challenges. After the war communities were ill prepared to assimilate the war veterans leading to rejection and alienation of war veterans (Nyathi, 2012). By 1990, ten years after the war, about 25,000 ex-combatants were not employed (ZNLWVA, 1996).

Nyathi (2012) and Kriger (2003) distinguish between problems that war veterans in Zimbabwe face (e.g. poverty, unemployment and failure to fit into the community) and others that they are drawn into by the state (e.g. engaging in violence to consolidate state power). Regrettably, there has been a dearth of studies that focused on the problems faced by war veterans in Zimbabwe with most studies aimed at politicising war veterans` issues or to discredit the government. Researchers have observed that war veterans are perpetrators of violence committing gross crimes including murder, torture, violence and property distraction with impunity (Choto, 2012; Dzinesa, 2010; Mupinda & Reeler, 1996).

Land invasions led by war veterans began in late February 2000 and affected about one-third of the white commercial farms by June of the same year. ZANU PF leaders and the veterans claimed they were fighting a Third *Chimurenga* (liberation war) to consolidate and defend the gains of the war of liberation (Kriger, 2003). In the campaign for the parliamentary election between February and June 2000, ZANU (PF) and the veterans were believed to have colluded in an organised campaign of violence and intimidation in the rural areas against all suspected MDC supporters (Kriger, 2003).

It is from this basis that the researcher sought to explore the experiences of war trauma and other traumas (complex trauma) among a group of Zimbabwean war veterans. The aim was to come up with a trauma model that is appropriate for war veterans and Zimbabwean people in general. The study was anchored on the assumption that meanings attached to experiences are based on people`s interpretation of events, and

thus may not be the same from one individual to the next. Furthermore, the subjective meanings attached to experiences were found to be central to healing in traumatic experiences (Uehara, Farris, Morreli & Ishisaka, 2001).

1.4 Purpose of the study

1.4.1 Aim of the study

The aim of the study was to develop an indigenous psychological trauma model for war veterans in Zimbabwe.

1.4.2 Research objectives

The study objectives were

- To explore the Zimbabwean war veterans' conceptualisation of complex trauma.
- To establish how Zimbabwean war veterans cope with complex trauma in their lives.
- To develop a culturally relevant psychological trauma model for war veterans in Zimbabwe.

1.4.3 Research questions

In this study, the following research questions formed the basis of enquiry:

- What are the Zimbabwean war veterans' conceptualisation of complex trauma?
- How do Zimbabwean war veterans cope with complex trauma in their lives?
- What culturally relevant trauma model can be developed and utilized to explain the experiences of Zimbabwean war veterans?

1.5 Rationale for the present study

The international trauma field has given increased attention to indigenous approaches to healing (Fonda, 2011). Commemorations and traditional ceremonies have been used in trauma healing in Africa (Asau & Omomo, 2012; Emnoff, 2002; Friedson, 1996). While these can have a healing effect, they may also serve as psychological triggers of grief and trauma (Levers, Kamanzi, Mukamana & Pells, 2006). In Zimbabwe, exhumations of

bodies buried in mass graves during the war have been done, but this largely ignored issues of trauma among the local people (Reeler, 2012). Individualistic approaches in African communities like those ones employed to address trauma caused by genocide in Rwanda only work if they are used in accord with community strategies as trauma can compromise societal bonds (Levers et al., 2006).

Studies suggest that unhealed historical trauma will continue to haunt people until it is holistically treated in terms of its physical, mental, emotional, and spiritual dimensions (Benabed, 2009). Less research has focused on the culturally relevant treatment and preventive methods to deal with trauma in the African communities (Battiste, 2004). In addition, there is a dearth of studies that consider populations exposed to traumatic events and continue to experience negative life events. The study therefore seeks to examine the experiences, understandings, expressions as well as coping strategies used by war veterans in Zimbabwe from the war period (1966-1979) to the present day.

1.6 Significance of Proposed Research

It is hoped that a study of this nature could:

- Help give a new dimension to the study of trauma, particularly in the African context. The study will illuminate on how continuous traumatic events affect individuals at both a personal and group level.
- Contribute towards the expansion of the existing body of knowledge on the psychological trauma theories that are used to explain trauma and trauma behaviour by developing a culturally appropriate trauma model.
- Add to the emerging field of African psychology, whilst broadening the Afrocentric research theory and methodology.
- Assist policy makers by developing and availing a culturally relevant trauma model that will help in the development of national programmes to deal with trauma.

1.7 Definition of concepts

- **Trauma:** This occurs when an event creates an unresolved impact on an organism (Levine, 1997). A traumatic event can be caused by many types of physical or emotional pain; even fear of death or a perceived pain can cause such a reaction. The definition of trauma has expanded to also include and acknowledge the recurring reactions to previous trauma that one may have experienced at an earlier age (Courtois, 2008). In the context of the present study, trauma is understood to mean the negative life events like poverty, political violence, and forced relocation among others that war veterans in Zimbabwe have encountered and the effects that these events have on individuals.
- **Complex trauma:** This is a type of trauma that occurs repeatedly and cumulatively over a period of time in specific relationships and contexts. It may be a result of trauma, especially severe childhood abuse and neglect, or it can also develop in adulthood from a variety of traumatic circumstances (Courtois, 2008). However, this study conceptualises complex trauma as repeated exposure to negative events among Zimbabwean war veterans. If a person has experienced at least six negative life events as given by the Life Events Checklist, the person can be said to have experienced complex trauma.
- **Collective traumatic experiences:** Entire cultures affected by a common traumatic event (collective trauma) develop a similar worldview - a collective consciousness –that determines how they heal from these traumas, and subsequently how they approach future conflicts. Traumatic events often generate future traumatic events because the collective consciousness of the traumatised population will have been transformed to incorporate trauma as natural behaviour (Famula, 2007). In the context of the present study, collective trauma experiences refer to the meanings that war veterans as a group give to their ongoing exposure to repetitive trauma, and how they have been transformed as a group because of such experiences.

- **Conceptualisation of trauma:** This encompasses three things namely: war veterans` experiences of trauma; their expressions of trauma and their cultural understanding.

1.8 Conclusion

The chapter has provided the background to the study, which covers issues to do with the economic turmoil and other social trauma that Zimbabweans have faced. The rates of psychopathology in the population as given by various studies were highlighted. The current study is significant for those who offer psychosocial support for war veterans in the country in particular the recently established Ministry of War Veterans. This chapter concluded by giving the definition of terms and the research questions.

CHAPTER 2

CONCEPTUALISATION OF TRAUMA

2.1 Introduction

This chapter presents the conceptualisation of trauma. It starts by identifying the different definitions of trauma with special reference to the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM 5). To a lesser extent the causes, symptoms and effects of trauma will be discussed. The shortfall of the western trauma model as applied in African settings will also be explained in detail drawing arguments from various authors. Issues to do with war and psychological trauma will be highlighted. Trauma in the African context will be the final subtopic in this chapter and focus will be on what can be defined as traumatic in the African context.

2.2 Definition of trauma

Fingley (1985) defines trauma in two ways. Firstly, he defines psychological trauma as an emotional state of discomfort and stress emanating from memories of an extraordinary catastrophic experience that shatters the survivor's sense of invulnerability to harm. Secondly, Fingley (1985) defines trauma behaviourally as a set of conscious and unconscious actions and behaviours associated with dealing with the stresses of a catastrophe and the period immediately afterwards. Fingley's requirement that events be catastrophic, extraordinary, and memorable to trigger a traumatic-stress reaction is consistent with the DSM-IV-TR's Post Traumatic Stress Disorder (PTSD) definition.

The DSM-5 version's description of PTSD is different from the previous versions (APA, 2014). However, it still acknowledges that PTSD is a chronic and disabling disorder that results from tragic events that happen to an individual. This is similar to the DSM –IV-TR definition (Weathers, Marx, Friedman, & Schnurr, 2014). "The most notable of these changes include (a) moving PTSD out of the anxiety disorders and into a new trauma- and stress or related disorders chapter, (b) eliminating Criterion A2 (The person's response to the event must involve intense fear, helplessness, or horror, or in children,

the response must involve disorganized or agitated behaviour), (c) splitting the avoidance and numbing cluster into two separate clusters labelled avoidance and negative alterations in cognition and mood, (d) adding three new symptoms and re-conceptualizing several others, (e) adding a dissociative subtype, and (f) creating separate criteria for preschool children. ... elaborating and tightening the concept of indirect exposure to trauma and emphasizing the functional link between symptoms and the traumatic event” (Weathers et al., p. 93).

According to Bessel, van der Kolk, & Courtois (2005) PTSD does not capture all the symptoms that are presented by a traumatised individual. People who are victims of long term and recurring trauma as well as domestic violence (complex PTSD) are not sufficiently represented by the PTSD framework (Cloitre et al., 2012; Van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005). The term "complex trauma" highlights the relationship between trauma, mental health problems and social problems (Wall, & Quadara, 2014). Researchers have observed that development of PTSD is contextual, it has a lot to do with the meaning ascribed to the event, its effect on social networks and relations and thus it is not an individual experience (Martin- Baro, 1990; Shalev, 2005). Trauma is not the event or the consequence but the effect on the individual.

2.3 Types of trauma

Collective trauma is when the whole community or a large group suffers the direct consequences of a traumatic event (Vertzberger, 1997). Collective trauma affects the way the community understands itself and the world. A culture’s myths and religious rituals may be revitalized to uphold collective memory. Some traumas are so disruptive that communities may not be rebuilt again (Suarez-Orozco & Robben, 2000). Thus, there is need to go beyond to the family, group, village, community and social levels to fully understand the experiences of the traumatised individual (Somasundaram, 2007). Individuals from collectivist cultures may find disintegration of relationships, failure to accomplish set roles or disharmony in group functioning to be challenging. They may have to deal with

additional stressors that may be unique to their socio-economic and demographic position in a country (Zaiontz & Sarkar, 2014).

Intergenerational trauma is trauma that is passed down behaviourally to the next generation. An individual who is always angry and acts angry all the time might make his/her children think that behaviour is normal and engage in that behaviour (Phillips, 1999). Pain and hurt as a result of traumatic encounters can be transferred to those who are close – that is the victims themselves, family and friends. With time, the experience of repeated traumatic stressors become normalized within a certain culture (Wesley-Esquimaux & Smolewski ,2004). Thus to some extent traumatic situations may produce long and enduring changes in adjustment and personality and may activate, worsen or lead to the resurfacing of previous traumatic events (Kinzie, 2007; Wesley-Esquimaux & Smolewski ,2004).

2.4 Symptoms of trauma

Posttraumatic symptoms may appear decades after the exposure to trauma (Kluft, Bloom & Kinzie, 2000). However, symptoms may decrease in intensity and there may be periods when no symptoms are presenting. Post-traumatic symptoms may be reactivated or perpetuated by triggers such as anniversaries of the traumatic events, other stressors and slight stimuli symbolic of the original trauma (Kluft et al., 2000). The PTSD framework however falls short of explaining problems that are as a result of trauma later in life like substance abuse, personality disorders, affective disorders, and somatoform disorders (Van der Kolk et al., 2005).

Traumatized individuals may show aggressive and violent tendencies. These may not be individual problems but a result of disintegration of social order and therefore a problem for the group (Janis, 1982; Vertzberger, 1997). These problems may become chronic and may be the preferred method for dealing with any kind of stress, even the stress of uncertainty or confusion (Bloom, 2006). Trauma may also lead to violence, gang behaviour, fighting, bullying, and many other forms of criminal activity. Addiction to trauma

(van der Kolk, Greenberg, Boyd & Krystal, 1985) may also result whereby people only feel calm when they are under stress while feeling fearful, irritable and hyper aroused when the stress is relieved, much like someone who is withdrawing from heroin. Stressors caused by exposure to one mass trauma event (e.g., fear, loss of employment, fewer community resources) may have a ripple effect and affect one's ability to manage future exposure to mass traumatic events (Hoffman & Kruczek, 2011; Davis, 2006).

2.5 Effects of trauma

There are direct and indirect effects of trauma. The direct effects of traumatic events such as mortality and injury are easy to identify (Hoffman & Kruczek, 2011). Indirect effects (for example chronic stress, ineffective coping, disintegration of social networks, feelings of injustice, and physical illness secondary to stress reactions) are ignored and difficult to assess (Parker, Barnett, Everly, & Links, 2006).

The meaning of any traumatic event is a complex interaction of the event and the individual's past, present, and expected future as well as biological and social contexts (Ursano, McCaughey & Fullerton, 1994). Ursano et al. (1994, p. 3) argue that "Traumatic events often have widespread and devastating impacts on health and national and community stability, even when only a few individuals are primary victims". Traumatic experiences shatter people's three basic assumptions about life, that is that: (1) the world is benevolent; (2) the world is meaningful and comprehensible; and (3) the person sees oneself as competent, decent, and worthy (Janoff-Bulman, 1989). Victims of trauma may assume the power of the perpetrator by inflicting pain on others. This behaviour brings excitement to the victim since it helps to do away with feelings of helplessness and it may become a habit (Real, 1997).

As given by the PTSD framework people who are traumatised may experience flashbacks that are a sudden disturbing re-experiencing of a piece of one of those traumatic and universalised memories. Emotions felt during a flashback are overwhelming and individuals may relieve the experience by having images, emotions, and physical

sensations associated with the trauma (Bloom, 1999). The memories remain “frozen in time” in the form of images, body sensations like smells, touch, tastes, pain, and strong emotions (Bloom, 1999). Traumatized people slowly may shut-off their normal functioning. They may diminish any emotional experience that could lead back to the traumatic memory, withdraw from relationships that could trigger off memories, hold back sensory and physical experiences that could remind them of the trauma and may avoid taking part in any situations that could lead to remembering the trauma (Bloom, 1999). Unknowingly they may re-enact the traumatic experience through their behaviour, and may feel that the new behaviour is normal and may not be motivated to change (Bloom, 1999).

Trauma may lead to self-hatred, aggressive behaviour against self and others, problems with intimacy, and impairment in the capacity to experience pleasure, satisfaction and ‘fun’ (Bessel & van der Kolk, 2001). These problems are part of a spectrum of trauma-related problems that occur as a function of the age at which the trauma occurred, the relationship between the victim and the agent responsible for the trauma, the duration of the traumatic experience(s) and the availability of social support (Bessel & van der Kolk, 2001).

2.6 Trauma in African societies

Some authors have argued that the PTSD diagnosis is a western approach and does not capture the dynamics of trauma as experienced by the African people as it focuses on a single traumatic event (Afana, Pedersen, Rønsbo & Kirmayer, 2010; Wessells & Monteiro, 2001). Afana et al. (2010, p. 75) observed that “Existing scales and questionnaires used to measure traumatic experiences are medically oriented, designed on the assumption that symptoms are pan cultural, prelinguistic entities and, on this basis, aim to diagnose problems against a normative backdrop of Western ways of experiencing and coping with stressful situations. Such scales pay limited attention to the importance of the learned social and cultural registers that mediate such experiences and mould the ways in which individuals respond to traumatic events meaningfully or otherwise”.

O'Shane (1993) argued that diagnoses such as PTSD do not capture the levels of ongoing chronic stress that African people experience in their everyday lives. He observed that sources of trauma in African societies may be multiple, repeated, and of high magnitude. The individual experiencing the stressor may fail to cope with the cumulative stressors, as most of these stressors are caused by people who live in close proximity (O'Shane, 1993). Nwoye (2013) further argues that there is therefore a need to explore how the presence of other people as well as ancestors activate stress responses. He noted that there are peculiar sources of stress in the African context that cannot be explained by western models.

Nordstrom (1997) observed that PTSD approach was developed out of attempts to understand the problems faced by the American soldiers who fought in Vietnam. It was developed as an instrument to deal with psychological distress in people who went from a situation of relative 'normality' into a traumatic experience (the war), and then returned to 'normality' - thus the prefix 'post'. However, trauma in African countries like Mozambique and Angola, is not 'post' (it's not over) but current and part of people's everyday life since the traumatic events are repetitive and chronic (Afana et al., 2010; Courtois, 2008; Nordstrom 1997). In countries with ongoing conflict past traumatic experiences influence how new traumas are experienced and there is uncertainty about the future and threat of continued violence (Afana et al., 2010). Individuals that face recurring traumatic circumstances are forced to live in conditions of deprivation, fear, hate, anger, and helplessness that leave permanent psychic and physical scars. Cultures, in these circumstances, may foster and sustain constant trauma presenting their members with inescapable pressures. Marsella (2010) refers to these cultures and societies as pathogenic.

The African belief system gives various causal reasons of trauma. The causes range from natural to the supernatural in the form witchcraft and '*mazhuluzhulu*' (panic reaction to frightening thought or event). Other causes include rape, road accidents, house or

business breaking, murder, domestic violence and ancestral spirits (Nevhuthalu & Mudhovozi, 2012). Courtois (2008) encouraged an understanding of trauma that includes all types of catastrophic events such as acute and chronic illness that require ongoing and intensive (and often painful) medical and psychological interventions. Courtois (2008) coined the term “complex trauma” to refer to the more complicated forms of trauma.

Zimbabwean history has at least four notable phases of traumatic events. Zimbabwe`s War Veterans have survived through these four phases. The first phase that can be noted as traumatic is the pre independence war period (Morapedi, 2012). This was when they were involved in the war of liberation against the then Rhodesian regime. Post-independence life between 1980-1998 marks yet another period of trauma that was characterised by ethnic political clashes, the failed Economic Structural Adjustment Program that left many people jobless (CCJP & LRF, 1997; Choto, 2012).

The third phase spanning from 1999-2008 saw the deterioration of the Zimbabwean economy. Consequently, most Zimbabweans could not afford basic commodities. In 2005, Zimbabwean government prompted the Operation to Restore Order when unplanned structures that people had built as lodgings at their premises were destroyed leading to loss of income and failure to secure decent accommodation for a number of people (CCJP & LRF, 1997). The last and fourth phase was the 2009-2015 era, which was marked by improvements in the economy. However, as the privileged few are enjoying the stability in the economy as a result of the dollarization of the economy the majority of people in Zimbabwe struggle to get basic necessities and are living under the poverty datum line (UNICEF, 2011; Nhodo, et al., 2013).

Trauma in African contexts therefore, covers vast experiences and is not confined to diagnostic constructs as it encompasses individual and community loss, local idioms of distress, existential factors, social and political meanings of violence. Cultural notions of trauma help to understand how people cope with stress, healing processes and conditions that may lead to the resurfacing of future violence. Trauma has social and

historical meaning and interpretation and has effects at both individual and community level (Afana et al., 2010; Hauff & Vaglum, 1994).

In many African communities, it is believed that all illnesses have causes that should be unravelled, removed or punished. In an African context, the macro system is regarded as the highest universe that consists of God, the ancestors and the spirits dead (Nevhotalu & Mudhovozi, 2012). God is seen as the creator and not human. Ancestors are said to take care of people from evil forces. Trauma is defined by an individual's socio-cultural background, both directly and indirectly, through the beliefs and attitudes one has acquired or internalised. Traumas resulting from the likes of death or severe injury in the war front may be seen as catastrophic by almost everyone. Other forms of trauma-inducing events may be open to cultural construction, making the reaction of individuals to traumatic experience be influenced by their society's view or norms around the event. Thus, personal meaning of traumatic experience for individuals is influenced by the social context in which it occurs (Nevhotalu & Mudhovozi, 2012).

Trauma may become a normal part of everyday life and a shared experience among individuals when individuals are exposed to continuous traumatic events (Johnson, Thompson, & Downs, 2009). Trauma can result even when there is no PTSD and not everyone exposed to traumatic events will develop PTSD (Afana, Dalgard, Hauff, Bjertness, & Grunfeld, 2003; Hauff & Vaglum, 1994; Yehuda & McFarlane, 1995). Edwards (2005) noted that when individuals from cultures not exposed to Western medical labelling are interviewed about their experiences of and responses to traumatising events, they do not typically provide an account of PTSD symptoms. Kohrt & Hruschka (2010) argue that there is need for research on local idioms and frames of understanding trauma. The Western ways of knowing and interpreting mental illness as involving the mind and body dualism contradicts African conceptualisations which view trauma as affecting the interaction and balance of the mind, emotions, spirit, and body and its interconnectedness (Adelson, 2005). African conceptions of illness are more likely to consider how factors outside the individual such as punishment by an angry spirit,

witches or ghost contribute to illness. Illness in these societies is therefore often perceived as 'culture-bound' because the explanations given for various illnesses are based on personal understandings of health and illness that reflect the symbolic structure of specific cultures and societies, as well as local histories, and environments (Kohrt & Hruschka, 2010).

The effects of trauma on the African people are shown by their continued suffering and disproportionate rates of many chronic and fatal health conditions such as HIV and AIDS, diabetes, and asthma (DeLoach & Petersen, 2010). A culture of violence and substance abuse may also emerge as a means of coping in traumatised societies (Musisi & Somasundaram, 2004). The individualized focus of the trauma approach cannot address problems faced by people in African societies. There is need therefore to broaden the horizon and focus on the structural violence, human rights violations, and systems of state oppression that produce many forms of trauma. Distrust and low social cohesion may also be triggered by a host of political, economic and social factors which are not addressed by the trauma approach (Wessells & Monteiro, 2001). There is therefore need to use a cultural lens to make sense of an individual's behaviour when they are faced with negative events (Ardino, 2014). Failure to recognise culturally relevant representations of mental illness and local idioms of distress may lead to "category fallacy" (Kleinman, 1977, Nichter, 1981). This is attributed to the considerable cultural variation in the 'idioms of distress' that govern the expression of emotional states depending on the overall context of cultural conditioning (Collins, 2004).

People from different nations express their reactions or "symptoms" within particular social and cultural contexts that are diverse from professional diagnostic standards and practice (Afana et al., 2010; Guarnaccia, Rivera, Franco & Neighbors, 1996). People explain psychological experiences and psychiatric symptoms using a socially based vocabulary, rather than a universal and biological one. In the non-Western world, psychological complaints are presented using certain metaphors that are culturally specific but have not been acknowledged by psychiatric categories (Engel, 1977). The

meaning of a particular symptom such as chest pain maybe quite different from one idiom of distress to another and may be understood in a specific cultural context in a completely different manner from how it might be understood as a cardiac symptom in the vocabulary of Western medicine. The fact that an Arab respondent in Western Sahara has endorsed the same symptom on a standard PTSD questionnaire as a U.S. respondent in West Los Angeles does necessarily imply that they have the same experience, that they interpret it in the same way, or that the symptom has the same diagnostic meaning (Afana, 2012).

Events that would be widely perceived as traumatic in countries where there is little violence or oppression may not be perceived as extremely distressing in societies living with daily conflict and political instability (Von Peter, 2008). Marsella (2010) argues that all disorders, PTSD included are culture-bound they are experienced and responded to within a specified cultural context. Marsella (2010) further argues that there is no disorder that is not influenced by culture. Culture constructs our reality and gives the model or template that guides people`s worldviews. For normal and abnormal behaviour culture shapes people`s experience of reality and their ability to predict and control the world (Marsella & Yamada, 2007). This cultural construction can be considered “spectacles” that frame our views of reality, constantly guiding us as we seek to make meaning of the world before us (Marsella 2010, pg. 19).

It is important to identify how culture contributes to the expressions of distress and informs health seeking behaviours, care that is provided as well as acceptance/stigmatization of mental disorders within a given culture (Ardino & Zaiontz, 2014). Expressions of distress from western societies are wrongly assumed to be the same and to apply to people from across the globe (Chang & Berk, 2009). Less attention has been given to the way distress is expressed in different cultural and social worlds. Local Idioms are rarely studied but it is through these idioms that traumatic experiences are transmitted as they are assimilated (Afana et al., 2010).

2.7 Zimbabwe`s war of independence

The war veterans who fought for the independence of Zimbabwe were mainly from the Zimbabwe People's Revolutionary Army (ZIPRA) dominated by guerrillas from the Ndebele speaking regions of Matebeleland, and Zimbabwe African National Liberation Army (ZANLA), mainly from Shona speaking regions of the country. ZIPRA forces were aligned to the nationalist party- Zimbabwe African People's Union (ZAPU) and ZANLA supported Zimbabwe African National Union (ZANU). They operated from different parts of the country and had contrasting military strategies (Alexander & McGregor, 2004). At the outbreak of the war in 1966 Rhodesian forces (antagonist) were more prepared than the guerilla fighters who largely were not trained. Most freedom fighters died during the initial stages of battle. During the period 1968-1972 ZANLA mobilized people to sustain the guerilla warfare in Rhodesia. There was a total white population of two hundred and seventy thousand (270 000) against 6 million Africans (Chingono, 1999).

The objective of the struggle was to obtain African majority rule characterized by equitable distribution of wealth amongst the African majority through removal of the European settlers who dominated in the country. Promises centered on the equitable distribution of land after independence came as a social and economic cause that was welcomed by the black majority whose land had been seized by European settlers during the early days of colonialisation. Africans were displaced to unproductive lands and the settlers distributed vast fertile lands amongst themselves (Chingono, 1999). Ian Smith, the then prime minister of Rhodesia, and his people did not acknowledge the fact that violence from the African community was a result of frustration and tension felt by the Africans especially those in the rural areas who mainly supported the liberation struggle. To curb support for the guerillas (Zimbabwean soldiers) from the rural populace, protected villages (similar to concentration camps) were set up. This accentuated the suffering of the rural community and strengthened their resolve to end colonialization (Chingono, 1999).

The war veterans (who participated in the current study) are from both ZIPRA and ZANLA forces. Zimbabwe National Army (ZNA) absorbed guerrillas from the two parties at independence in 1980. Their services were no longer important, as the country was now independent (Mhanda, 2011). War veterans were no longer affiliated to their original parties but became the government's responsibility.

The government did not provide sustainable assistance for the re-integration back into society. Only approximately 400 US dollars was provided in 1981 but this was inadequate. War veterans were not prepared to return to civilian society. Dzinesa, (2000) noted that no assessment was done to determine if society was prepared to accommodate war veterans some of whom had been rendered homeless. Their socio-economic needs were ignored. Cases of abuse of the money given to war veterans during demobilisation were reported. Most businesses started by the ex-combatants collapsed due to lack of management skills. The government has been blamed largely for the violence and lawlessness portrayed by the war veteran community as from 1997 onwards because it failed to implement proper demobilisation strategies to ensure sound reintegration of the freedom fighters into society. Furthermore, no counselling was provided to address war trauma (Mhanda, 2011).

Ex-combatants fell deep into poverty in the first decade after independence. The Zimbabwe National Liberation War Veterans Association (ZNLWA) was formed in 1989 and had membership from both guerilla armies (Alexander & McGregor, 2004). In 1996-97 they took to the streets demanding compensation. The compensation was provided but cases of gross allegations of misuse of funds and corruption were reported. Lump sums of Z\$50 000 (US \$4000) were disbursed. Rhodesian soldiers (African and European received compensation for fighting in the war. Violent farm invasions spearheaded by the war veterans started in 2000 and from then on war veterans became heavily involved in politics (Mhanda, 2011).

2.8 War and psychological trauma

War-affected Africans often report that their greatest sources of distress are not the emotional residues of past violence as suggested by some trauma approaches, but the large range of interacting stresses of daily living and the destruction of their systems of social support (Boyden, 2004). As shown by the struggle in Zimbabwe, armed conflicts in Africa also emanate as contests over political power (Wessells, 2008). In war zones PTSD symptoms may not be clear in every individual but the presence of hidden symptoms can be deduced from the high incidence of lateral violence, family breakdown and community dysfunction (Wesley-Esquimaux & Smolewski, 2004). In apartheid South Africa the collective nature of psychosocial distress was evident through suffering that arose from economic discrimination and structural violence even after the work of the Truth and Reconciliation Commission (Hamber, 2000).

Nordstrom's (1997) work on war and violence in Mozambique stresses the fact that violence transcends military attacks, landmines and direct war situations to consider areas like poverty, hunger and displacement. Some studies have reported that the greatest suffering in Africa stems from the less visible, every day and chronic havoc triggered by poverty, hunger, inability to fulfil one's expected roles, uncertainty about the future and political violence which may be used against civilians to obtain political aims (Ganor, 1998; Wessells, 2008). Shay's (1994) study of American soldiers of Vietnam war found that these soldiers' experiences were the same as the experiences of Greek soldiers of the Trojan wars. The study shows that three thousand years after the Trojan wars, traumatic experiences of war still affected human lives. Thus the negative effects of trauma from war or civil conflicts can persist for generations and can manifest in the form of psychological and behavioural disturbance as well as undermining the health of those affected (Atkinson, et al., 2008; Edwards & Blokland, 2012).

Gerhart (2010) noted that many people view war as an abstraction that does not affect them directly leading to isolation of military members, their families, and their communities. Malmin (2013) observed that when VietNam veterans returned home, they

were not well received. A common anguish they voiced was the general absence of public appreciation and understanding for their service, an experience that traumatised them more than the horrors of war. War trauma is unique in the sense that the war veteran is considered both a victim and perpetrator of violence. In addition, there is an accumulation of long lasting trauma and other stressors (Larner, 2013). In African contexts victims of extreme violence may not be able to relate to others because violence harms the internalised culturally accepted networks of trust, based on social norms, world-views, and moral conventions (Veerman & Ganzevoort, 2001). Fuertes (2004) in a study that focused on the trauma experiences of the Rwandan people, suggested that there is need for the Rwandans to be given a voice to express their understanding of the trauma or distress so as to effectively deal with these experiences. Similarly, Chemtob (1996) argued that events cannot be said to be traumatic if people believe that they are part of everyday life.

A study of civilian survivors of war in Algeria, Ethiopia and Gaza (De Jong, Komproe, Spinazzola, van der Kolk, & van Ommeren, 2005) examined a range of traumatic stress sequelae that have been described as complex PTSD or 'Disorders of Extreme Stress Not Otherwise Specified (DESNOS). De Jong et al. (2005) discovered evidence of substantial DESNOS symptomatology among war survivors across ethno culturally diverse samples from these three countries. DESNOS (Pelcovitz et al., 1997; van der Kolk et al., 2005) includes disabling alterations in several domains of biopsychosocial functioning, including dysregulation of: (1) affect and impulses (i.e., extreme and unmodulated states of emotion, distinct from mania); (2) attention or consciousness (i.e., dissociation); (3) self-perception (i.e., viewing self as fundamentally damaged); (4) interpersonal relationships (i.e., impaired relational boundaries); (5) bodily self-regulation (i.e., somatization); and (6) sustaining beliefs (i.e., spiritual alienation).

Psychological trauma experienced during and after war extend beyond PTSD to include impairment in personality and beliefs, coping and affect regulation, and interpersonal functioning (Dimic, Lecic-Tosevski, & Gavrilovic-Jankovic, 2004). While PTSD may well

describe the sequelae of discrete traumatic experiences, people who have survived long-term and complex stressors involving prolonged episodic exposure to death, loss of loved ones and community, may suffer more extreme symptoms than those included in the PTSD construct (Stamm & Friedman, 2000). Trauma approaches fail to capture the root causes of suffering which are located in interlocking political, social, historic and economic issues (Morina & Ford, 2008; Wessells, 2008).

Massive violence affects both individuals who have personally suffered trauma and the community in which these events happened. However, such trauma is not inflicted in social isolation, as it is intentional, designed to hurt and destroy people, and inflicted on selected groups and particular individuals in order to send a symbolic message to other communities (Ajdukovic, 2004). The search for the meaning of what has happened among community members is extremely difficult. People feel that gross injustice has been done to many of them and that their basic rights as human beings have been violated. In addition to having suffered trauma, the affected people may have experienced a whole range of losses such as family, a home, relatives, friends, jobs and professional identity (Ajdukovic, 2004). The communities are fragmented; social networks and other support mechanisms to which they normally turned are shattered. An increase in family violence, child and spouse abuse and public violence is a pattern that is evident in all countries affected by upheaval and social transition. Such context and behavioural patterns increase the likelihood of trans-generational transmission of violence. Thus, there is need to have a social understanding of the violent events (Ajdukovic, 2004).

At the community level, collective violence disrupts normal patterns of social activities, fractures social relationships and damages social structures. People feel betrayed, and both value systems and moral norms are disturbed. Disempowerment is not only individual but also collective (Ajdukovic, 2004). Functioning of any society is based on social norms of accepted and expected behaviour in certain situations. In times of disturbance, social norms are violated and most people become sceptical of the fundamental values that they previously upheld. Existing value structures may start

looking inappropriate. Individuals feel existentially confused, asking themselves: Who am I? Who are my neighbours? What is the future like for my family and me? How could my close friends have changed so much? The next stage is decreased trust in other people, doubt about their intentions, and turning toward one's own group, be it relatives, ethnic, religious, or any other group providing psychological safety. Relations to people who belong to out-groups decay and the negative attributes assigned to them as a group grow. If leaders support such behaviour, emphasising the need for homogeneity in the group and differences in relation to other groups, the community gradually becomes socially divided and different groups with conflicting interests start perceiving each other as enemies and the communities fall apart (Wessells, 2008, p. 121).

Ex-combatants who return home from war may be traumatised since the support they used to get from other war combatants may no longer be available and the community may not accept them. Consequently, ex-combatants lack no social support and are usually isolated (Hazen, 2007). Feelings of empowerment that are related to status during war are lost as well as the self-efficacy and ability to influence the course of action. Therefore, there is a sense of loss of purpose, prestige and control with little guarantee that it can be regained in civilian life (Hazen, 2007). As skills learnt during the war are no longer appropriate after independence, war veterans cannot access goods and any incentive that they may receive is usually transient. Ex-combatants should be trained so that they can fend for themselves so that they can get income. Hazen (2007) noted that the war veterans need to get used to the new social structure and to learn how to get what they need in a nonviolent manner. He further argues that the gap between ex-combatants and civilians is widened by the fact that the society views them as economic burdens when they receive economic assistance through resettlement and reintegration programs.

War related trauma leads to alienation of ex-combatants. The situation is exacerbated by the death of significant others, witnessing killings and being forced to kill. Consequently violence seems normal to war veterans, a situation which results in desensitization to violent acts, anger hate, hurt, loss and helplessness, all of which contribute to a detachment from the community. Some become addicted to alcohol and encounter a number of health problems. To the ex-combatants violence may become an acceptable means to an end (Hazen, 2007).

Johnson et al. (2009) used interpretative phenomenological analysis to examine the reports and testimonies of trauma experiences of nine non-Western trauma survivors who had left their countries and subsequently taken up residence in northern England, and self-reported as coping successfully. Their findings were that trauma was not an isolated event or the repeated experience of a stressor. The surrounding environment was reported to be characterised by a sense of danger and fear since traumatic events were always expected. People in these contexts perceived their lives as sustained trauma. People found it difficult to define other traumatic events like loss of a loved one because in these contexts trauma was more of a rule than an exception. The respondents' perception of joint suffering enhanced a sense of group membership. Personal experiences were downplayed to embrace a shared experience.

War veterans lose their livelihood, their social network and sense of purpose with the end of war. This alienation may lead them into adopting the previous violent behaviours (Batel, 2012). The effects of war are therefore, long lasting and do not end when people return to their communities. Physical and psychological problems from war may last forever and may spill to future generations (Kirmayer et al., 2011). Martín-Baró (1990) noted that war has multiple effects for example corruption of institutions, the destruction of a country's natural resources, loss of national unity, reliance on the military and reinforcement of violence.

2.9 Conclusion

The chapter has offered insight into the concept of trauma. Western and indigenous definitions of trauma have been highlighted. In addition the applicability of western notions of trauma have been indicated. Of note is the fact that many traumas in Africa are not caused by one particular event but are triggered by an accumulation of various adverse events. In relation to this it has been highlighted that trauma in local contexts is not post as in a person moving from a normal situation to a traumatic encounter and then move back to normalcy. Trauma in these settings is unique as it is continuous and long term.

CHAPTER 3

THEORETICAL PERSPECTIVES ON TRAUMA

3.1 Introduction

In this chapter relevant theories that are used to explain traumatic experiences will be reviewed. The first one is the psychodynamic theory with its emphasis on the importance of childhood experiences, unconscious motives and repression of traumatic experiences. The community trauma theory is also highlighted with its emphasis on the fact that traumatic events affect a collective and not the individual. The life course framework that argues for the need to understand a person's experiences throughout the lifespan also form part of this chapter. Of great importance and heavily influencing this study is the Afrocentric paradigm, which advocates for understanding people of African ancestry through a cultural lens and not through western diagnostic categories. This theory considers finding meaning to all events as given by the individual in the situation.

3.2 Psychodynamic theory

Psychodynamic approaches to PTSD focus on a number of different factors that may influence or cause PTSD symptoms, such as early childhood experiences (Tull, 2012). These approaches give emphasis to the unconscious mind where upsetting feelings, urges and thoughts that are too painful for individuals to directly deal with, are housed. Bringing about change in symptoms or behaviour requires getting in touch with and working through those painful unconscious feelings (Spermon, Darlington & Gibney, 2010).

A common belief throughout psychodynamic theories is the idea that conflicts are dangerous and less available for integration when they remain unconscious (Spermon et al., 2010). Psychoanalytic theory has developed two explanatory models about the relations between trauma, memory, and repression. Freud in one of the models has noted that trauma occurs when the intensity of the stimuli becomes great and overwhelming and the organism's functioning is disrupted. The model places emphasis on the intensity

of the stressor, the moderating stimuli and the negative consequences when the moderation stimuli fails. It, however does not link the trauma to childhood experiences. The model considers the recurrent thoughts and continual recreation of disturbing events in nightmares and psychoses as desperate attempts to become familiar with traumatic experiences. The individual through recreation of the event and not experiencing it in its original form helps the ego from being overwhelmed. The model assigns primary importance to selective remembering. The individual progressively withdraws from the agonizing memories into a restricted private world, shutting out the most intense traumatic experiences from consciousness that is selective forgetting (Brett, 1993).

Repression or dissociation are used by traumatised people to protect themselves from memories that are too painful and destabilizing to admit to consciousness (Brett, 1993). The traumatic event is repressed or denied and registers only belatedly after the passage of a period of latency (LaCapra, 1998). Alexander and French (1946) postulated that the primary agent of change in psychodynamic therapies was the corrective emotional experience with the analyst. The therapeutic task is to re-expose the patient under more favourable conditions to the emotional conflict that he or she has been unable to master (Alexander & French, 1946). Recurrent re-experience helps trauma sufferers in their search for meaning, precisely because they were unable to encode and thus remember every detail of an overwhelming event. It is equally important to note that deliberately shutting out the strange memories makes the traumatic event more manageable. Both responses help to create meanings that give people a sense of mastery, orients them to the future instead of the past, and allows them to function better in society by giving their experiences a place in life (Antonius, 2005).

Assessing how trauma affects the client's ego defensive function and explaining the dynamic meanings of the client's symptoms and the adverse events that caused them are the main conditions that make up the ego psychological psychodynamic approach. This approach helps to understand the maladaptation given by a traumatic event. Ego psychodynamic approach helps the clinician to evaluate the impact of traumatic events

on the individual's ego functioning and it allows for the deep investigation of the dynamic meaning of what caused the symptoms and the symptoms themselves. (Chertoff, 1998; Moore & Fine, 1990).

Psychodynamic ego assessment of functioning helps the clinician know the patient's vulnerabilities and strengths (Chertoff, 1998). Through analysis of the patient's symptoms traumatized patients who have repressed or avoided discussing upsetting experiences can be identified. This may help to explain the unclear relationship of symptoms to traumatic events and the dynamic meaning attributed to these events by the patient. By taking note of intrapsychic components to trauma, psychodynamic treatment helps to clarify why traumatized patients present with a number of symptoms (Chertoff, 1998).

One shortfall of the psychodynamic theory in explaining trauma in African contexts is that it gives too much recognition to individual turmoil. Psychological problems in the African context are however not necessarily individual problems but may represent an individual's relationship with history and society (Grey & Manning, 2007). Kirmayer, (1996) contends that when a traumatic event occurs the community contributes to the meaning making process and that influences the community identity.

3.3 The community trauma theory

Community trauma theory addresses the effects of the trauma on the larger community. Duran and Duran (1995) suggested that historical trauma becomes embedded in the cultural memory of a people and is passed on by the same mechanisms by which culture is generally transmitted, and therefore becomes 'normalised' within that culture. This theoretical perspective validates the fact that our major losses have cumulative effects and that these emotional effects can be severe and long lasting. Community trauma identifies the social context as playing a significant role in the development of collective trauma (Duran & Duran, 1995). It recognizes the fact that one does not have to experience the original traumatic event first hand to be part of a traumatised community.

When a group is attacked, longstanding interpersonal conflicts seem to fade away and everyone pulls together toward the common goal of group survival producing a powerful state of unity, oneness and a willingness to sacrifice one's own well-being for the sake of the group (Bloom, 2006). The greater the perceived differences between "us" and "them", the greater the ease in labelling the enemy and doing whatever it takes to defend "us" (Bloom, 2006). Under threat human beings will more closely bond together with their identified group, close ranks, and prepare for defence of the group (Bloom, 2006). It has been noted that when people are under threat they become more easily persuaded to the influence of a persuasive, charismatic, strong, assertive and apparently confident leader who promises the best defence of the group, thereby containing the overwhelming anxiety of every member of the group (Cohen, Solomon, Maxfield, Pyszczynski, Greenberg, 2004). In this state it is difficult for the members of a stressed group to tell the difference between a confident, intelligent leader and an arrogant person. This is particularly true when a social group is at a point in its history when it has lost confidence in the old solutions to life problems generating a state of helplessness and uncertainty (Werbart, 2000). The leader takes action to reduce the threat while the followers concurrently become more obedient to the leader to ensure coordinated group effort (Werbart, 2000).

It is being increasingly recognized generally that there is need to go beyond to the family, group, village, community and social levels to more fully understand what is going on in the individual. When the family and/or community heal there is often improvement in the individual member's wellbeing as well. The sense of community appears to be a vital protective factor for the individual and their families and important in their recovery (Somasundaram, 2007). This broader, holistic perspective is important in non-western 'collectivist' cultures in which the individual becomes submerged in the wider concerns. Collective events and consequences may have more significance in collectivistic communities (Hofstede, 2005).

Community trauma theory acknowledges the fact that African culture upholds collectivism and interdependence while Western cultures uphold individualism and independence (Johnson & O`Keaney, 2009). These cultural differences influence how people experience personal distress. In a study of self-defining memories by Johnson and O`Keaney (2009) the memory content of individuals with PTSD in interdependent (African) cultures was found not to differ from those without the disorder. This was attributed to the fact that it is difficult for people from these cultures to define themselves as people who have been traumatized as it is not in sync with their community identity.

3.3 The life course framework

The life course framework suggests the importance of understanding each person within the context of his or her own unique life experiences (Goldberg, 2011). In particular, it is essential to understand the events an individual has experienced earlier in his or her life in order to understand the individual and his or her needs in older adulthood. A key tenet of this theory is that early life experiences are related to needs in later life.

Milroy (2005) explained how trauma is transmitted across generations and the role of community networks in this transmission. He noted that the trans-generational effects of trauma occur via a variety of mechanisms including the impact on the attachment relationship with caregivers; the impact on parenting and family functioning; the association with parental physical and mental illness; disconnection and alienation from extended family, culture and society. These effects are exacerbated by exposure to continuing high levels of stress and trauma including multiple bereavements and other losses. Thus, the life course framework can be applied to studies of trauma in Zimbabwean war veterans since it acknowledges the importance of past experiences.

3.4 Theoretical framework: The Afrocentric approach

Although trauma survivors may experience PTSD and other maladies and may benefit from counselling, the individualised focus of the trauma approach is ill suited to either conceptualise or address trauma problems in African societies (Boothby, Crawford & Halperin, 2006). Ill health in the African context is said to result from conflicts between the patient and other individuals, dead or alive, spirits, and the non-material forces that pervade society (Eagle, 2004; Peltzer & Mngqundaniso, 2008; Sodi, 2009a).

Every African society has categories that relate to mental illness and psychosocial distress, and these culturally constructed categories mediate how people understand and react to traumatic situations and experience personal distress (Wessells, 2008). In order to tackle the problem of trauma in African societies there is need to conceptualise the world in ways that are consistent with African people's history and to apply that knowledge in tandem with the situation (Asante, 2007). Unlike the prevalent Eurocentric conceptualisation, the theorist, from an Afrocentric standpoint, is not viewed as an objective, disconnected observer but as one shaped by a particular cultural, autobiographical, and political standpoint. Afrocentrists do not believe in social science universalism exemplified by the idea that one theory or paradigm can be used to explain social phenomena among all people and in all cultures. They view differences, especially cultural differences, as important and feel that these differences should not be trivialised (Asante, 2007).

Different societies have various ways of interpreting, assessing, diagnosing and treating illness and disease. Mental illness in non-Western cultures and societies is explained in intrapersonal (i.e. emotional) rather than naturalistic (i.e. physical) terms: (a) possession of the patient's body by a ghost, spirit, or deity; (b) punishment for breaking a taboo; and (c) witchcraft (Foster & Anderson, 1978). African health systems are pluralistic, focusing both on biological viewpoints that are concerned with disease and illness originating in the body, as well as culture-bound illnesses that are understood within the context of specific cultural histories and traditions. The beliefs that people hold about diseases and

cures are inherited from past generations and a cultural stability that has survived within each generation (Bojuwoye, 2005; Marshall, 2005).

The Afrocentric approach to trauma realises the need for a holistic approach to support trauma survivors that should emphasise the importance of one`s culture and mobilisation of community resources and processes (Jenkins, 2005; Pellerin, 2012). A key component of the African community resources are the traditional healers and healing practices like cleansing rituals that are central to life in African societies (Pellerin, 2012). Dlamini (2006) indicated that the vast majority of the population of Africa strive to understand the root cause of a disease instead of merely receiving treatment; and until the root cause of the disease is discovered, the treatment may be rendered insignificant. People are makers of meaning in African societies. In other words, they do not respond passively to life events, but actively interpret their life experiences through the lens of their subjective, culturally constructed categories and understandings (Boothby et al., 2006; Pellerin, 2012).

The Afrocentric paradigm upholds holism whereby a phenomenon has to be studied in its entirety and not in parts. In this regard, Africans are seen as self-willed agents instead of objects of investigations (Mazama, 2003). Afrocentric methodologies do not only generate new orientations toward interpreting data but employ research that is fruitful and liberating for African people taking into cognisance their values, habits, customs, religions and behaviours whilst at the same time avoiding un-African interpretations (Asante, 2007; Pellerin, 2012). Thus, African phenomena should be investigated and interpreted to reveal the social and historical reality that African people experienced from their own perspectives and to change the structures of oppression, marginalisation and exclusion that helped to spark the violence and that continue to stimulate destructive conflict (Pellerin, 2012; Wessells, 2008).

Mazama (2003) suggested that the African experience must guide and inform all inquiry. This means that phenomenon like trauma should be studied within the lens of the African people. He also upholds the importance of spirituality and laments that it should be given its due place. To get the most from research involving African phenomena, Mazama believes that there is need for the researcher to be immersed in the subject of inquiry. Afrocentricity as a methodology operates within African ways of knowing and existence and results in the implementation of principles, methods, concepts, and ideas that are derived from Africana cultural experiences (Asante, 2007; Mazama, 2003). An Afrocentric perspective focuses on oneness with others and relationship with the community. There is belief in human goodness and individuals work together (Hardcastle, 2011).

Afrocentricity has three objectives: (1) To promote an optional social science paradigm more reflective of the cultural and political reality of African Americans; (2) it seeks to dismiss the negative views about people of African ancestry by legitimizing and disseminating a worldview that goes back thousands of years and that exists in the hearts and minds of many people of African descent today (Carruthers, 1981; Diop, 1978); and (3) it seeks to promote a worldview that will facilitate human and societal transformation toward spiritual, moral, and humanistic ends and that will persuade people of different cultural and ethnic groups that they share a mutual interest in this regard (Akbar, 1984; Asante, 1998).

The Afrocentric paradigm places emphasis on a collective conceptualization of human beings and on collective survival. Where the individual identity is conceived as a collective identity (Harris, 1992; Kambon, 1992). The paradigm does not reject individual uniqueness (Akbar, 1984; Boykin & Toms, 1985), however, the idea that the individual can be understood separately from others in his or her social group is rejected by this approach (Akbar, 1984;).

The Afrocentric paradigm also acknowledges and upholds the importance of spirituality or nonmaterial aspects of human beings. Spirituality, from an Afrocentric perspective, can be defined as that invisible universal substance that connects all human beings to each other and to a Creator or a Supreme Being (Schiele, 1996). In traditional African philosophy, God, is viewed as the connective link between humanity and the universe or the generative spirit, and is thought to be reflected in all elements of the universe (Mbiti, 1970; Zahan, 1979). The Afrocentric paradigm considers the soul a vital part of social science inquiry. It does not limit its concept of science to observable or quantifiable phenomena and does not impose distinct boundaries among science, philosophy and theology.

Models that seek to explain psychological problems and mental health complaints are Eurocentric and were based on research and theory using white middle class families as the mean (Bala, Mooren & Kramer, 2014). The Afrocentric approach is relevant as it recognises the need to dig deep into the experiences of indigenous people. In this study, the qualitative approach was adopted as it allowed for one to one interaction with war veterans as they narrated their experiences of complex trauma in Zimbabwe.

3.5 Conclusion

Various theoretical paradigms that seek to explain trauma in the African context were highlighted. These include the psychodynamic approach, the community trauma theory, the life course framework and the Afrocentric paradigm. The latter advocates for the study of the use of indigenous ways of understanding distress and is critical of western approaches that are not grounded in specific local contexts.

CHAPTER 4

TRAUMA HEALING

4.1 Introduction

This chapter gives a review of various trauma healing approaches. The chapter has three main sections which are spirituality and trauma healing, psychological treatment of trauma and trauma management in the African setting. Spirituality and trauma healing emphasises that healing in African contexts is not just for the body and mind but should also include spiritual aspects. Psychological treatment of trauma covers the cognitive behavioural approaches to treatment, humanistic treatment paradigms, forgiveness and trauma healing and the role of narratives in healing trauma. Trauma management in the African settings focuses on the traditional healing practices.

4.2 Healing trauma

Kirmayer, Lemelson, Barad (Eds) (2007) indicated that “the ways that individuals adapt to trauma not only reflect their personalities and psychological resilience and resources, but also depend on the social, cultural, and political contexts in which they find themselves” (p. 15). Similarly Zaiontz & Sarkar (2014) argue that “clinicians need to provide patients with a response that mirrors their suffering and is appropriate for the complexity of suffering which they may have developed, a response that is integrated with the expressed symptomatology, taking into consideration the ethnic background embedded within a cultural framework” (p. 21). There is need to “shift from a traditional, nosological approach that rests on a phenomenological descriptive style to one that is more multi-faceted, which allows for a cultural “window” within psychiatric disorders” (Zaiontz & Sarkar, 2014, p. 21). Zaiontz & Sarkar, 2014 argue that problems result from the multiple factors which impact on the individual’s biological, psychological and social realms.

Healing from psychological wounds created by past victimisation should make it less likely that victims engage in unnecessary “defensive” violence (Staub & Bar–Tal, 2003). In addition to reducing pain and suffering, healing also makes reconciliation possible (Staub, Pearlman, Gubin & Hagengimana, 2005). Lasting peace requires changes in the attitudes of people in each group toward the other, as well as changes in institutions and culture (Staub et al., 2005). A history of violence and conflict between groups may be stopped through a peace agreement. However, it has been increasingly recognized that the re-emergence of conflict and violence remains probable after such agreements (Staub & Bar–Tal, 2003).

When people re-enact trauma behaviour it shows that traumatized people are trying to repeatedly “tell their story” in very clear, or highly hidden ways (Bloom, 1999). For healing to occur overwhelming experiences must be given words and meaning. The traumatised individual cannot find the words since he/she is cut off from language, deprived of the power of words and trapped in speechless terror. Human beings cut off feelings about what happened to them while still remembering everything, that often there is need to look closely at the person before one notices that something is wrong - they do not feel the emotions that would normally be expected under the circumstances. However, failure to display emotions does not mean that one is coping with the circumstances (Bloom, 1999).

People judge, condemn, exclude and alienate the person who is behaving in an asocial, self-destructive, or antisocial way without hearing the meaning in the message. There is need to develop systems of compassionate regard, translate the nonverbal message into a verbal understanding that can be shared, while still insisting on healthy change and behaviour that is socialized, responsible, and nonviolent (Bloom, 1999). Therapists need to be cultural competent, and they should be aware of the languages that people use to understand and interpret their experiences, their health seeking behaviours and the healing practises that they are comfortable with (Bhui, Warfa, Edonya, McKenzie & Bhugra, 2007).

Western Psychology locates the causes of psycho-social distress within the individual and devises responses which are based on individual therapy (Boyden & Gibbs, 1996). Thus, recovery is achieved through helping the individual 'come to terms' with the traumatic experience, and healing is held in private sessions aimed at 'talking out' and externalising feelings and afflictions. However, Boyden & Gibbs (1996) have shown that in Cambodia individual therapy conducted by modern psychotherapists can be ineffective because it does not take into cognisance ancestral spirits and other spiritual forces and their role in the causation and healing processes. Second, by focusing exclusively on the individual undermines family and community efforts to provide support and care.

If services are to be trauma informed there is need to adopt an overarching and all-encompassing approach that takes into consideration trauma-related issues (Elliot, Bjelajac, Falot, Markoff & Reed, 2005). Studies on healing war trauma in Mozambique (Honwana, 1999) have shown that recalling the traumatic experience through verbalisation as a means to healing is not always effective. In most cases people would rather not talk about the past or look back and prefer to start afresh once certain ritual procedures have been performed. Parks (2007) observed that the folk psychology that characterizes the beliefs and healing practices of African American families and communities as passed down through generations encompasses a wide range of beliefs.

African societies have different ontologies and social-cultural patterns, though Western conceptualisations of distress and trauma, of diagnosis and healing have often been applied to these societies (Honwana, 1997). After conflicts there is need for rebuilding of civil society, enabling access to education and jobs and creating norms and systems for handling political and ethnic conflict without resort to violence. In this respect, it is essential to connect psychosocial support with wider macro-systems of civil society—educational, political, and economic—that support peace, social justice, and development (Wessells, 2008). Similarly, state sponsored violence and torture that divides

communities and families through a system of informants may have dire consequences on the social fabric of a society.

Culture is critical in psycho-social wellbeing since the processes through which people respond to adverse events are partially built on cultural perceptions (Boyden & Gibbs, 1996). Viewpoints of ill-health and healing including traumatic distress, cannot be universalised because the ways in which individuals and groups articulate, symbolise and assign meaning to traumatic experiences and events is fundamentally related to social and cultural contexts (Honwana, 1998). In Aboriginal culture the experience of historic trauma and intra-generational grief can be described as psychological residue being passed from one generation to the next together with the trauma and grief experienced in each individual's lifetime. This psychological trauma is also continuously being acted out and recreated in everyday life (Wesley-Esquimaux & Smolewski, 2004). Therefore, When offering psychological assistance there is need to avoid “ applying either ‘generic’ or ‘textbook’ interventions that do not take clients’ lived experiences into account, addressing only particular facets of clients’ complex cultural selves, and invalidating the social realities of being a racial or cultural minority” (Chang & Berk 2009, p. 530).

It is of interest to note that some people who are exposed to traumatic events do not develop symptoms and severity of a stressful encounter does not determine the emotional response. Thus, it is important to consider both cultural and individual differences in response to traumatic events (Carter, 2014). Interventions should help in the recovery and healing of not only the affected individuals but also their families and community (Somasundaram, 2007). When the family and/or community regain their healthy functioning, there is often improvement in the individual member's wellbeing. The sense of community is a vital protective factor for the individual and their families and is important in their recovery (Somasundaram, 2007). The individual's cultural groups or person's history, beliefs and emotional reaction(s) may contribute to both adaptive and less adaptive responses (Bowman, 2002). Edwards (2013) advocates for a holistic psychology

which “emphasize spiritual healing, multi-cultural counselling, community and ecological interventions” (p. 536).

4.2.1 Spirituality and trauma healing

Canda and Furman (1999, p. 44) defined spirituality as “an aspect of a person or group dealing with a search for meaning, moral frameworks, and relationships with others, including ultimate reality”. Spirituality helps people to perceive the world, and creates a screen for experiences and perceptions related to possible spiritual events. It also helps people to interpret and explain the world and to create beliefs, values and ethics. Spirituality can provide resources to help transform life experiences. These functions all have the potential to affect people’s ability to be resilient (Canda & Furman, 1999).

Spirituality may be experienced and expressed through religion, which is an organized system of faith, worship, cumulative traditions, and prescribed rituals. However, spiritual issues that arise in counselling may or may not be associated with a religious belief system (Ingersoll, 1994). Spirituality and religion are not mutually exclusive and although there are significant differences, there is also a significant overlap. Religion is different from spirituality alone because it does involve the patterning of spiritual beliefs and practices into social institutions, with community support and traditions maintained over time (Canda & Furman, 1999). Religion can be the specific and concrete expression of spirituality (Kahle & Robbins, 2004). However, spirituality can exist without religion and religion can exist without spirituality.

Spirituality does not only define a people and their society but also affect their well-being (Fonda, 2011). Religion serves multiple spiritual and social functions. It provides a culturally based meaning system for people of African descent beyond the social and physical limitations placed upon them by dominant social structures of the time by providing a means of remembering and (re)creating an identity of value and connectedness (Harding, 2000). The common belief that one’s problems will be resolved

by believing in a transcendent divine and almighty entity and establishing a relationship with a higher power is an important feature of the cultural philosophies of African peoples around the world (Waldrom, 2004). Spirituality therefore, plays a significant role in the recovery of mental health concerns (Heath, 2006).

Spirituality is strongly based on a personal quest for understanding of questions about life and meaning. Research studies (King, Burgess, Akinyela, Counts-Spriggs, & Parker, 2005; Watlington & Murphy, 2006) suggest that the influence of religious beliefs and practices, as well as the reliance on religious social networks for fellowship may replace or delay the need to seek treatment among African Americans. Given the potential effects of spiritual and religious beliefs on coping with traumatic events, the study of the role of spirituality in fostering resilience in trauma survivors may advance understandings of human adaptation to trauma (Peres, Moreira-Almeida, Nasello, & Koenig, 2007). Distress may be experienced and articulated in diverse ways by members of different cultural groups. Chang & Berk (2000) observed that “Some members of groups that culturally believe in and interact with spirits or that believe in a world that is not completely objective, may relay experiences (i.e. talking in tongues, communicating with tress, hearing from the dead, etc.) that are often seen from a White American cultural perspective as signs of mental illness”. (p. 20).

People find healing in religion and spirituality (Ivey, Andrea, Ivey & Morgan, 2002). The belief in the ancestral spirits` power to heal or afflict, has a powerful effect that the diviner utilises to heal (Edwards, Makunga, Thwala, & Mbele, 2006). Ancestral respect allows for generational relationships that provide protection, health and balancing of individual, family and cultural dynamics (Edwards et al., 2006). The intimate relationship in Zulu culture between the living and the dead is shown by the value attached to the concepts of *umphefumulo* (soul), *umoya* (spirit) the *sithunzi* (shadow) and *ukufukamela* (the ancestral shades` brooding) over the lives of their descendants just like a hen broods over her eggs. If these rituals are not performed and actions taken, this brooding can lead to

bad luck, illness, madness and defencelessness to various ecological hazards as well as sorcery and witchcraft (Edwards et al., 2006).

Janoff-Bulman (1992) has shown that the experience of trauma shatters - often irreversibly - some very basic assumptions about our world, our relationship to others, and our basic sense of identity and place in the world. A sense of meaning and purpose for being alive are shaken. Confrontation with the spiritual, philosophical, and/or religious context – and conflicts – of human experience is necessary for recovery. Religion, belief in a higher power and spirituality are important sources of strength and are used to explain mental illness in Caribbean, African American and African communities. In addition, they play a significant role in offsetting the stresses and anxieties that may lead to depression and other health problems (Schreiber, Noerager & Wilson, 1998).

Sollod (2005) identifies seven factors that illustrate the influence that spirituality has had on a variety of healing methods, including psychotherapy. First both the spiritual healer and the psychotherapist may undergo a change in their state of consciousness that is dissimilar from waking consciousness. Second, spiritual healing and psychotherapy share similarities with respect to methods for perceiving and conceptualising the client. In addition, both approaches use intuition to understand the client. Third, both approaches are premised on the notion of the inseparability between the processes of the healer/therapist and the client. Related to this is the idea that the process of healing the client often culminates in the healer's/therapist's resolution of her or his own personal issues. Sixth, both approaches require that the healer/therapist and the client use visualization techniques, lastly, spiritual healing and psychotherapy both understand that restoring health requires the forging of a relationship with the spiritual realm. In the ultimate, prayer and meditation are perceived as important aspects of healing and therapy.

4.3 Psychological treatment of trauma

4.3.1 Psychodynamic therapies on trauma

Psychoanalytically oriented psychotherapies, also known as psychodynamic psychotherapies, fall along a continuum from uncovering psychotherapies, such as psychoanalysis, to expressive psychotherapies to supportive psychotherapy. Psychodynamic psychotherapy is better defined as a mind-set or general framework to guide the therapist and its most important aspect is the quest for truth (Barbra, 2006). The psychotherapist's job is to help the client to find her own truth (Freud, 1937).

Psychoanalysis makes central the therapeutic relationship as the source of recovery and not a pathway to it (Bromberg, 2009). The therapies use various modalities within the context of the vital therapeutic relationship and the client's developmental history, and attempt to develop client awareness around relationships between defensive dynamics, wishes and fears (Schottenbauer et al., 2008). It has been often remarked that working with clients with complex trauma involves intense counter-transferential dynamics (therapists' use of awareness of their own 'emotional reactions to the patient within the treatment situation), and that these can inform the therapist about re-enactments of such defensive roles as perpetrator, victim, and rescuer replayed within the therapeutic relationship from the original trauma. The therapist does not play the role of the detached observer from classical analytic traditions, being sensitive can facilitate client insight and change perceptual understanding, which can then aid in reorganizing responses to the social and psychic worlds (Chefet, 2000).

A common theme put forward by psychodynamic therapists is the idea that conflicts are more toxic and cannot be integrated if they remain in the unconscious (Schottenbauer, Glass, Arnkoff & Gray, 2008). The aim of these therapies is the exploration of the immediate world of experience which symbolically connects internal and external realms and give a sense of meaning and coherence. Abreaction in psychoanalysis describes the processes of acting out and expressing unconscious conflicts and is thought to bring about relief (Spermon et al., 2010). Alexander and French (1946) suggested that the

primary curative factor was the corrective emotional experience that the analyst provided. The therapeutic goal was to re-expose the patient under more favourable conditions to the emotional inconsistency that he or she has been unable to master. If memories of trauma remain unprocessed, traumatised individuals tend to re-experience the frightening feelings and perceptions belonging to the past (Nevhotalu & Mudhovozi, 2012). Levine (2014) reiterates that therapists should be concerned about the conscious and unconscious experience of the patient and analyst when dealing with individuals who have been exposed to traumatic events. He argued that the mental capacity of the person who has been traumatised determines how the individual experiences the trauma.

Having empathy is also one of the most important attributes of psychodynamic psychotherapists as they strive to understand and identify with the feelings of their clients in the hope of expressing empathy, concern, and compassion. People with traumatic histories may have not had the experience of having their feelings supported and validated by people close to them (Barbra, 2006). This can be confusing and traumatic on its own. Failure by the client to state their needs to the counsellor means that they may be unable to do so in all their relationships (Barbra, 2006). The therapist tries to experience the client's perspective, what the client experiences and how others see the client. If the client is able to solve problems in their relationship with the therapist, they are much more likely to do so in other areas (Barbra, 2006).

Trauma survivors, especially those who are not aware of their trauma, may detach themselves from their emotions because they seem too painful, even dangerous. Clients may act out their feelings in harmful and even self-destructive ways (Barbra, 2006). They may not be emotionally safe and this should be addressed in therapy. Psychodynamic psychotherapists try to create physical and psychological safety for their clients by educating clients about emotions, helping clients differentiate between feelings and actions, normalizing feelings and experiences, and helping clients to experience emotions in small tolerable doses. This also helps the client to control their emotions (Barbra, 2006).

The past helps to understand the present and offer better options for the future. The therapist tries to understand how the client's present relationships, reflect their childhood relationships and their relationships with those involved with their trauma. An individual's manner of forming relationships is often modelled, unconsciously, in line with the individual's relationships in early years, especially with the parents. Clients must mourn their trauma(s) and other mishaps of their upbringing. However, the goal is not to get stuck in the anger and bitterness but to accept the past, learn from it and move forward (Barbra, 2006).

4.3.2 Cognitive-behavioural approaches

These approaches assume that trauma may result in increased anxiety and fear of the world, relationships, emotions and memories which can significantly interfere with one's ability to live a meaningful and satisfying life (Follette & Ruzek, 2006). Clients learn to overcome problematic thoughts and behaviours, develop relaxation and emotion regulation skills, and process traumatic experiences through narrative, art and play in order to reduce their emotional impact. Cognitive-behavioural therapy utilises a collaborative, supportive relationship with a skilled therapist to help clients overcome trauma-related fears and anxiety (Follette & Ruzek, 2006).

Ehlers and Clark (2000) postulated that the stress response is sustained by (1) strong negative appraisals of the trauma or its consequences (e.g., overweighing unlikely probabilities of disaster, forming beliefs of universal danger, or interpreting their own responses to the trauma as indications of psychopathology or helplessness and (2) poor contextualisation of the trauma event within autobiographical memory. The behaviourist paradigm looks at the role of external events in the development of psychological disorders and behaviour. Cognitive therapy involves collaboration between the therapist and the patient which helps to identify the client's distorted thoughts (and/or maladaptive beliefs or assumptions). These cognitions are monitored logically, analysed and subjected to hypothesis-testing and finally they are re-aligned with reality through revision of the original cognition (Clark, 1995).

When used in group therapy cognitive-behavioural focus group therapy uses systematic prolonged exposure and cognitive restructuring techniques to deal with each group member's trauma experience (Foy, Ruzek, Glynn, Riney, & Gusman, 1997). Psychoeducational material regarding relapse prevention and coping skills bolsters the group member's resources for response to current and future PTSD symptoms (Foy, et al., 1997). A group trauma approach is appropriate for veterans because they often feel hated by the larger society, or even judged and blamed for their predicament. Bonding with similar others in a supportive environment can be a critical step toward regaining trust. Cognitive therapies can help tackle the following emotions that are trauma-related - anger, sadness, helplessness, and guilt. Guilt is an emotion that often complicates treatment for those with PTSD (Shipherd, Street & Resick, 2006).

One of the aims of cognitive-behaviour therapy is to identify and explore the maladaptive beliefs and assumptions that the survivor may talk about and to assist the survivor in developing and incorporating into his or her trauma narrative other explanatory accounts that are more realistic and adaptive (Ehlers & Clark, 2000; Foa & Rothbaum, 1998). The trauma experience can be re-storied, or re-plotted, in order to emphasize the skills and strengths that enabled the person to survive the trauma, and this awareness can help the survivor to develop a sense of purpose for the future.

Cognitive-behavioural treatments have a set of basic helping procedures; these are (1) coping skills training, that focuses on teaching clients to respond effectively to the many situation-specific challenges associated with PTSD and other trauma-related difficulties, and to replace existing maladaptive responses with more effective ones; (2) prolonged exposure, that works to reduce conditioned fear responses connected with trauma memories and the stimuli that elicit them; (3) cognitive therapy, that assists survivors in modifying ways of thinking that create distress and interfere with recovery; and (4) acceptance methods, which recognize that some of the problems of trauma survivors are caused or worsened by avoidance behaviours, therefore encouraging survivors to fully

experience and accept their own trauma related emotions, thoughts, and feelings without trying to avoid them (Ehlers & Clark, 2000).

The cognitive model has been criticised for focusing more on intrapersonal variables (Maercker & Horn, 2013) without much reference to interpersonal and social variables, though they do acknowledge the positive effects of social support. In addition, behaviourists fail to elucidate on the intricate thought processes, emotions and behaviours of people who suffer from long term traumas and the fact that they may engage in repetitive behaviour.

4.3.3 Humanistic approaches

Humanists believe that people are actively involved in constructing and explaining the meaning of events in their lives (Dombeck, 2013). Humans are meaning-making creatures whose capacity for meaning making evolved over time and through experience. Humans therefore can either develop into good and healthy people or alternatively have their development derailed by abuse, neglect or accident of some sort and end up less healthy or dysfunctional (Dombeck, 2013). The client-centred approach postulates that human beings can be more than what they are; have the ability to grow and can step outside themselves as they can exceed their genetic and environmental limitations (Meyer et al., 1997).

A humanistic approach recognises that the traumatised patients need understanding, acceptance and support from the therapist (Dombeck, 2013). It is therefore very important to understand how severely the client's perceived world has been distorted by the trauma (Elliott, Davis, & Slatick, 1998). For individuals who have gone through traumatic events like war, intervention programs should as well focus on the people's strengths and not just problems (Brown & Worth, 2000). Other humanists emphasise the fact that traumatic experiences should be taken as an adaptive response (Afana et al., 2010). If symptoms are seen as actions towards coping, the individual's self-esteem is boosted and there is

development of new skills because there is no stigmatisation. Strengths like being able to fulfil one's role as being a mother for example, or being able to work in the field need to be highlighted so that the person feels valued (Ardino, 2014).

The therapist uses active listening skills to get closer contact with a person by listening to the person's report of his or her recent subjective experiences, especially emotions of which the person is not fully aware. The therapist also shows "unconditional acceptance" and "positive regard", and each client is taken as unique. The therapy sessions usually facilitate client empowerment in a supportive environment (Sue & Sue, 1990).

The person-centred resonates well with the African philosophy whereby the pain of others is experienced to such an extent that the sickness of one's relative (or someone close to one) becomes one's own sickness; or where there is death in the community, the whole community mourns. Involvement with one another and participation in the community are indigenous values that suggest a link with the systems approach (Vogel, 2009).

4.3.4 Forgiveness and trauma healing

Forgiving involves letting go of anger and the desire for revenge. It can help in diminishing the pain that results from victimisation and in moving away from an identity as a victim and usually includes the development of a more positive attitude toward the other (McCullough, Fincham & Tsang, 2003). Forgiveness is necessary for the damaged individual as well as for the community in order for real healing to take place. This kind of healing does not only concern the past but it also involves future generations, putting an end to the repetition of the traumatic chain (Benabed, 2009; Mucci, 2010).

Desmond Tutu (2004) noted that in forgiving, people are not being asked to forget. He observed that Africans have had jurisprudence that was not retributive but restorative. In this cultural context, when people quarrelled, the main intention was not to punish but to restore good relations. Tutu noted that forgiving and being reconciled to our enemies or our loved ones is not about pretending that things are other than they are. It is not about patting one another on the back and ignoring the wrong. True reconciliation exposes the

awfulness, the abuse, the pain, the hurt and the truth. It could even sometimes make things worse. It is a risky undertaking, but worthwhile, because in the end only an honest confrontation with reality can bring real healing (Tutu, 2004).

According to Case (2005) forgiveness is defined as a complex, multidimensional, multi-modal process consisting of at least four distinguishable levels or degrees including:

1. Ceasing to Seek/Demand Justice or Revenge
2. Ceasing to Feel Anger/Resentment
3. Wishing the Other Person Well
4. Restoring Relational Trust

The first three levels can be experienced even when the offending person has not apologised. However, when significant betrayal for example in traumatic encounters has occurred the fourth level of forgiveness is usually dependent on the degree to which the partner engages in some process of apology (Case, 2005). The benefits of wishing the person well (3rd level of forgiveness) are at times difficult to see but very critical.

Forgiveness is the letting go of the need for revenge and the dissolving of negative thoughts of hatred and resentment (DiBlasio, 1997). DiBlasio mentions that forgiveness requires the victim to let go of the anger associated with an offense but not the hurt. In this way, forgiveness is a freeing experience for an individual. He also believed that reconciliation might be an outcome of the forgiveness process, but is not required. For forgiveness to occur the hurt must be stopped and the victim must freely choose to forgive (Enright & Reed 2006; Legaree, Turner & Lollis, 2007).

DiBlasio argues that forgiveness is independent of the perpetrator and the severity of the offense, although these factors can influence the healing and forgiveness process. He postulates that forgiveness is not overlooking, excusing, condoning, or tolerating a person's behaviour. To him forgiveness involves a transformation in which negative emotions toward the offender are decreased, including anger, hate, hostility, bitterness,

and resentment. The need to seek revenge and to avoid contact with the individual who caused injury or betrayal is lessened.

McCullough, Pargament and Thoresen (2000) observed that forgiveness is a process of internal growth that leads to a choice to surrender one's instinct to punish an offender, including self. It has more to do with change in the offended person than in the offender. A positive perspective leads to a choice to extend empathy, compassion, and justice to an offender whether or not the offender assume responsibility for the damage, and whether or not the offender changes (McCullough et al., 2000)

Self-forgiveness and receiving forgiveness is the foundation for forgiving serious transgressors. The choice to forgive is possible because the offended person changes and develops new attitudes, affects and actions toward self and transgressors (Worthington, 1998). It includes the development of a more positive attitude toward the other and is connected with reconciliation (Staub, 2005). Forgiveness is presented as a change in the harmed party, while reconciliation is a change in both parties (Staub et al., 2005). Forgiveness aims to restore the innate capacities for psycho-social-spiritual development. Forgiveness facilitates a new experience of self, a new experience of people who hurt people, and a new experience of how we heal our hurts. When these new experiences are processed in therapy, the person develops a specific set of character strengths that can help restore the natural process of psycho-social-spiritual development (Schibik, 2006).

Andrews (2000) proposed two models of forgiveness: negotiated forgiveness and unilateral forgiveness. In negotiated forgiveness, there is actual dialogue between the wrongdoer and the wronged. Here, the wrongdoer identifies him or herself with the harming action and seeks forgiveness for it. This entails three steps: (1) confession; (2) ownership; and (3) repentance. First, the wrongdoer must admit that he or she has committed the offending action. Secondly, s/he must take responsibility for the action, or "own" it, with all of its consequences, without providing excuses. Thirdly, the offending party must express remorse for what they have done. In the absence of the above steps,

however, the wronged party might refuse to forgive, believing that the essential preconditions for such an act have not been met (Andrews, 2000).

Forgiveness is not forgetting. An important part of the forgiveness process is remembering what needs to be forgiven. It is only when there is conscious awareness and sufficient memory that forgiveness can take place. Enright and Fitzgibbons (2000) affirm that forgiving is actually “remembering in a new way” (p. 44). The process of forgiving changes our awareness of the hurt. It actually brings the wound more clearly into consciousness.

Unforgiveness leads to a fixation of memory, emotion, meaning-making, imagination and motivation on survival (Schibik, 2006). Worthington, Berry, and Parrott (2001, p. 108) describe unforgiveness as: “a complex of related emotions, consisting of resentment, bitterness, hatred, hostility, residual anger, and fear which are experienced after ruminating about a transgression”. Unforgiveness occurs when people ruminate about the event, its consequences, their own reactions to it, the transgressors’ motives, and potential responses from the self or the transgressor (Schibik, 2006).

In order to prevent future episodes of violence there is need to intervene with forgiveness and reconciliation processes when the violence has stopped. Negotiated settlements may not sustain peace unless conflicted groups are brought into contact and take part in a reconciliation process that acknowledges the pain and begins to see an independent future. In intrapersonal forgiveness the individual gives up feelings of hatred and revenge towards his/her perpetrator. Thus, forgiveness has nothing to do with interaction with the perpetrator (Kalayjian & Paloutzian, 2009).

4.3.5 Role of narratives in trauma healing

Narratives and testimonies based on healthy perspectives may facilitate the integration of traumatic sensorial fragments in a new cognitive synthesis, thus working to decrease post-traumatic symptoms (Mucci, 2010). With time, as people try to avoid situations that promote hyper arousal and flashbacks, avoid relationships which trigger emotions, and

try to use behaviours intended to manage emotional responses, they may become numb to all emotions, and feel depressed, alienated, empty, and even dead. These people may engage in risk taking behaviours because that is the only time that they feel they are in control.

People have to put trauma into a narrative for them to heal, that is to give it words and to share it with themselves and others. Words allow people to put things into a time sequence for example past, present and future. Without words, the traumatic past is experienced as being in the ever present. When people act-out their memories in behaviour instead of words they show what happened even when they cannot verbalize it (Bloom, 1999). People who have been exposed to trauma therefore should be allowed to talk, and talk and talk about their experiences, their past lives, their conflicts, their feelings for effective healing. In addition, programs that focus on nonverbal expression for example art, music, movement and theatre programs as well as sports are important in community healing programs (Bloom, 2010).

Six therapeutic processes have been proposed that aid recovery from trauma as a result of narrating the trauma: emotional catharsis; the creation of linguistic representation; the habituation of anxiety; empathic witnessing of injustice; developing an explanatory account; and the identification of purpose and value in adversity. In the absence of a clear and coherent theoretical framework to guide trauma reconstruction, re-telling of the trauma story could create a risk for traumatisation of the survivor (Bloom, 2010). There is need to help the trauma survivor gradually to organise his or her memory fragments into sequential episodes; to identify the 'characters' involved and the actions of each; to construct links between causes and consequences during the traumatic event; and to assist the survivor in identifying his or her thoughts, emotions and sensations at different stages of the event (Peri, 2004).

Some trauma interventions advocate for the re-telling of the trauma narrative in a safe environment to facilitate psychological recovery by 'habituating' survivors to the anxiety associated with traumatic memories. This process means exposing the client to a feared stimulus several times until the physiological anxiety associated with that stimulus is reduced (Jaycox, Foa, & Morral, 1998). The survivor equates remembering with re-traumatisation and therefore attempts to avoid remembering or re-telling the traumatic experience; and due to this avoidance, the survivor never has the opportunity to learn that remembering will not place him or her back in danger.

The presence of an empathic witness is essential to recovery from trauma because trauma disrupts the link between self and the empathic other. The essential experience of trauma is an "unravelling of the relationship between self and the nurturing other" (Laub, 1993, p. 287). An empathic witness can therefore help the survivor to re-establish trust in the benevolence of others. However, an empathic witness may also be vital to developing the survivor's sense of trust in the validity of his or her own experiences. The absence of an empathic listener (an other) who can hear the anguish of one's memories and thus affirm and recognise their realness, defeats the whole purpose of the narrative (Laub, 1992; Shay, 1994).

A traumatic event can therefore be conceptualised as a turning point, watershed, crossroads or choice-point in the survivor's life narrative, in which previous values, priorities and ways of being are reconsidered, and a change in the plot of the life narrative towards a more purposeful and significant one, becomes possible (Harvey, Mishler, Koenen, & Harney, 2000; Tedeschi & Calhoun, 1995). The trauma is thus 'honoured' as an opportunity for growth (Lantz & Lantz, 2001). In post-Apartheid South Africa, a new political identity of "national victim" was constructed by bringing individual suffering "into a public space where it could be collectivized and shared by all and merged into a wider narrative of national redemption" (Wilson, 2000, p. 80).

4.4 Trauma management in the African context

All cultures have different patterns, rituals, and treatment protocols for dealing with survivors of disaster, trauma, and extreme stress. These are called non-traditional or alternative modalities of treatment by western specialists (Marsella, 2010). The medical model does not acknowledge that something bad has happened to an individual rather it focuses on the fact that there is something wrong with the person. An individual is then defined as the victim of a situation (Ardino, 2014). Symptoms of trauma and their respective causal mechanisms are in essence culturally and contextually specific, making western psychological treatments that focus on the individual inappropriate in the African context (Sodi, 2009b).

The reflexive response among therapists to apply their preferred therapies (like cognitive-behavioural therapy) without consideration of the many other variables that determine outcome account for continuing problems faced in healing trauma (Marsella, 2010). The African tradition proposes that illness originates from outside themselves in the environment, including action of evil spirits and witchcraft, sorcery and disregard of cultural norms (Mufamadi & Sodi, 2010). The person consults the traditional healer who will follow a logical and culturally relevant system of diagnosis and treatment (Peltzer & Mngqundaniso, 2008; Sodi, 2009a).

Duran and Duran (1995) suggested that historical trauma becomes embedded in the cultural memory of a people and is passed on by the same mechanisms by which culture is generally transmitted, and therefore becomes 'normalised' within that culture. The trauma of indigenous populations is therefore intergenerational (Fuertes, 2004). There is need therefore to attend to the many complex variables that can influence the outcome of treatment for trauma. It should not be assumed that there is uniformity in the disorder, the client, therapist, or the therapy techniques (Marsella, 2010; Mpofu, Peltzer, & Bojuwoye, 2011). A complex healing calculus must be considered, and this is especially important across cultural boundaries when intervening factors can influence outcome (Marsella, 2010).

According to Waruta and Kinoti (1994), many Africans still maintain their traditional beliefs and practices during important or critical stages in life (like birth, initiation, marriage, death, incurable sickness and other anxieties in daily living) while upholding their devotion as bestowed to them in the missionary enterprise. Waruta and Kinoti (1994), furthermore, hold that any kind of medical treatment, which is unrelated to the supernatural and to the community, has limited chances of success in Africa even if half the patients profess to be Christians.

In trauma intervention initiatives in African communities, it is important to start from an analysis of how the affected people understand their situation and what they regard as their greatest problems. In addition, it is essential to include and to build upon existing supports in developing an effective psychosocial program (Wessells, 2008). Furthermore, trauma intervention in African communities may only be sustainable through the addition of elements aimed at improving the material conditions in the community (Pellerin, 2012; Wessells, 2008). Thus, although western psychologists may see healing as a process in which individuals and groups come to terms with what they have been through, local people often see it differently and place material and economic improvements in a central position as well (Asante, 2007).

Use of western medicine is well spread in Africa but Africans still believe in traditional healing methods. Though most Africans may be aware that some illnesses have natural or organic causes, however, there is still an overriding belief in the supernatural or spiritual causation of illness that leads to the use of mystical and spiritual remedies for cure. (Nevhotalu & Mudhovozi, 2012). Sindiga, Yaigotti-Chacha and Kanunah (1995) define traditional healing as the sum total of ways of knowing and practices, used in diagnosing, preventing or eliminating a physical, mental or social disequilibrium and which relies exclusively on past experience and observation handed down from generation to generation, verbally or in writing. Traditional healing is thus an integrated and holistic approach and focus is the harmony between body and mind. Traditional healing considers amongst other things learning, insight, goodwill and empathy as its cornerstones (Sindiga

et al., 1995). Indigenous people's interpretation of events is collective and they ask; "What has happened to us?" and "How have we changed as a result of our historic experience?". The term 'family' includes not only one's immediate kin but also extended family relationships that include many aunts, uncles, cousins and grandparents (Pellerin, 2012; Wessells & Monteiro, 2001).

In addition, believing that God is superior and that he allows any circumstance to happen to them whether positive or negative proved to be an effective coping with negative emotions. Believing in God thus helped to make the trauma more acceptable and meaningful, worth suffering for and rewarding at the end (Johnson et al., 2009). While Western researchers are concerned with the individual's reaction to loss, the African perspective focuses on "the spiritual, systemic, interactional nature of healing in grieving and the resources which the community makes available" (Nwoye, 2005, p. 147).

There are universal psychological processes underlying psychological problems associated with trauma and counsellors should bear in mind that traumatised individuals do not live in a vacuum (Edwards & Blokland, 2012). Thus in African contexts, counselling for trauma should be informed by and be sensitive to a variety of contextual factors. Without local knowledge, counsellors will not know the beliefs or obstacles to recovery that individuals face (Edwards & Blokland, 2012). African indigenous healing should therefore provide health, sanity, spiritual solace and other valued family or community virtues (Mpofu et al., 2011).

The use of collectivist and individualistic perspectives in healing trauma was evident in the work of the Truth and Reconciliation Commission in South Africa (Edwards, 2005). Counsellors were available to offer individual help and the process was more of a public ritual that led to great relief (Edwards, 2005). The goal of truth commissions has been to combine the rule of law with psychosocial goals in order to break the cycles of violence and facilitate reconciliation. These commissions stress the dimensions of truth telling, apology, forgiveness, and reconciliation. However, truth commissions are expected to fulfil the mandate of healing psychosocial traumas in countries that suffer not just the

traumatic experience of wars, but also from the numerous psychosocial issues that result from these forms of mass violence (King, 2011). The process of healing therefore calls for a broad spectrum of activities that include political and social transformation and other community approaches (Edwards, 2005).

Contact with death and bloodshed, killing or seeing people being killed during the war are believed to lead to pollution of the individual. The spirits of the war dead are thought to enter the wrongdoers and may afflict not only the individual who committed the offenses but also the entire family or group. The cleansing process therefore is seen as a fundamental condition for collective protection against pollution and for the social reintegration of war-affected people into society (Honwana, 1997). In Mozambique and Angola people believed that war-related psychological trauma is directly linked with the anger of the spirits of those killed during the war. In southern Mozambique these spirits are called *Mipfhukwa* - spirits of those who did not have a proper burial to place them in their proper positions in the world of the ancestors. They are believed to be unsettled and bitter spirits who can cause harm to their killers or to passers-by (Honwana, 1998).

Rituals performed for former child soldiers are, therefore, aimed at dealing with what happened during the war. An acknowledgment of the atrocities committed and a subsequent break from that past are expressed through ritual performance. There are different types of rituals. Some rituals are addressed to those who have participated in the war but did not kill; others are particularly directed to those who killed other people. The latter are more complex and require the expertise of a traditional healer. It is believed that the spirits of the dead can drive the killer insane (Honwana, 1999). The whole family (both the living and the dead - the ancestors) take part in the cleansing and healing processes. The ancestors are believed to have a powerful role in protecting against evil and misfortune.

Healing in African societies is achieved through non-verbal symbolic procedures, understood by participants. Clothes and other objects symbolising the past may be burnt

or washed away to impress on the individual and the group a complete split with that experience and the beginning of a new life. Recitation and remembering the traumatic experience is like opening a door for the harmful spirits to enter the communities. Thus, interventions by therapists meant to have people verbalise about their trauma may in fact cause more harm than good in African contexts (Honwana, 1999).

Schnittker, Freese & Powell (2000) suggest that racial differences in beliefs on illness causation play a significant role in the tendency for African Americans to perceive professional mental health treatment in more negative ways than whites. Studies by Bojuwoye (2005) demonstrated that help seeking among individuals in Africa is informed by Western medicine and African indigenous methods and is determined by education, social class, religious background and residence in urban or rural locations. Schnittker et al. (2000) identified three main categories of individuals in Africa and the Caribbean who seek treatment for mental illness. First, the 'traditional' type includes those individuals who use religious faith/African indigenous healing exclusively. Second, the 'mixed' type is characterized by a hybrid of religious faith healing and Western practices and includes individuals who use Western-oriented methods like psychiatry, counselling and therapy as a complement to religious faith/African indigenous healing. Finally, the 'Western-oriented' type includes individuals who use Western-oriented methods exclusively.

African indigenous health approaches were downplayed for their perceived problematic ideological content and continue to be rejected as valid health knowledge within Western medical discourse. This must be understood within the context of colonial historical processes in Africa, where it was forced 'underground' by European imperial processes that sought to maintain the dominance, status and power of Western thought (Waldrom, 2004). African indigenous health knowledge remains unimportant because its adherents remain powerless in the context of a Western scientific domain in which political power is key to legitimacy (Waldrom, 2004).

Alliances between African indigenous health approaches and Western medicine can be upheld if trivial dichotomies between the two health approaches were eliminated. For example, Vaughan (1994) argues that labelling of African indigenous health systems as concerned solely with social relations and culture-bound illnesses contradict its interest in the pathology of the body, an attribute it shares with Western medicine. These two approaches diverge with respect to how they conceptualise the connection between the social and the physical. While, African indigenous health systems focus on how the body acts as a vehicle through which social conflicts and tensions are expressed and how problematic social conditions must be resolved if illness is to be cured, Western medicine focuses on individual pathology, perceiving the body and illness as not related to the social and cultural experiences of the patient.

Clinicians offering help need to appreciate the local culture, the historical roots of that culture, and the manner that the culture has shaped indigenous concepts of mental health and healing. Understanding of one`s culture helps to determine appropriateness and feasibility of certain interventions. There is need to work with local people (Warfa, Chalangary, Amour, Mollica, & Bhui, 2014). Individuals strive to search for meaning with regard to what they would have experienced. The meaning-making process is coloured by their cultural beliefs, they judge if the information provided by those who treat them is of value (Smith, Lin, & Mendoza, 1993).

4.5 Conclusion

The chapter highlighted how various therapies can be used in healing trauma. Spirituality has been found to be an important facet in the healing of people from Africa. Psychological treatments like cognitive behavioural therapies, humanistic therapies and psychodynamic therapies should not be discarded but tailor made to suit clients in an African setting. Forgiveness and the use of trauma narratives were also found to be therapeutic for those who have experienced traumatic events. Traditional methods of healing like consulting traditional healers and faith healers were also emphasized.

CHAPTER 5

RESEARCH METHODOLOGY

5.1 Introduction

The research methodology chapter presents the methodological underpinnings of the current research. To begin with, it is noted that the research is constructivist in nature and assumes that there are multiple realities. The research design and issues such as sampling, data collection, analysis and ethics are highlighted in this chapter.

5.2 Research design

The present study utilised the constructivist epistemology which posits that knowledge is established through the meanings attached to the phenomena under study (Krauss, 2005). Researchers interact with the subjects of study to obtain data. The process of inquiry changes both researcher and subject (Coll & Chapman, 2000; Cousins, 2002).

The researcher used the relativistic ontological assumption that maintains that there is no single unitary reality (Lythcott & Duschl, 1990) but multiple realities constructed by human beings who experience a phenomenon of interest. In other words, people impose order on the world in an effort to construct meaning. Relativism points to the fact that humans thrive to make sense of their circumstances by organising their experiences so as to reduce them into logical, understandable and explainable form. It involves construal and is divorced from foundational or initial reality (Guba, & Lincoln, 2001). Therefore, it is an error to assume that since people are from the same background and are staying in the same neighbourhood their joys and sorrows are preconceived and predetermined.

Thus, in this study it is assumed that it is only through war veterans` lens that one can understand their experiences. The meaning that they may give to events or how they understand their everyday lives is unique and should not be universalised. They socially construct their own understandings and as a group are influenced by a particular event in a different manner compared to civilians. Their experiences shape their day to day lives in a way that can not be understood by an outsider. To better understand people`s

experiences events must be placed within a cultural frame so as to pinpoint causal influences and consequences (Marsella & Christopher, 2004).

Trauma experiences are usually studied via quantitative methods but that often raises challenges in capturing the totality of the effects of complex trauma on individuals (Fingley, 1985). Quantitative data deals with numbers, whilst qualitative data deals with meanings (Dey, 1993). This study used a qualitative research design to facilitate a meaning-making process and knowledge production (Levers et al., 2008). Meanings are mediated mainly through language and action (Dey, 1993). Qualitative researchers use fewer samples but probe more intensely into the individuals' ways of life, subcultures and scenes in order to generate subjective/personal understanding of how and why people perceive, reflect, interpret and interact with their world (Adler & Adler, nd).

The researcher adopted a phenomenological approach which is concerned with the lived experiences of a group of people with a phenomenon of interest (Hancock, 2002). In phenomenology, rich data can be obtained if the subjects are given the freedom to choose their own examples of lived experiences (Sodi, 1996). Phenomenological approach aims to find out phenomenon as observed by the actors in a situation. It involves putting together deep information through inductive methods like interviews and discussions. It entails 'bracketing' taken-for-granted assumptions and usual ways of perceiving. The description of people's lived experiences, events or situations ensures that attention is given to rich detail, meaningful social and historical contexts and experiences and the significance of emotional content so as to open up the word of whatever or whoever is being studied (Denzin, 1989).

Epistemologically, phenomenological approaches are based on a paradigm of personal knowledge and subjectivity, and emphasise the importance of personal perspective and interpretation (Lester, 1999). Phenomenological research is also lived experience for researchers as they adapt to the ontological nature of phenomenon while learning to "see" pre-reflective, taken-for-granted, and essential understandings through the lens of their

previous understandings and prejudices (van Manen, 1990). Since the present study's primary goal was to come up with a culturally relevant trauma model that is informed by the lived experiences of the Zimbabwean war veterans, the researcher found the phenomenological approach to be appropriate.

5.3 Study setting



Figure 1: Map of Zimbabwe showing Gweru

The site for this study was Gweru District which is in the Midlands Province of Zimbabwe. The Province has a mixed bag of people from various backgrounds. It is an area of convergence of different cultures. It is a culturally diverse community, a fact which makes it a potentially ideal 'laboratory' for testing how trauma is perceived in various cultures.

The researcher chose Gweru district with the hope of interviewing war veterans who were aligned to both the ZIPRA (Matebeleland) and ZANLA (MaShonaland) regiments during the liberation struggle. The urban population of Gweru is about 300,000 people. Gweru falls within the Ndebele and Shona regions and quite a number of people can communicate in both languages although Shona is the main language. During the colonial era, cities were segregated according to race with the Africans living only in the high-density areas. Coloureds (those of mixed heritage) lived in separate medium-density areas while the whites (Europeans) occupied most of the medium- and all of the low-density areas.

5.4 Sampling

The sample was obtained from Gweru District War Veterans office in the Midlands Province of Zimbabwe (see Appendix A – Permission to access register of war veterans). The office has over 500 war veterans in their registers. Criterion sampling, which is one type of purposive sampling was used in this study. Criterion sampling involves searching cases or individuals who meet a certain criterion. The criterion that was used was that all war veterans who participated in this study should have experienced more than seven traumatic events which were screened using the Life Events Checklist (LEC) (Gray, Litz, Hsu, & Lombardo, 2004) (see Appendix B for the checklist).

The Life Events Checklist is a brief, 17-item, self-report measure designed to screen for potentially traumatic events in a respondent's lifetime (Gray et al., 2004). It has demonstrated adequate psychometric properties as a stand-alone assessment of traumatic exposure particularly when evaluating consistency of events that actually happened to a respondent (Gray et al., 2004). It assesses exposure to sixteen events known to potentially result in PTSD or distress and includes one item assessing any other extraordinarily stressful event. Consultations with key informants and trauma experts were done and this helped in modifying the life events checklist to suit local contexts.

Overall, twenty six war veterans took part in the current study. In depth interviews were done with sixteen participants. Two focus group discussions (FGD) were conducted with five people per group. The participants who were part of the focus group discussions were different from those who were interviewed. Kuckelman, Cobb and Forbes (as cited in Goldberg, 2011) suggest approximately six cases for a phenomenological study whilst other researchers recommend sampling with a range of five to twenty-five participants (Goldberg, 2011). In general, a strict sample size is not predetermined. Rather, the criterion for "how many" and when to quit, is when redundancy occurred (Goldberg, 2011). The total number of participants for this study was determined by saturation of themes (i.e. when large amounts of data were being collected on the same theme).

5.5 Sociodemographic information

In the table below, the demographic details of the participants are presented.

Table 1: Participants` demographic information

Participant	Gender	Age	Current employment	Level of education	Age joined war	Period of involvement in war	Deployment marital status	Number of children	Age of eldest child	Age of youngest child	Score on checklist
Kamba	M	56	NIL	PRI	18	3	S	5	29	11	7
Chimuti	M	67	NIL	SEC	25	7	M	6	40	25	9
Tapera	F	55	NIL	PRI	15	3	S	6	35	15	14
Gonese	M	57	NIL	PRI	17	3	S	4	30	16	16
Taguta	F	54	S/E	TER	14	5	S	5	29	14	8
Gomo	M	61	NIL	PRI	20	6	S	5	30	10	8
Mwenya	M	63	NIL	PRI	21	3	M	6	40	20	14
Bhungu	M	51	SOL	SEC	13	3	S	3	35	14	14
Rozvi	M	60	S/E	PRI	18	5	S	6	35	17	7
Chuma	F	50	SOL	PRI	14	6	S	2	25	20	16
Gwati	F	65	NIL	PRI	20	8	M	4	40	25	15
Mutase	M	57	NIL	PRI	16	4	S	4	25	10	8
Tonga	M	58	NIL	SEC	20	2	S	5	31	16	10
Rasi	M	61	NIL	PRI	21	3	M	7	37	19	10
Mukoma	F	57	NIL	PRI	15	4	S	5	26	15	10
Chara	F	60	NIL	SEC	17	6	S	2	28	20	14
FGD 1	F	53	POL	SEC	15	3	S	5	30	14	12
FGD 1	F	55	NIL	PRI	15	3	S	4	28	13	9
FGD 1	M	75	NIL	TERT	30	6	M	8	52	30	11
FGD 1	F	61	NIL	PRI	22	4	M	6	38	24	15
FGD 1	M	52	NIL	PRI	14	3	S	4	25	10	12
FGD 2	M	55	S/E	SEC	17	3	S	4	23	8	14
FGD 2	M	58	NIL	PRI	17	4	S	6	32	14	9
FGD 2	M	67	NIL	TER	28	2	M	5	38	15	12
FGD 2	M	56	NIL	SEC	16	4	S	4	27	15	16
FGD 2	F	57	NIL	SEC	18	4	S	5	34	18	14

Key: SOL/Soldier; S/E/Self-employed; POL/Policeman; PRI/PRIMARY; SEC/Secondary; TER/Tertiary;

A total of twenty six war veterans took part in the current study, ten females and sixteen males. The age of the participants ranged from fifty one to seventy five years. Three of the participants were self-employed, three worked for the government and twenty were unemployed. Three participants had tertiary qualifications, eight had gone up to various stages of secondary education, 15 had some primary level of education and 6 of them had completed their primary education.

The youngest participant joined the war when she was 13 years old and the eldest joined at thirty years of age. The period of deployment (years spent at war) ranged from 2-8 years. At the time of deployment, six of the participants were already married and twenty were single. The average number of children that each participant had was five, with the ages of their eldest children ranging from 23-40 years. The ages of the participants' youngest children ranged from 8-30. The screening that was done using the Life Events Checklist (used to find out the number of traumatic events that the participants have experienced) showed that each of the study participants had experienced more than seven traumatic events.

5.6 Procedure of data collection

In-depth interviews and focus group discussions were used to collect data from a sample of war veterans purposively sampled with the use of the modified version of the Life Events Checklist (LEC). Data was collected over a period of two months at the Gweru District War Veterans office at a time that was convenient for the participants.

The researcher obtained clearance letter to interview the war veterans from the National War Veteran Association (Appendix G). One of the volunteer workers at the war veterans office helped in organising the in depth interviews and focus group discussions. He was trained by the researcher on how to use the Life Events Checklist to select suitable study participants. Contents of the checklist were first discussed with the research assistant.

Those who agreed to take part in the study signed individual consent forms. The researcher had intended to interview all veterans who had been exposed to five or more traumatic events but it was realised that all participants were reporting more than five traumatic events in their lives. The cut off point for traumatic events was increased to seven. If a participant met the selection criteria, the interview was scheduled for a date and time that was convenient for him/her and money was provided for transport and meals. However, for those who were prepared to be interviewed the research assistant contacted the researcher and the interviews were done that very day.

The research assistant helped in explaining the purpose of the study to the participants since most of the participants had the notion that the interviewer had political intentions. Prior to each interview and discussion, the participants were given an oral description of the study in a language that they understood.

5.6.1 In-depth individual interviews

Cousins (2002) proposed that in-depth interviews are vital in phenomenological research because they allow the researcher to probe into the individuals' subjective experiences. This assumption supports the use of semi-structured interviews as the primary data collection procedure for the present study. An interview guide (see Appendix C) was developed to increase consistency and credibility across each interview.

The interview guide was divided into three sections in line with the three research objectives. The first section probed on the war veterans' conceptualisations of complex trauma. The focus was on their experiences of trauma during the period of war and after independence. The second section looked at the coping strategies that the study participants used to deal with trauma. Specific coping strategies for the specific traumatic experiences in their lives were probed into. The last section was mainly aimed at consolidating the information from the first two sections with the ultimate goal of developing the psychological trauma model. This section mainly had questions on how trauma was conceptualised and expressed in the local languages.

In-depth interviews were done with sixteen participants. Selection of war veterans to participate in the in-depth interviews ended when there was saturation of data that is when the researcher felt that there were diminishing returns and no new themes were being generated from the participants' narratives (Ziebland & McPherson, 2006). Interviews lasted about one hour to one and half hours.

5.6.2 Focus group interviews

Focus group interview were used to compliment the in-depth individual interviews. Like in the case of individual interviews, the researcher used semi-structured interviews (see Appendix D) during the focus group interviews. The focus group, guide just like the individual interview guide, was divided into three sections. The guide was meant to triangulate and validate information that was obtained from the indepth interviews and from literature. Questions on the role of group dynamics and relations in the war veterans experiences were emphasised in the focus group guide.

Two focus group discussions were conducted with five participants in each group. The groups consisted of both male and female war veterans. The first group had three females and two males and the second group had four males and one female. Some authors postulate that a focus group should have 6-10 participants (MacIntosh, 1981). However, for the current study each group had five participants. Morgan (2001) noted that the upper or lower boundary is not very important since focus group discussions could be done with a minimum of three and a maximum of twenty people. He further argues that larger groups with people who are more involved are difficult to manage. The small groups were chosen because all participants were respectful of each other and the researcher desired a clear sense of each participant's reaction to the topic under study as each participant had to be given more time to talk (Morgan, 2001).

The researcher made deliberate effort to ensure that the groups were comprised of both genders so as to avoid the misconception that the study was a woman or man's issue.

Morgan (1997) has noted that segmenting focus group participants by sex or gender is important when issues raised by a certain topic lead to different perspectives between men and women. Such differences reduce comfort levels in the discussion or affect how clearly issues are discussed. However, in the current study, there was no need to have homogenous groups based on gender because the issues that were being discussed equally affected both genders. As put across by Morgan (1997) the researcher made sure that each participant had something to say about the study topic and felt comfortable saying it. Morgan alludes to the fact that participants should first be asked if they could discuss the topic in normal day to day life and when they agreed the focus group should go ahead.

All interviews were done under a big tree at the district war veterans` office. The location was found to be appropriate since the available offices were always occupied. In addition, the open space under the big tree is where the war veterans usually hold their meetings as it is away from disturbances from other people. Gibbs (1997) noted that for pre-existing groups, focus group meetings could be done at a place that the group usually hold their meeting. According to Turner (2010) interviews should be conducted in a comfortable environment where participants do not feel restricted or uncomfortable to share information. The individual interviews and focus group discussions were audiotaped. Immediately after the interview notes were written to capture the main highlights of the discussions. Each discussion took between one and half hours to two hours.

5.7 Pretesting

Pre-testing of the research instruments was done before data collection. Three in-depth interviews were done with war veterans to pre-test the individual interview guide. Participants who participated in the pre-test were not part of the final study. Pretesting helped to modify the research instruments for example, the original instruments had no questions on the *traumatic* experiences for specific periods of the war veterans` lifespan. After the pre-test the researcher added questions to solicit for the actual words, from the local language, that were used to explain the participants` life experiences.

5.8 Data analysis

Thematic content analysis was used to analyse the data. Thematic content analysis refers to qualitative data reduction and sense-making effort that takes a volume of qualitative material and attempts to identify core consistencies and meanings (Zhang & Wildemuth, 2009). Data analysis began when the first individual interview was conducted and this allowed for the identification of issues that could have emerged during data collection. A note book was kept throughout the study to record the main ideas, codes and themes. Ziebland & McPherson (2006) noted that the qualitative data analysis is an ongoing, fluid, and cyclical process that happens throughout the data collection stage of your evaluation project and carries over to the data entry and analysis stages.

The eight steps of data analysis elucidated by Zhang and Wildemuth (2009), and borrowed from the original content analysis procedures by Tesch (1990), were followed in this study. The eight steps are outlined below:

- **Step1: Data preparation.** This involved transcribing of recorded data into text. This was a tedious process that involved writing down recorded interviews onto a Microsoft word page. Transcribing helped the researcher to transform audio data into reusable form and it allowed for repeated interaction with the data which helped in familiarising. During this process, common themes began to emerge as well.
- **Step 2: Defining the unit of analysis.** This is when the basic unit of text to be classified during content analysis were explained. The researcher first explored the transcribed data so as to familiarise with it. Messages were unitised before they could be coded and individual themes as derived from the research questions were used as the units of analysis. The research questions covered the purpose of the study or the story line (what the study is all about) and works as an analytic thread that helped to integrate the main themes of the study. A researcher “might

assign a code to a text chunk of any size, as long as that chunk represents a single theme or issue of relevance to your research question(s)” (Zhang & Wildemuth, 2009, p. 3). Each transcript was read and re-read and sections of the text were numbered with the numbers 1,2,3,4 corresponding to the following headings as derived from the research questions: ‘experiences’, ‘understanding’, ‘expressions’ and ‘coping’ wherever these themes were expressed by the study participants. The coding scheme that will be discussed in the next stage was based on the story line developed in the current stage. Developing the story line is important in that it helps to decide on the concepts and themes that are to be communicated, provide a guide to how data should be organised and coded and gives the basic structure for the coding scheme (Impact, nd).

- **Step 3: Developing categories and coding systems.** Coding is the transitional process from data gathering to data analysis (Saldana, 2009). It is the process of organizing and sorting data. Codes serve as a way to label, compile and organize data and is a shorthand of a category not yet discovered (Saldana, 2009). Codes also allow the researcher to summarize and synthesize what is happening in your data. In linking data collection and interpreting the data, coding becomes the basis for developing the analysis. It is a personal filing system. Data is placed in the code just filing in a folder (Impact, nd).

The researcher coded data by looking for similar words or phrases mentioned by the interviewees and a coding manual was developed to ensure consistency of the coding. Coding allowed the researcher to develop categories as codes were grouped into overarching broad topics or categories to find repetitive patterns and consistencies. Coding helped to ensure that all the interview sections that were related under the same heading could be retrieved with ease and that data was manageable and meaningful (Saldana, 2009). Coded data were grouped into categories because they shared the same characteristics.

- **Step 4: Testing the coding scheme on a sample of text.** This involved validation of the coding system through coding of a sample of data. Inter-coder agreement

was used to assess coding consistency. That is an expert in research methods also coded the same data sample. This was meant to validate the coding system as well as for clarity and consistency of categories. Weber (1990) notes that revision of coding rules should be done until sufficient coding consistency is achieved.

- **Step 5: Coding all text.** After ensuring consistency of the coding system, data were coded. After the initial coding word files were created based on the codes. This simply involved cutting and pasting the narrative quotes onto the relevant category. During this process of coding all data new codes and categories were discovered and these were added to the coding manual.
- **Step 6: Assessing coding consistency.** This was done after coding the entire data set and it involved rechecking the consistency and reliability of the coding system. The expert who helped in coding the sample of data also helped at this stage. It helped to give another person's perspective. The transcripts were reviewed and the coding scheme was used to code the data and results were shared. The process resulted in addition of more categories to the coding scheme.
- **Step 7: Drawing conclusions from coded data.** This involved making sense of the themes and categories identified and their properties. Data that was coded was divided into themes. The data was then reviewed within the themes or categories, and an understanding of each theme was reached. Relationships and patterns between categories were identified. Inferences were made and reconstructions of meaning derived from data were presented.
- **Step 8: Reporting methods and findings.** Presentation of results involved description (giving readers background and context of study) and interpretation (researcher's personal and theoretical understanding of phenomenon under study).

5.9 Steps in developing the trauma model

A model is a mental framework for analysis of a system and serves as a simplified representation of real-world phenomena (Powell & Connaway, 2004). Models also help

to illustrate how variables relate to each other. The following steps were used in coming up with the research model for the current study.

- Step 1: Critical evaluation of the literature- this helped to define relevant terms to provide the background information about the topic and its importance and to develop a focus for the research.
- Step 2: Terms of the research were defined.
- Step 3: Background information on trauma was sought as well as the reasons why it is important to study the phenomena. Historical background of the study participants was also sought mainly focusing on their experiences.
- Step 4: Exploration of theoretical models on trauma was done. Relevant features of the theories were included in the current model.
- Step 5: Exploring the findings of the study as guided by the research questions. Data obtained from the in-depth interviews and focus group discussions were incorporated into the model.
- Step 6: Model was developed from the research findings, literature and existing theoretical models.

5.10 Issues of bias, objectivity, reliability and validity

Although reliability and validity are treated separately in quantitative studies, these terms are not viewed separately in qualitative research. Instead, terminology that encompasses both, such as credibility, transferability, and trustworthiness is used (Golafshani, 2003). The researcher placed boundaries around the study, by adequately stating the parameters such as the variables, the population and theoretical perspective.

Demonstrating the credibility of the researcher and the methods used is paramount (Lincoln & Guba, 1985). In addressing credibility, investigators attempt to demonstrate that a true picture of the phenomenon under scrutiny is being presented. To ensure credibility, criterion sampling of individuals to serve as informants was used. The Life Events Checklist was used to randomly select individuals who had encountered more than seven traumatic events. Triangulation in data collection with the use of focus groups

and individual interviews also helped to ensure credibility of research findings. The use of different methods compensates for their individual limitations and exploits their respective benefits and can be viewed as a way of strengthening the study's usefulness for other settings (Lincoln and Guba, 1985).

Ultimately, the beliefs of combat veterans expressed in their own words were the cornerstone of trustworthiness in this study. Every step of the research process was documented in a research journal to create an open record of the war veterans' experiences. This provided a comprehensive audit of the research process to help account for bias and add credibility to analysis. If bias or leading questions were detected, subsequent interviews were modified to improve objectivity.

To allow transferability, details of the context of the fieldwork and background data were provided to establish context of the study description of the phenomenon under study. The consistency of data was achieved when the steps of the research were verified through the examination of items like raw data, data reduction products and process notes.

An audit trail was produced, including interview questions and protocol, fully transcribed interviews, and a detailed account of the coding process. This made the data available for re-analysis. The researcher also involved peer researchers and experts in the field of trauma to assist with interpretation and to improve the analysis. Respondent feedback was also used to improve the validity of the study. This involved having three war veterans who were not study participants reading and commenting on the analysis. They confirmed the findings to be true.

5.11 Ethical considerations

5.11.1 Permission of the study

Prior to commencement of the research, the researcher sought and obtained ethical clearance from the University's Research and Ethics Committee (see Appendix E: Ethical clearance letter). Permission to interview the war veterans was obtained from the war veterans secretary at the Gweru office.

5.11.2 Informed consent

Participants were informed about the research, so that they fully comprehend the investigation and consequently be able to make voluntary decisions about their possible participation (De Vos, Strydom, Fouche & Delport, 2005). Study participants signed individual consent forms after the objectives of the study was fully explained to them (See Appendix E).

5.11.3 Confidentiality/anonymity and privacy

It is the responsibility of the researcher to ensure that she safeguards the privacy and identity of the research participants. The information obtained was handled in a confidential manner. Transcripts from the audio records was kept under lock and key at the researcher's office and pseudo-names were used to identify the study participants to protect their privacy.

5.11.4 Respect for persons

The researcher ensured that the dignity of all research participants was respected by assuring that they benefit from the knowledge derived from the study. The results of the study will be shared with the Ministry of war veterans. This will help in informing interventions. The researcher addressed the participants as comrades in keeping with how they identified themselves during and after the war.

5.11.5 Provision of aftercare for respondents

Only one participant showed some emotional reactions related to their traumatic experiences. She was referred to the nearby clinic for psychological support. In line with the recommendation by Babbie (2001), this ensured for the correction of emotional problems that were generated by the research experience.

5.12 Conclusion

This chapter highlighted how the phenomenological research design has been used to explore the experiences of complex trauma among war veterans in Zimbabwe. This approach is relevant for the current study because it allowed, through in-depth individual interviews and focus group discussions, participants to freely talk about the traumatic events that they have experienced in their lives.

CHAPTER 6

FINDINGS OF THE STUDY

The study sought to find out how war veterans in Zimbabwe conceptualised issues of trauma in their lives. As outlined in the previous chapter, the researcher followed the eight steps of data analysis elucidated by Zhang and Wildemuth (2009) to transform the data. In this chapter, the presentation of the results will only be limited to steps 7 and 8 (namely, drawing conclusions from coded data and reporting the findings). In Part A, the data is reviewed with a view to understanding the relationships and patterns within the themes. In Part B, a psychological description and interpretation is given. Based on these psychological descriptions, the researcher will then develop a trauma model that will be presented in Chapter 7.

PART A: RELATIONSHIPS AND PATTERNS WITHIN EMERGING THEMES

6.1 Experiences of complex trauma among war veterans in Zimbabwe

This section mainly focuses on the experiences of complex trauma as reported by the war veterans who took part in the current study. Six categories of themes were extracted from the data. The first group of themes is the cross-cutting themes. This category encompasses traumatic experiences that were reported by all the study participants and also spanned throughout the war veterans' lives. The other categories of traumatic experiences were found to be specific to certain periods in the lives of the war veterans. These time periods were: a). war and integration period; b). independent years; c). Zimbabwe's childhood period; d). Zimbabwe's adult years; and e). Zimbabwe 2010 to date. The various themes and subthemes are presented in Table 2 below.

Table 2: Trauma experiences; Categories, themes and subthemes

Category	Themes and sub themes
Cross-cutting themes	1. Poverty <ul style="list-style-type: none"> a) Poverty during the integration period b) Poverty across the lifespan c) Failure to fulfil roles d) Missed opportunities e) Failure to secure employment f) Failure to fulfil roles
	2. Appreciation from the Zimbabwean community <ul style="list-style-type: none"> a) Being blamed b) Bad publicity c) Acknowledgement from civilians d) Labelling e) Defending one`s position
	3. Dysfunctional Relationships <ul style="list-style-type: none"> a) Isolation and loneliness b) Mistrust
	4. Health related issues <ul style="list-style-type: none"> a) Physical illness b) Disability
	5. Struggle for spirituality <ul style="list-style-type: none"> a) Christianity b) Ancestors (African Religion)
	6. War veterans still at war <ul style="list-style-type: none"> a) Reminders of the war period b) Fears during the integration period c) Fear of the future
War and integration period (1966-1980)	1. Death <ul style="list-style-type: none"> a) Witnessing death b) Food and cloth poisoning 2. Shortage of basic necessities <ul style="list-style-type: none"> a) Hunger and food shortages

	b) Problems to do with womanhood
Independent Zimbabwe (1980-1983)	1) Injustice 2) Rejection by significant others 3) Bitterness and unfulfilled promises
Zimbabwe`s childhood years (1984-1993)	1) Social comparisons 2) Retrenchments
Zimbabwe`s adult years (1994-2009)	1) Emergence of new political parties a) Loss of power and independence b) Threat to conceptual self c) Country going under colonialism again
Zimbabwe 2010 to date	1) Collective trauma a) Safety within group threatened b) Disharmony among war veterans group 2) Betrayal and being used

6.1.1 Cross-cutting lifetime traumas

Six common themes covering traumatic experiences in the life span of the war veterans were reported by all the study participants. They are labelled as common themes because almost all the study participants who took part in the in depth interviews and the focus group discussions reported them as being traumatic and they occurred throughout the lives of the war veterans. The main themes for this category are poverty, lack of appreciation from the Zimbabwean community, strained relationships, health related issues, war veterans still at war and struggle for spirituality.

6.1.1.1 Poverty: Poverty across the lifespan was found to be one of the distressing experiences as reported by the war veterans. Sub themes drawn from the poverty theme are: poverty during the integration period, poverty across the lifespan, failure to fulfil roles, failure to secure employment and missed opportunities.

6.1.1.1.1 Poverty during integration period: War veterans reported that when they returned to their homes from the war they were traumatised by the fact that they did not

have any belongings. They were so poor that they had nothing to show for their participation in the war of liberation. After being heroes/heroines during war, it was so devastating for them to become beggars. The following extracts illustrate the theme of poverty during the integration period:

“My mother cried when she saw me for the first time after the war had ended. I had become thinner and I looked like a person who was insane because of the tattered clothes that I was wearing. My brothers had to donate cloths for me and since then things have never been better in my life” (Male participant, FGD 2)

“I thought I was going to tell my children and grandchildren about the troubles that we went through during the war of liberation. I thought we would be sitting pretty and enjoying our lives with riches overflowing. Such beliefs made us to go on and gave us courage during the war. We used to refer to a Shona idiom that said “kugarika tange nhamo” translated to mean for one to be rich he/she should start as a poor person. Not everything that gave us courage came to fruition. We cannot even leave a legacy for our children. I personally did not want the war to end because I dreaded the fact that I had nothing to take home nothing to give back to my parents and siblings. The whites always leave something for their children and grandchildren but for us we virtually have nothing” (Female participant, FGD 1).

The feeling of despair and misery because of failure to acquire necessities was prevalent in the war veterans’ narratives. Shattered expectations led to great psychological distress among the study participants. They had envisaged that they would live in riches as one of the gains from participating in the liberation struggle. Failure to reach expected goals in life was therefore a source of anger and frustration for the war veterans.

6.1.1.1.2 Poverty across the lifespan: War veterans lamented the fact that throughout their lives they have lived in misery and poverty. To them their livelihoods had never been better and they were pained in recognising that their friends and colleagues were also leading equally miserable lives. The following extracts underscore the war veterans’ experiences with poverty:

“Last year I saw a friend of mine, a war veteran [sic] selling milk in town. He had a bucket and was wearing tattered clothes and he looked sick. I talked to him and he said very few people were buying the milk from him. I said to myself how could people buy milk from someone who does not look well. It was a sad scenario. If you want to see poor people go and look for war veterans” (Cde Gomo).

“We are at the apex of poverty and we are examples of how poverty can be in a society. We are role models of poverty. I have a diploma in accounting and have completed part one CIS. But people always think that we are uneducated because we lead poor and miserable lives. It seems we are stuck forever with these poor living conditions” (Cde Taguta).

Poverty as reported by the war veterans spanned throughout their lives, and most of them could not remember a period in their lives when they had adequate provisions. Their experiences with adverse events had led to helplessness a situation where they felt they could not do anything to change their life narratives. They were hopeless and to them the future looked bleak. As a result of being poor and witnessing how poor their fellow war veterans were, the study participants reported stress and negative emotions like sadness and anger.

6.1.1.1.3 Missed opportunities: War veterans reported that since they went to war at the ages 15-19 years, they missed the opportunity to attend school and to develop themselves. They said that those who did not go to war had a chance to go to school and currently occupy better positions than them. The following extracts illustrate this theme:

“If I had gone to school earlier, married earlier I could have had time to work for my children. Now I have 2 children who are at university and two who are still in high school and my fear is that my own children will not complete their education and this will always haunt me as I rewind my history as a war veteran. At times I can’t resist the feeling that my life could have been better if I had not gone to war” (Male participant, FGD 1).

“Some of my childhood friends did not go to war. They remained behind and continued with their education. Right now one of them owns shops at our rural area and is a well-known business man. The other one has a top post in government. Whenever I think of them I feel I wasted my precious time” (Male participant, FGD 2).

War veterans who participated in the study were therefore bitter that they spent time at war and could not economically empower themselves. They said it was very painful to note that some people who did not even go to war were living lavish lifestyles when war veterans languished in poverty. So issues of resentment were found to colour the participants' narratives especially the perception that they had lost opportunities. They regretted going to war, and there was self-blame as participants felt that their present situation could have been better only if they had not gone to war.

War veterans attributed their circumstances to missed opportunities even though civilians also face similar economic challenges. As given by the fundamental attribution error, people erroneously assign wrong causes of phenomena.

6.1.1.1.4 Failure to secure employment: War veterans echoed the sentiments that employers were not keen to hire them because they perceived them as a nuisance and violent people. Cde Rozvi reported that he used to work as an accountant at a certain company for five years. He never revealed that he was a war veteran. One day the woman that he worked for was involved in an intense argument with an army personnel (soldier). After the exchange of words, she told her manager that never in her life would she employ a soldier or a war veteran. The manager then told her that Cde Rozvi was a war veteran. She almost fainted and asked Cde Rozvi why he had not revealed this to her.

The quotations below extracted from the participants' narratives help to illustrate the problems that participants had in securing employment:

“My CV has missing years from 1973-1979 when I was in the bush (at war). Whenever I went for a job interview people always quizzed me about what I was doing during that period. I would usually lie and used to tell them that I was ill for

that period. However, this had its own problems because employers could not hire me because they thought I would fail to work due to poor health. Whenever people got hold of my papers and discovered that I was an ex-combatant they always ask me if I was a real war veteran since I am so soft spoken. It seems society has its own expectations as far as what a war veteran should be like” (Cde Gomo).

“For one of the interviews that I attended I got the job because the person who was chairing the interview panel was a ‘mujiba’ (a war collaborator). He knew that I was a war veteran and he never asked about the missing years on my CV” (Male participant, FGD 2).

War veterans said no one was keen to employ them because people thought they were violent people. Even when it came to promotions, they said they were the last to be promoted even when they were the most qualified. For a managerial post, one focus group participant said he was told that:

“Being a leader during the war is different from being a manager, so you cannot rule people like you ruled during the war. You will destroy the company” (Male participant, FGD 1).

The extracts above show that war veterans tried as much as possible to hide their identities because of fear and uncertainty. They lived secret lives and would conceal their war credentials. The main reason was fear of stigmatisation and being discredited or rejected. If people knew of their backgrounds, they would avoid them and not want to associate with them. To the study participants it was shameful and a disgrace to be called a war veteran.

6.1.1.1.5 Failure to fulfil roles: Due to the economic hardships that were, facing Zimbabwe in the decade 2000-2010 war veterans reported that they were traumatised by the fact that they were unable to feed their families, to pay for their education as well as to afford other necessities. One participant reported that she was once a cross border trader. However, she had to leave her trade because the Zimbabwean dollars that she

had saved had lost value because of the 2008 hyperinflation. A male veteran from FGD 1 had this to say concerning his failure to provide for his family:

“I have tried to work hard during my life time. After independence I was employed by the government in the army and in 1997 I was retrenched. After that I worked for three other companies. So I started going for night school to do form one to four. In 2001-2003 I did a diploma in accountancy. I tried to look for employment but I could not find any job since I was now competing with students from the universities who had degrees. In 2005 I wanted to enrol for a university degree but due to financial constraints I could not do so. My two children were now in high school and I had to concentrate on them otherwise they would fail to get education like I did. All the same I asked myself what my intention was really at 60 years if I was to continue with education. I accepted my fate, I had already lost my opportunity to go to school and there was nothing I could do”.

In some African contexts, one of the attributes of being a real man is the ability to provide for the family. Failure to fulfil the breadwinning role can be very distressing and leads to self-blame. This could also be accompanied by anger and frustration because of failure to live to expectations.

6.1.1.2 Lack of appreciation from the Zimbabwean Community: The excerpts from the war veterans` narratives revealed that they were traumatised by the fact that they were not being appreciated for the sacrifices that they made in liberating and bringing peace in the country.

6.1.1.2.1 Being Blamed: War veterans in Zimbabwe reported that they were blamed for causing the ills that the country was facing. They indicated that some people would publicly tell them that they led to the economic crisis in the country when they asked for compensation in 1997-8 and were given fifty thousand Zimbabwean dollars each and subsequent monthly payments. In addition, some people also blamed war veterans for taking land unlawfully from the whites. They said this had led to the whites abandoning their farms and thus a reduction in maize production and severe food shortages becoming the order of the day in a country that was once the bread basket of Southern Africa. War

veterans also bemoaned the fact that although people were supposed to treat them with respect no one bothered to really find out what they had been thorough. The following extracts illuminate on the blame that was being levelled against the war veterans:

“I have heard people saying, you war veterans have killed the country. You have taken farms when you don’t even have a vegetable garden. Now you cannot even produce enough food to feed the nation like what the white farmers used to do” (Male participant, FGD 2).

“My neighbour openly told me that if war veterans had not demanded compensation from the government the country would not have had economic problems and the worst inflation in the world” (Cde Bhungu).

Being blamed by the same people that the war veterans felt they had fought to liberate was a source of distress. They felt rejected and not valued by the community. War veterans felt dejected by the fact that not only did people fail to acknowledge the role they played in liberating the country but they went further to accuse them of causing problems in the country.

6.1.1.2.2 Bad publicity: War veterans were not happy with the way they were portrayed in the media. They said whenever veterans did something bad it was promptly reported in radios, televisions and newspapers. But no one bothered to show the war veteran’s positive side. Their sentiments are captured in the excerpts below:

“For all district and provincial war veterans’ offices in Zimbabwe there are always volunteer veterans who devote their time and effort to work at the offices. They process any queries to do with pay-outs and they also help in the arrangement of funerals and burial status of veterans from the district. They forward names to the national offices who then sit down to decide if one is to be given a national, provincial or district hero’s status. They do that for free but no media house has come to us to write about the good works that we do. They are quick to report if a war veteran does something bad, it will be all over the news and it portrays us as

bad people when otherwise we are just normal human beings like anyone else” (Cde Tonga).

“I have heard tourists who visited the country being interviewed. Most of them said they were shocked when they arrived in the country to find that people are peaceful. One of them said news bulletins from his country of origin are always reporting about violence in the country and at one time he heard that war veterans were bringing havoc in the country. But his visit proved this to be false” (Male participant, FGD 1).

Negative media reports thus portrayed war veterans as people who are violent and aggressive. The public in general ended up harbouring this negative perception, thus resulting in stigmatization and isolation of war veterans. Bad publicity also made the war veterans unacceptable and hindered their participation and socialisation.

6.1.1.2.3 Unacknowledgement from civilians: War veterans were troubled by the fact that civilians did not value them for the contributions that they made to the liberation struggle. In fact, they were regarded as troublemakers. The public to depict the war veterans` behaviours usually passed such derogatory statements. Some civilians were reported to have asked the study participants the number of people that they killed. War veterans anticipated that people would hold them with high esteem and not belittle them or be ignorant with regard to the role they played in liberating the country. The following are the extracts from the participants that show that the civilians have derogatory attitudes towards the war veterans:

“Some people think that we are dogs and we eat people. Most of the time I ask myself how I will catch up with the time I have wasted in the liberation struggle. All the voluntarism and sacrifice gone to waste. There is no special treatment for special people in this country. Look at veterans who fought in the Vietnamese war some 50 years ago, they are regarded with high esteem and up to now they are worshiped as heroes, they even boast when they talk of their war experiences. It’s

not that we want some favours but at least that acknowledgement that we did something will quench our souls” (Cde Rozvi).

“People do not understand that we are people just like anyone else. Among civilians there are other [sic] people who are very notorious just like among the veteran community. Imagine if Chidhumo and Masendeke (notorious criminals who were hanged in 2005) were war veterans what would the people have said about war veterans?” (FGD 2 participant).

War veterans reported that they felt ashamed in the communities that they lived in because community members seemed not to acknowledge the contributions that they made to the country`s independence. People were said to mock war veterans by saying:

“Why did you untie the country from where it was tied, tie it back so that we can as well untie it and become heroes” (Cde Mwenya).

This statement shows that most of the community members did not appreciate the contributions made by the war veterans to end colonialism. Most felt that they were useless people who were worthless in society. There were general feelings of disappointment and shame among the war veteran community. War veterans thus reported low self-esteem because of the rejection that they received from community members. They felt worthless and had low efficacious beliefs. It was disappointing and disheartening for them when their efforts were not being recognised and appreciated.

6.1.1.2.4 Labelling: War veterans felt that they were victims of stigma. They felt people perceived them as careless, greedy and violent people. The following extracts illustrate this:

“People do not really know who we are. If you see me walking in the streets you won’t even know that I am a war veteran. But as soon as you mention the fact that you have been to war people don’t take you seriously, they talk to you with caution and may even end up agreeing to whatever you would have suggested because they think you might be violent” (Female participant, FGD 1).

“I have learned to derole and to act like a nobody especially during family gatherings. Family members usually wait for my final say even when there are other siblings who are older than me. I can feel it’s not right and my siblings end up being jealousy” (Cde Rasi).

Negative perceptions and bad attitudes towards the war veterans by the civilians gave the study participants pressure to prove that they were not what people thought they were. It proved, however, to be very difficult to do away with people’s labels as these were ingrained in the minds of the civilians. Some of the respect that they got from members of the public was because of efforts to please them for fear that they could become violent.

6.1.1.2.5 Defending one’s position: Since there were labels that had been attached to the war veterans as people who are useless, some felt they were forced to work very hard to the extent of straining themselves physically and psychologically so as to prove that they are worthy and of value. They worked harder than they would have done to prove that they were strong and could do it. Cde Rozvi said:

“I feel I have to prove to people in Zimbabwe that war veterans are a force to reckon in society [sic]. I work very hard in whatever I do. I got a plot during the land redistribution program and I bought six cows from the pension that I got when I lost my job in 2001. I now have over 20 cattle. I supply 50 litres of milk every day to the market. I work so hard to prove to people that we can do it. However it’s not all that rosy since sometimes you do it so that other people appreciate you. It’s not personal motivation but the dire need to prove a point.”

Some war veterans therefore worked very hard to gain acceptance and recognition from the community. They felt they had to prove that they were not worthless.

6.1.1.3 Dysfunctional relationships: Study participants reported that they faced difficulties in their relationships, which led to their isolation and loneliness. Because of their war experiences, they could not trust people and this also contributed negatively to their participation.

6.1.1.3.1 Isolation and loneliness: Study participants said when they were not in the company of other war veterans they were usually very lonely. This loneliness and isolation came from the fact that civilians did not really understand and thus were not comfortable in their presence. War veterans said that when they came from the war they were very lonely. Their relatives did not want to mix with them because they thought that one day they would just erupt like volcanoes. The following are extracts from the participants' narratives that point to the theme of isolation and loneliness:

"We did not have friends at all when we came back from the war. You really had to prove beyond reasonable doubt to your family and the community that you were a very good person because everyone was afraid of being seen in our company" (Cde Mukoma).

"It was very traumatic for us as war veterans. We saw civilians distancing themselves from us. They really did not understand us. It was quite difficult for us since we had to abolish the veteran image and lower ourselves to civilian level so as to get acceptance. It really hurt and we had to struggle to get recognition" (Cde Chimuti).

"Even today I don't have friends and when I go to my rural home I don't mix with people. In the same vain I cannot stay in one place for long- I usually stay for only thirty minutes or less and leave. People from my rural home do not understand me, we had clashes during the war since I was deployed in my home area. We did not go along at that time because some of them were sell-outs. They think I am still the old person. I am usually comfortable to be around elderly people, I talk to them and they seem to be understanding and respectful. We feel inferior and sometimes we think we should not have gone to war after all" (FGD 1 participant).

Culturally, some Africans value social relationships and co-existence. Circumstances that weaken social bonds usually lead to significant distress. Thus, being isolated is an experience that is traumatic to the war veterans because it inhibits them from participating or socialising and leads to little or no social support, which is very important in coping with adverse life events.

During the war, war veterans felt very important but now they feel the status that they had during the war had been eroded. They struggled to fit into a society that rejected them. There was a dissonance between societal expectations and their own expectations. The societal attitudes and expectations were dehumanizing.

6.1.1.3.2 *Mistrust:* During the period when the war ended and the homecoming period, war veterans said that they found it very difficult to mix with civilians. There were civilians who had been killed during the war for being sellouts and their relatives and children lived in close proximity to the war veterans. Therefore, the veterans were afraid that these family members would come to revenge the death of their loved ones. Some had their cattle slaughtered for meat during the war and this made the war veterans feel very unsafe among the civilians. Cde Bhungu narrated how he could not even trust his own parents:

“When I got home I did not trust my close family members. I had been taught not to trust anyone especially because of the war experiences that I had been through. When they killed a beast and asked me to eat using my own plate- I refused and told them I wanted to eat from the same plate with my brothers - they did not understand my behaviour but at the same time respected me”.

The experiences of participating in the war led to ingrained damage to personality changes among the war veterans. Mistrust led to suspicion and paranoid behaviours among the group, they failed to let go of the war experiences. Thus, being suspicious about other people's intentions inhibited the war veterans' participation and consequently, their attachment relationships were severely compromised. Mistrust and fear of danger became a cognitive bias and a lens that war veterans used to judge other people leading to further isolation and alienation.

6.1.1.4 Health related issues: Participants narrated that they faced a number of health challenges resulting from their war experiences. The two subthemes that were related to health concerns as reported by the study participants were physical illness and disability as explained below.

Some participants said because of the heavy loads that they carried, they now suffered from chronic back pains and they were unable to carry out strenuous activities. Participants also revealed that more than 80% of war veterans suffered from high blood pressure and/or diabetics although statistics were not available to verify this. War veterans said that it was a pity that although some of them had war injuries the money that they were getting as compensation was very little and not enough to cater for their family needs. The money was not enough for them to get decent accommodation or to pay fees for their children. Below are the extracts from the war veterans' narratives that illustrate how the war impacted them physically:

“As females our main task was to carry ammunition and to supply the comrades who were fighting. I fell down while carrying heavy ammunition and my collarbone dislocated. Doctors said they could not do anything. I cried to my ancestors that is how I was healed. But here and there I always feel some pains and I can no longer carry heavy objects or do strenuous jobs” (Female participant, FGD 1).

“I fell into a deep hole during the war and had spine injuries. I got treatment at a clinic that was at the camp. Since the nurses did not have enough medications and the poor equipment, I could not be operated at that time. I then stayed at the camp nursing the injury for one year and for about six months; I could not even bath myself. When we got independence, I approached some specialists but they said it was too late to operate and they just gave me some medications. Up to now I cannot even carry heavy loads, I cannot sit for more than two hours and I cannot stand for more than an hour” (Cde Mwenya).

“My leg was amputated during the war and I got an artificial one after independence. However, since I don’t have money I am unable to renew the artificial leg after the appropriate time as advised by the doctors. Therefore, my leg usually hurts so much that I cannot walk. I really don’t know what to do” (Male participant, FGD 2).

Health problems therefore left the war veterans incapacitated as they could not work as productively as they would have done if they did not have injuries. This inability to work and carry on day to day activities was a source of frustration and anger in those who had war related health problems. Anger and frustration emanated from the fact that the study participants now have war injuries for life.

6.1.1.5 Struggle for spirituality: The spiritual struggles that the study participants reported were centred on two main subthemes which are Christianity and ancestors (African Religion) as elucidated below.

Most of the war veterans reported that they had joined the Christian religion after war and had become devoted. However, when they thought about how the spirit mediums helped them during the war they become confused. They reported how animals like ants would direct them to safety because of their behaviour but after the war things seemed to have stopped happening. They said even though they believed in God they at the same time felt they still had some connection with the ancestral spirits that guided them during the war. The following quotations illustrate the dilemma that participants had with regard to spiritual issues:

“I sometimes really wonder where the powers of the spirits went to. Things are no longer happening as we used to experience them during the war. I believe in God but I also believe that the spirits of the dead can live amongst and can help the living. I go to church and they preach that spirits of the dead are just but evil spirits – but during the war, war spirits (masvikiro) would manifest and talk through certain people. They would warn us of danger and tell us if anyone had misbehaved for example if someone had sexual intercourse because that was taboo. I am

sometimes very confused when I think of all that and I always ask myself where has all that gone?” (Female participant, FGD 1).

“Yes we used to have the spirits of the dead guiding us. Before we went to war, we were coming from various backgrounds. Some were from Christian families, others from traditional religious families. During the war we only had one religion that is we worshiped God through our ancestors. When the war ended, we went back to our families. As for me I re-joined my Christian religion. My father told me that whatever you believe in as a group such will happen. So up to now I am not troubled with why things are not happening like during the war period. I believe every time God sends the spirit that can help people and the spirit is specific to a particular situation. So during the war we had the war spirit, which then became powerless as soon as the war was over” (Cde Rasi).

Spiritual issues are part of the African way of life. Confusion about spirituality as shown in the above extracts may lead to psychological distress and trauma. Spirituality is thus central to psychological wellbeing especially in collective societies like Zimbabwe. Culturally most Africans believe in a supernatural being who has control and power over the universe. Questioning spirituality and feeling a dissonance between beliefs and behaviour may be very distressing as shown in the narrative above.

6.1.1.6 War veterans still at war: War veterans` narratives revealed that their poor living conditions and general poverty reminded them of the colonial period when they were failing to make ends meet.

6.1.1.6.1 Reminders of the war: War veterans said for them war still goes on. The economic struggles war veterans were facing are similar to the colonial era. They said that things had not changed for the better and sometimes they would get angry at very little provocation. The following extracts from the war veterans` narratives illustrate being reminded of the period of war:

“It’s because we feel like we are still in the struggle, we perceive people who cross our path- as enemies just like the Smith regime. Today we cannot fend for our

families – that was exactly what was happening during the war- we could not get food, water, clothes and other necessities. We have been unable to provide for our families so we are still at war– nothing has changed only that the enemy is no longer the whiteman, we are now our own colonisers”(Female participant, FGD 2).

“The poverty that we are experiencing means we did not defeat the whites, they only agreed to a ceasefire because they knew they were going to use other tactics against us, for example imposing sanctions to the country so that we just rot in poverty. We had already forgiven Smith and his people but now they are bringing sanctions – they want another war” (Female participant, FGD 1).

Anything that brought suffering to the lives of the veterans reminded them of the colonial period. The misery that they faced in their lives pointed to loss of perceived control as the war veterans could not shape their own destiny. Lack of perceived control thus resulted in anger and frustration among the war veterans` community. The situation as reported by the study participants was more as if they were reliving the war experience. To some extent, transference of aggression can be noted in the lives of the study participants when they revealed that they ended up using violence against white settlers who they thought were preventing them from achieving their desired goals.

6.1.1.6.2 Fears during the integration period: When war veterans were told to go into demobilization camps- some were afraid that it was Smith`s (the white settler who was the war veterans` main opponent during the armed struggle) tactic to kill them all in the camps. Therefore, the whole idea was met with scepticism and the feeling that violence would erupt again was traumatic to the veterans. The following extracts from the participants` narratives illustrate this:

“After the war we were told to go into demobilisation camps but we were not sure if we were not going to be attacked by the Smith regime as we were gathered in the demobilisation camps. It took us up to six months to get into the camps since we were afraid of giving up our weapons. In addition, the poor communication

systems that were used by the guerrillas meant that we could not immediately communicate with the war commanders. As long as we had no formal communication from the commanders, it was difficult for the war veterans to give up their weapons. So there was a lot of controversy and suspicion during that period” (Male participant, FGD 2).

“For war veterans from my camp- about thirty six of them, the problem was not fear of renewed violence from the Smith regime, we however were afraid of what would happen to us after giving up the guns. We thought of how we would get food since we were used to survive from food handouts from civilians. The main worry therefore was the fear of joining civilian life again. We thought it was going to be better if war went on forever then we would have something to do and we would still have our honour” (Cde Gwati).

Uncertainty about the future and failure to trust came up as a main cause of psychological distress among the study participants. Although uncertainty in the current narrative was from the experiences during integration, it is important to note that up to today issues to do with trust and uncertainty continue to haunt the war veterans. Issues to do with adjusting to civilian life also triggered anxiety to the war veteran community.

6.1.1.6.3 Fear of the future: War veterans said they did not know what the future held for them and they were afraid that they would die in poverty and be unable to leave a legacy for their children. Although they had acquired land through the land reform program, they lamented the fact that they were producing for household consumption and not for commercial purposes because of inadequate infrastructure like irrigation equipment as well as insufficient knowledge and expertise. They were worried that their children had no inheritance to look forward to. Bitterness and disillusionment were reported by some of the war veterans who took part in the current study, as the following extract illustrates:

“If I look back at our history as war veterans I see that life is never going to be good for us. We are actually moving from the frying pan to the fire, and it is getting

worse and worse by the day. Most of the war veterans are now in their late fifties but some of us still have children who are in primary school. How are we going to pay for their secondary, high school and tertiary education? I am afraid that we are going to be more traumatised as we watch our uneducated children living in poverty as we did. It is going to be a cycle of poverty and I wish the lord would take me earlier because I cannot stand watching my children rotting in poverty. Children of a war veteran!" (Cde Mutase).

There was a lot of anxiety among the war veterans as they pondered about what tomorrow held for them. They had lost hope of a better future and this was very frustrating. Uncertainty had gripped them and had painted everything bleak. During the war period, war veterans were so hopeful but this however, led to disappointment and despair with post war realities.

6.1.2 War and integration period (1966-1980)

This is the period spanning from the war to around 1980 when the country got its independence. The main themes in this category were death and shortage of necessities.

6.1.2.1 Death: Witnessing death and being close to death as well as helplessness as they watched close colleagues dying were the main sub-themes in this category.

6.1.2.1.1 Witnessing deaths: War veterans reported that they witnessed deaths of many people during the war. They also indicated that the nature of some of the deaths has continued to be traumatic for them until now. Prompt attacks from Smith's colonial regime and attack on the bases that were supposed to be safe havens for the war veterans had left indelible marks on their psyche. The participants reported that they had witnessed the bombardment of civilians at Chimoio in Mozambique. The battle has been reported as one of the bloodiest war encounters in the history Zimbabwean struggle. One focus group participant reported the following ordeal with regard to the war at Chimoio:

"When I heard the planes coming I ran to take cover at a nearby bush but the bullets were all over and I started running with a colleague of mine whom I was hiding with. After I had ran for a few metres I looked at my friend and I was shocked to see that she was just a body without a head with blood gushing from the neck.

Before I recovered from the shock my friend fell lifeless on the sand and that was when I realised that her head had been chopped off. I almost collapsed. Up to now I still have vivid images of that battle. Many people died and we were so powerless. Someone had sold out and it led to bloodshed” (Female participant, FGD 1).

What was interesting about the war veterans` descriptions of death during the war was their resolve not to tolerate those they considered as sell-outs or people who derailed from the teachings of the ruling party. The following extract from one of the participants illustrates this:

“It’s a pity that even in an independent country like Zimbabwe we have sell outs. People who support the whites. They are the ones we were fighting against and they killed so many of our brothers and sisters but you find people from the black community entertaining them. Whites are our enemies and will never be our friends. It is really heartbreaking when these new political parties go to look for assistance from the whites. As for me that is belittling the efforts that we made to liberate our country” (Cde Tonga).

Unresolved grief issues therefore seemed to take a prominent role in the participants` narratives. Bereavement issues and failure to bury relatives according to culturally acceptable procedures was reported to be traumatic by the participants up to today. As they watched their colleagues dying, the helplessness and inability to control the outcome of events came up as traumatic psychological burdens in the participants` narratives. Self-blame was also evident as study participants felt they should not have lost their colleagues during the war.

From the excerpts above, it is also evident that war veterans still harboured feelings of hatred towards the whites who are in Zimbabwe. Although Robert Mugabe, the then prime minister called for forgiveness at independence the above narrations show that the study participants had not forgiven the white people.

6.1.2.1.2 Food and cloth poisoning: War veterans reported that the Smith regime would use poison to kill the veterans. Sometimes the villagers who were linked to the Smith regime gave them poisoned food. Some people would also donate clothes that were poisoned and when they wore these clothes they would develop blisters all over their bodies and would eventually die. Shoes were also poisoned, and after sweating their feet would rot. Cde Tapera, a female war veteran mentioned how they tried to deal with food poisoning.

“The villagers would bring us food at our bases. Five comrades died after they were given poisoned food. They had blood diarrhoea and vomited and died after three hours. We became more careful and asked those who would have brought food to eat their relish. We then discovered that they were no longer poisoning the relish but would poison the sadza (thick porridge). We then asked those who would have brought the meal to eat a small portion of the sadza as well. Latter we discovered that they would poison the core of the sadza. Therefore, we were not safe at all. We ended up starving because it was better than accepting food from villagers”.

The veterans reported that sometimes they would not reprimand those who would have brought poisoned food because they would have been forced to do so by the Smith regime. If they refused to take the meals to the war veterans, they would be killed for collaborating with the guerrillas.

A female war veteran who was a commissar during the war narrated an instance when her friend died from poisoned porridge. They had escaped together from their boarding school so they were very close friends. She said when people ate the porridge they started vomiting and passing diarrhoea and she could actually see human intestines being passed out with the vomit. She said her best friend ate the porridge and before she died, she asked the participant to tell her parents (when she returns home after the war) that she had died for the country (crying). She died as she was holding her on the lap. She was so touched by the event that whenever she thinks of her friend`s death she cries.

She expressed that even up to now, if she sees a person with a stomach problem and diarrhoea it disturbs her a lot.

Issues to do with insecurity and lack of trust were found to be overarching in the participants' stories. Confrontations with death and fear of death remained a troubling issue for the war veterans during the war. However, the hope that the future was going to be better helped them to be hopeful and resilient. Flashbacks and gruesome images from the war period still haunted the war veterans like ghosts. Mistrust derived from their war experiences remained ingrained in the war veterans' lives.

6.1.2.2 Shortage of basic commodities

6.1.2.2.1 Hunger and food shortages: During the period of war, war veterans reported that it was very difficult to get food and they would go for some days without eating. Some reported that this led to stomach ulcers and poor health conditions. Commenting on the scarcity of food during the war period, one Cde Tonga said:

“Sometimes we would be given seven maize kernels only for the whole day. We learned to share the little that we had. Some people ended up using various tricks to get food – like if we were given sadza and vegetables- one would drop the meal on the ground and ask for more. When given a second portion one would use his foot to pick the meal that would have been dropped- he/she would eat it even when it was covered by sand”.

Some war veterans said they did not mind the hunger because the spirit mediums always assured them that when the war was over, the country would be flowing with milk and honey and they would never be hungry again. Thus, war veterans were motivated to fight to liberate the country despite drawbacks like food shortages. War veterans were very hopeful that when they liberated the country things were going to be better.

Issues to do with survival were overall found to be important in the narratives that were presented by the war veterans. Thus, to understand war veterans' experiences there is need to appreciate the cultural and economic context in which the war was taking place.

Economic trauma in the current study resulted from shortage of necessities. Lack of necessities therefore brought in a lot of anguish and suffering among the study participants. The war had disrupted their livelihoods and they were incapacitated.

6.1.2.2.2 Problems to do with womanhood: Female war veterans said for them war posed a double blow because they could not even get necessities like sanitary pads. They had to use soft leaves and if they went for days without bathing, it would cause health risks for them. The following extracts illustrate the problems that female combatants faced during the war:

“For sanitary wear we ended up using pieces of dirty clothes from our worn out clothes or uniforms. The problem with this was that we would develop some vaginal sores and they would take time to heal. We had to walk for long distances with these artificial pads and we would rarely get water to bathe. So for women thinking of having a period would bring sad feelings as the management of the flows was quite difficult” (Cde Taguta).

“After the tough training that we underwent at our military base I ceased going for periods. Although I enjoyed not having periods as I could not afford to buy sanitary wear the whole thing left me very worried because I thought I was never going to have children. I really rejoiced when I got pregnant in 1983. But I have heard of some women who have failed to have children at all as a result of the fact that their periods ceased due to the training that they went through” (Cde Mukoma).

The extracts above point to the turmoil that the female war combatants faced during the war. Stress manifested in physical symptoms. Deprivation of basic survival needs remained a traumatic issue among the study participants. The experiences that the war veterans went through during the war were sometimes dehumanising and led to anguish and sorrow.

6.1.3 Independent Zimbabwe (1980-1983)

Zimbabwe gained its independence in 1980. The issues within this period were to do with reintegration into civilian life, job search and starting of families. The war veterans reported a number of traumatic events and situations.

6.1.3.1 Injustice: When the war was over war, veterans received some monetary compensation starting around 1983. However, war veterans reported that the distribution of the money was not fair for everyone as others ended up accumulating wealth through the process but some did not get anything or got very little. Cde Gwati, a female war veteran, said:

“In the early 80s war veterans got some compensation from the government. The money was very little and I only heard that people were getting money a year after some had started receiving it. The problem was that the distribution was not fairly done as some people who had not participated in the war ended up getting the monies. Those who were in charge of distributing the monies were also very corrupt and ended up accumulating a lot of wealth. The other problem was that money to start businesses was distributed however, we did not have any idea about how to start and run a business. Some got the money and bought buses that were not working at all. I remember a group of war veterans who bought a hotel but they could not attract clients because their services were substandard. They ended up staying in the hotel with their families”.

Positions in the ZANU PF party were unfairly distributed as well and discrepancies in wealth among the war veterans began to emerge after independence. Social comparisons led to bitterness and trauma as the war veterans felt cheated as war veterans were progressing economically while others remained poor. Some veterans even reported that Africans who were fighting for the Smith regime were also given top posts in the new government to foster the spirit of forgiveness. However, this did not go well with some war veterans who felt that the African soldiers from the Smith regime were not supposed to be incorporated into the new government.

Gross injustices that happened during the war were reported to be psychologically distressing by the war veterans. They felt they were not given enough acknowledgement with regard to the contributions that they had made to the war of liberation. Thus, shattered hopes were reported in the war veterans' narratives. It was very traumatic for the war veterans when they compared their poor living standards with those of their fellow veterans who had managed to acquire wealth.

6.1.3.2 Rejection by significant others: Some veterans reported that they had problems as far as acceptance by family members was concerned. Some female veterans mentioned that since they had met their husbands during the war and some were now pregnant- some in laws could not accept them. Their husbands' parents would say that their sons had married a '*gandanga*' (murderer). One female participant from FGD 1 said:

“My husband had to take me back to my parents as he tried to sort out issues with his parents. They did not accept me as their daughter in law. I then joined my husband in Harare where he was working. He said that I could not visit his rural home since his family had refused to accept me. The war experience helped me a lot. Since I had learned to share during the war, I bought them a lot of food, clothes and paid for their children's fees. My father in-law asked my husband to bring me to the rural home after three years. I had two children by then. I was so happy to meet them and be accepted into the family”.

One male war veteran from FGD 2 said he had to conceal to his fiancée that he was a war veteran. He said he wanted to prove to her and her family that he was of good moral standing and he came from a reputable family because he knew being a veteran was stigmatised. He said when he was convinced that his fiancée had accepted him he then showed her his khaki uniform as he prepared her for the news. The fiancée did not understand this until she saw the camouflage uniform. She was very shocked and went on to tell her parents. The mother warned her against marrying a war veteran and said that veterans had killed many people and the spirits of the people whom they killed would come and destroy her marriage and children (*ngozi*). The war veteran was so angry at these sentiments because he thought after he had proved to be a very good person

people would no longer judge him as per his war credentials. He said he has been with his wife for thirty-two years now and none of his children has died.

Cde Rozvi said when he went to his rural home after war his fiancée was already pregnant. He said his relatives gave him a hard time in accepting his fiancée as their daughter in law. They said, *“marrying a guerrilla would bring a bad omen to the family”*.

In as much as war veterans who took part in the study reported that they felt they could not trust civilians, they too faced stigma from the community which regarded them with suspicion. Initial phases of contact with family led to role confusion among the war veterans. They thought when they arrived home they were to be worshiped as heroes but contrary to this, the civilian population and significant others did not seem to show any appreciation. Relationships are valued in African contexts and whenever there is straining of relationships as reported in the above extract, it becomes a source of psychological distress. War veterans had to prove that they were good people to gain acceptance.

6.1.3.3 Bitterness/Unfulfilled promises: War veterans said when they were fighting during the war their army commanders promised them that all was going to be well after the war. They were told that they were going to enjoy the fruits of their toils. War veterans also said that even spirit mediums would tell them that the new Zimbabwe was going to see everyone owning wealth as there would be no more poverty. The participants said what pained them was that they saw their leaders accumulating wealth and living lavish lives while the rest of them were languishing in poverty. One participant had this to say:

“During the war we would encourage each other and tell ourselves that all will be well. We constantly referred to the Shona idiom that goes “kufa kwemurume kubuda ura” (meaning one needs to be hardworking to archive). So we thought the problems that we were facing during the war were going to be over after independence, but it seems some of us were born to suffer”.

War veterans thus reported that they felt bitter since the hope that they had looked forward to during the period of war had not materialised in independent Zimbabwe. Belief in spirit mediums had cultural underpinnings among the study participants. Communication with ancestors gave them hope and the resilience to withstand negative circumstances.

6.1.4 Zimbabwe`s childhood years (1984-1993)

In the psychology of human development, the childhood years are characterised by rapid growth and the attainment of developmental milestones. The childhood years are also special in that it is the period when attachment bonds are formed, and attachment formed during this critical period is very important in shaping behaviour in later life. For the war veterans life during this period in Zimbabwe ushered in new challenges as some war veterans became richer by the day and jobs for others were lost due to retrenchments.

6.1.4.1 Social comparison: In independent Zimbabwe most of the traumas that war veterans faced were economically based. They reported that it was a source of anger and frustration when they saw their fellow comrades accumulating wealth and when they were living in poverty. The political situation in Zimbabwe had created the “have” and “have nots”. War veterans who had higher positions in government were living pretty and had a lot of disposable income. Their children attended foreign schools and universities and they went to seek medical assistance abroad. One male veteran said:

“We compare ourselves to other war veterans who are very rich and we feel we have been cheated. We are not at the same level and that hurts”.

FGD participants also expressed that they felt that some war veterans who had top posts in the ruling party and government had lost the spirit of sharing that they had during the war period since they accumulated a lot of wealth and did not want to share with the other war veterans who were poor. They echoed the sentiments that during the war people were equal economically as there was no rich or poor combatant like what is currently prevailing in the country.

It does appear that instances when war veterans compared themselves to others who are rich led to emotional turmoil amongst the war veterans. The study participants reported frustration from social inequalities. The spirit of oneness had been eroded. Emotional bonding that was apparent during the war years was substituted by greed and individualism whereby an individual would only seek to fulfil his/her needs.

6.1.4.2 Retrenchments: As a result of the Economic and Structural Adjustment Program- (ESAP), war veterans were retrenched from government as the government embarked on the downsizing of its workforce to reduce government expenditure. Many war veterans lost their jobs, which were their only source of survival. This is illustrated in the following extracts from the participants` narratives:

“I used to work for this printing company for four years. I had my own personal differences with the company management. When it was time for the retrenchments, my name was on the top of the list. I went to the management to ask for dialogue but they said they could not entertain me. I was supposed to get some pension payouts but I did not even receive a cent. At least if they had given me a package I would have had somewhere to start from” (Male participant, FGD 1).

“During the ESAP era I was retrenched from the company that I had worked for five years. I was working as a senior tailor at a cloth-manufacturing factory and I just wonder up to now why I was retrenched because I was more qualified than the other people who were not retrenched. Even nowadays, I sometimes go home and cry, people do not recognise what we have been through. I had not saved enough to build a decent home, buy cattle and property while my friends who did not go to war had all these soon after independence. It really touches” (Cde Chara).

“In the 1990s I used to have three flea markets and I would go to South Africa, Botswana and Mozambique to buy clothes. I had resorted to buying and selling because I was one of those who were retrenched during the ESAP era. It was a

double blow when my flea market was demolished during the clean-up campaign (Operation Murambatsvina) when all illegal structures were destroyed. That move left me hopeless and without a decent income. I could not get a formal job because the industries were now closing down. Up to now I don't understand why the government had to embark on this operation. In Chimoio we were living like lizards with no permanent structures so I don't understand the rationale behind the demolitions" (Female participant, FGD 2).

It could be concluded from the above extracts that the loss of livelihoods and survival issues were distressing for the study participants. When war veterans lost their means of survival it meant that they could not provide for their families, thus they felt inadequate as caregivers. The study participants thus reported shattered hopes and expectations.

6.1.5 Zimbabwe`s adult years (1994-2009)

The period from 2000-2010 in Zimbabwe was marked by the emergence of opposition political parties of particular note the Movement for Democratic Change (MDC) led by Morgan Tsvangirai. This was a new turn in Zimbabwean politics as the ruling ZANU PF party had not had any major opponent since independence. This paradigm shift in the country`s politics ushered in new traumas for the war veterans most of whom are strong supporters of the ruling party.

6.1.5.1 Loss of power and independence: War veterans said they were no longer able to influence events like they used to during the war. Thus, they felt their role as veterans was taken for granted. They faced gross loss of control and felt their power and independence had gone to waste, as reflected in the following extracts:

"During the war when people in the rural areas heard that 'vana mukoma' (war veterans) needed food they would rush to kill goats and chickens so as to prepare meals for us. People worshipped us during that time. Everyone wanted to associate with us young and old. However, we are no longer as important as we used to be. People do not even listen to what we tell them. They view us as mad men" (Male participant, FGD 1).

“We are no longer independent. If people knew the struggles that we went through during war they would not even join MDC. People are now reversing the gains of independence. We can no longer decide for ourselves. If I was the president I would arrest those who support other political parties besides ZANU PF” (Cde Gwati).

“The MDC does not recognise us as freedom fighters. We are the ones who made it possible for them to get into politics. Why did they not form the party before independence? It is because the country was not yet free. The country is going to the dogs. The blood shed during war is now meaningless. People should at least honour the blood of the dear comrades who perished during the war of liberation. They should put their souls to rest by working together with the ruling party and government” (Cde Tonga).

There was perceived lack of appreciation of the contribution that war veterans made which led to disappointment. The study participants, as shown by the above extracts, were very emotional. Anger and rage were quite prevalent among the group of war veterans. War veterans also expressed hatred towards individuals who seemed to differ from their own ideologies.

6.1.5.2 Threat to conceptual self: War veterans who participated in the study said it was traumatic for them when they asked themselves the following questions: Who are we? What are our achievements in life? Deep inside they believed they had done something significant by liberating the country from white rule. They had done a great service to the nation by fighting against white rule. They felt people did not give them the respect that they deserved and they thought this was unfair. In addition the fact that they had nothing much to show as personal achievement for participating in the war of liberation made them to question their value in society. One participant had this to say with regard to the above theme:

“We are heroes but we have been silenced in this country. The future generation may never know about the war of liberation. It’s like we have two selves, one that tells you are a hero and should be respected and another that tells you are a nobody and useless. It is like there is a battle in my mind”.

Another FGD participant said

“I don’t have anything to show that I was at war and that I liberated this country. When my children were young they would always ask me if I was like the superheroes that they see in movies that go about beating bad people so as to save lives. They also ask why I did not walk like a hero. They really don’t know that the hero status that I have is not appreciated and is a source of ridicule”.

Largely, the research participants felt that there was disharmony between their real self and the self that they portrayed to people in society. In line with societal expectations and role fulfilment they now behaved as if they had never been to war. War veterans therefore faced an identity crisis whereby they could not tell who they really were. They searched for meanings and tried to interrogate their experiences.

6.1.5.3 Country going under colonialism again: War veterans felt that the emergence of opposition political parties in the country was an unwelcome development that demeaned the gains of independence. To them ZANU PF was the only party and should remain the only party in the country. They said they emulated countries which had a one party state because they did not tolerate people with different ideologies. They felt every Zimbabwean was mandated to support the ruling party. The following extracts illustrate this:

“MDC under the leadership of Tsvangirai is being sponsored by western countries and the party was meant to uphold the interest of our colonisers. The emergence of MDC can be equated to the pre-independence era when the country was colonised” (Cde Chuma).

“Tsvangirai and his people are sell outs. They want to take us back to Rhodesia when we were under British rule. They are just upholding the interest of our colonisers. It really brings a lot of discomfort to imagine that we still have Zimbabweans who wine and dine with white people. They have now forgotten the problems that we went through before independence” (FGD 1 participant).

The main opposition political party in Zimbabwe (Movement for Democratic Change) gave them the opportunity to share anxieties, fears, anger, sorrow, and grief, and have those emotions validated by the leaders of the ZANU PF (current ruling party). Vengeance and unforgiveness was also evident in the above narratives. The problem with failure to forgive is that individuals may engage in cycles of violence in the name of justice.

6.1.6 Zimbabwe 2010 to date

From 2010 onwards, the Zimbabwe economy improved significantly with the dolarisation of the economy. The Zimbabwean dollar that had crumbled was replaced by the use of foreign currency like the US dollar, the South African rand and the Botswana pula. Things started to change for the better during this period. However, as the country`s economy was improving war veterans most of whom had retired faced new challenges of obtaining the much needed foreign currency as they were not formally employed. Poverty became the norm among this group. Cde Gwati reported that:

“We war veterans are the icon of poverty. If anyone wants to see what it means to be poor he/she should approach us”.

Most of the war veterans had received land during the land resettlement program. Although this was a welcome development, individuals realised that they had to work very hard if they were to recognise any benefits from the land. This enterprise also called for a lot of capital which was not available to many.

“We thought after winning the country we were going to open companies and get people to work for us. During the war I never thought that we would become poor peasants” (FGD 2 participant).

War veterans` hope in a better future had been shattered by their adverse experiences. Psychological turmoil emanated from the fact that they remained poor and could not provide for their families. Unfulfilled promises led to frustration, anger and hopelessness.

6.1.6.1 Safety within group threatened: Politically a new wave emerged in Zimbabwe in 2014. Around September 2014 the first lady (Grace Mugabe) was nominated to lead the ZANU PF Women`s League - a powerful organ of the ruling party. She held rallies in all the provinces in Zimbabwe. Among the issues that she was addressing were the alleged misconduct by the vice president Joice Mujuru (a war veteran).

These events caught the war veterans by surprise because the vice president was a well-known political cadre who had contributed immensely to the war of liberation together with her late husband Solomon Mujuru who was one of the top national commanders during the war. The war veterans reported that since independence the war veterans union had never been split like the way it had as a result of Grace Mugabe`s entry into mainstream politics. It was the first time that someone from the ruling party publicly denounced a war veteran.

The situation was further worsened by the dismissal and expulsion of Joice Mujuru from the party and her post as Vice President in 2014. In addition, Jabulani Sibanda, former leader of the war veterans, and some senior war veterans lost their posts from government and the party. War veterans reported that they felt insecure since they did not know whom to trust. Most of them interpreted what was happening in the government and party as general greediness and the degeneration of war principles that made their war experiences almost meaningless. One of the FGD 2 participants reflects this sentiment in the following statement:

“What really hurts us is that you hear people who are not war veterans, young people who have never been to war publicly saying bad things to someone who has been to war and who fought for the country`s freedom. That is not acceptable, we need to respect those who have been to war and those who have done great things for us as a nation. We have never seen this happening in the country and hope it will end soon”.

Internal struggles among the war veteran community therefore took centre stage as shown in the above extract. Group cohesiveness, which was once a source of pride, was threatened and this was reported to be psychologically distressing by the study participants.

6.1.6.2 Disharmony in group functioning: Political divisions during the 2014 period also brought disintegration in the once tight knit war veterans association. Two camps developed with some war veterans sympathising with Joice Mujuru and others supporting Cde Munangangwa (a war veteran) who then assumed the VP post. War veterans reported that the divisions in their association was so traumatic for them since it was the first time since independence that such a major shakeup had happened. The following extracts reflect the perception of disharmony in group functioning:

“Group function was compromised. We were all equal and united during the war. The devil has split the association” (FGD 1 participant).

“It’s for the first time since the country’s independence in 1980 that we have seen war veterans turning against each other publicly. It was unheard of and that used to give us comfort that whatever happens we had each other as war veterans. But look now the fact that the leaders have portrayed some groups of war veterans as better than others and the fact that war veterans are now power hungry we are now being divided. It does not make sense” (Cde Rasi).

“The divisions that we have had as war veterans have propelled some people to rise up the party leadership. It’s so unfair when people rise at the expense of others” (Male participant, FGD 1).

“The sense of unity within the veterans group has been put to test. The ‘we feeling’ that had existed from independence has been replaced by divisions within the group. We sometimes remain quite as we are afraid of being found at the wrong side of the political development. We have lost our world as war veterans. We used

to be dependent on each other for protection but now we are on each other's throats. Failure to trust a fellow war veteran is traumatic for the war veterans. As a group we can no longer say whatever we want as we are now very cautious" (FGD 2 participant).

The extracts underscore the fact that group cohesiveness, which was a source of support for the war veterans, had been heavily compromised. Togetherness and unity had disintegrated amongst the war veteran community. Selflessness and empathy characterising the war period is now eroded as most people are now interested in self-aggrandizement.

6.1.6.3 Betrayal/being used: War veterans felt that the ZANU PF party and its leadership had betrayed them. They felt that the removal of Joice Mujuru from her post as vice president, given her war credentials and the fact that she was wife to the late Solomon Mujuru a prominent figure in the liberation of the country, was unjustified. They felt the government had betrayed them and had made decisions without consulting the majority of the war veterans. Since independence there had never been a public attack on war veterans as happened towards the end of year 2014.

"I think all these years we as war veterans have been used to fulfil other people's agendas. We have complied and after people in the ruling party are done with us they now discard us as objects that are useless and valueless" (FGD 1 participant).

"With the spirit of togetherness that we had during the war period – we could not leave a wounded partner alone in the bush. We had to carry him and find help for him/her. Carrying a wounded veteran was also very risky because the enemy would sometimes follow the blood trails. Some had to cover the blood trails to disguise Smith's soldiers. We could not go ahead with the war or leave one of ours to die. However war veterans are now very selfish as they are no longer worried about what's happening to the next person" (FGD 2 participant).

From the above extracts, it is clear that some war veterans had become very greedy. Unity of purpose was replaced by solitary motives for personal gain. The culture of

togetherness that buffers against adverse events was substituted by cruelty and individualism.

6.2 Cultural notions of trauma

The study highlighted idioms and proverbs from the local language that are used to illustrate the various facets of trauma among the Zimbabwean War Veterans as well as specific words that can be used to illustrate trauma and trauma related experiences.

6.2.1 Facets of trauma as depicted in idioms and proverbs

The participants highlighted idioms and proverbs from the local language that pointed to their traumatic experiences, their expectations and their beliefs concerning trauma. In addition to these idioms, actual words were reported that are synonymous with trauma. Ten main categories of meanings were drawn from the idioms that were reported by the participants. Idioms and proverbs as extrapolated from the participants' narratives mainly addressed the following areas of trauma 1) Cultural beliefs on morality/ acceptable behaviour; 2) war veterans identity/ working hard; 3) cause of their trauma-predetermined fate; 4) experiences/ failing to forget traumatic experiences; 5) need to be recognised; 6) beliefs on consequences of their experiences; 7) bottled up distress; 8) importance of relationships; 9) hope and 10) adapting to adverse events

6.2.1.1 Cultural beliefs on morality/ acceptable behaviour

The study participants reported that culturally there were acceptable behaviours as provided by the cultural values and norms. They said that for one to fit into the society despite one's experience (being a war veteran or not) one had to behave in a socially acceptable manner. This is depicted in the idioms below:

“Rokova rwizi kuyambuka unokwinya nguwo”/Even a small stream had water one need to fold his trousers when crossing it. Meaning a humble disposition is required to overcome difficulties.

“Gudo guru peta muswe kuti vadiki vakutye”. Big baboon fold your tail (between your legs) so that the young ones can respect you. You should not be aggressive so that others can respect you.

In line with the current study, the above idioms illustrate the need to display good behaviour always. It is important to note that culturally even when someone has been wronged revenge is not acceptable. This has a bearing on trauma studies in that even as the study participants had experienced complex trauma the norms and values call for respect and behaviours that were contrary to these resulted in isolation.

6.2.1.2 War veterans identity/ working hard

The study participants indicated that even as they faced economic hardships they were always reminded of the need to work hard in their lives. Their war experiences had made them tough to withstand any pressure. The study participants gave some idioms that pointed to the need to be tough and to exert effort even when things were difficult as illustrated below:

“Chinokura usipo imombe munda unokura nekuvandurirwa”/ cows can grow in your absence but for crops you have to till the soil. Meaning for success working hard is required.

“Kudya chemuzvere hubata mwana”/ to be given food by one who has given birth you should first play with the baby. Meaning to get anything one has to work first.

“Ateya mariva murutsva haachatyi kusviba magaro”/ one who has set up a snare to catch animals in grass that has been burnt should be prepared to have his buttocks dirty. Meaning a person will do anything to accomplish his goals.

The study participants reported that such idioms made them strong to overcome any obstacles in their lives. They fostered resilience and courage among the study participants.

6.2.1.3 Cause of trauma-predetermined fate

War veterans reported that their fate was predetermined, they had gone to war, they had missed opportunities and they were now living in poverty. As shown in the extracts below

some accepted their distressed circumstances and sometimes felt that spirit mediums let betrayed them.

“Ungatya kununa here iwe wakasasikwa”/ you should not complain when being roasted since you have been placed on the fire. Meaning you cannot avoid some situations that you have been put into.

“Mudzimu wakupa chironda wati nhunzi dzikudye”/ If the spirit mediums allow you to have a wound they have made it easy for the flies to eat you. Meaning some circumstances may predispose one to certain negative events for which one cannot escape.

These idioms illustrate that war veterans chose to go to war and thus had to accept all the consequences that came with it. For those with trauma experiences knowing that their fate is predetermined may result in learned helplessness since they may believe that there is nothing that they can do to change their situation. Thus, the helplessness results from lack of perceived control.

6.2.1.4 Experiences/ failing to forget traumatic experiences

War veterans reported that even more than three decades after the war, they were failing to forget their war experience and this was reinforced by the fact that to them nothing much had changed since the colonial period. Idioms as given by the participants reported on the fact that they were failing to forget the problems that they have been through as illustrated below:

“Kunokanganwa mudyi wenyemba muoreri wemateko haakanganwi”/ one who eat beans may forget but the one who is made to clean the dirt will never forget. Meaning one who cause injury may forget but victim will not.

“Chinokanganwa idemo asi muti wakatemwa haukanganwi”/ the axe forgets but the tree that was cut will never forget. Meaning someone who had been hurt will never forget his/her experiences.

To the war veterans the trauma that they faced during the colonial period and the war experiences still haunted them. Psychologically this calls for an appreciation of the historical context of people who have been through complex traumatic events.

6.2.1.5 Need to be recognised

War veterans believed that they needed recognition and their welfare needs to be taken care of since their war experience had deprived them of accessing resources. Some said the gratuities that they were given in 1980 (demobilisation gratuities) and 1995 were no longer helpful in easing their financial burden in the current era. They said the lack of material needs had a heavy bearing on their suffering as illustrated below:

“Matakadya kare haanyaradzi mwana” telling a child that he/she eat before does not stop him from crying. Feasts that happened long ago cannot satisfy meaning you today.

These narratives point to the need to study trauma in the context of the individuals. They bring to light the role of unresolved economic needs in contributing to psychological distress.

6.2.1.6 Beliefs on consequences of experiences

The participants were convinced that the problems and the traumas that they had encountered had been ignored for long. They believed that as a group one they were going to unite and fight for their cause. They lamented that their needs had to be addressed and failure to do so would lead to more problems. As illustrated in the extracts below ignoring problems would lead to terrible consequences:

“Rina manyanga hariputiwe mumushunje” something with horns cannot be wrapped in a newspaper. Meaning hidden problems will always come out.

“Kamoto kamberevere kanopisa matanda mberi” a small fire may burn the whole forest. Meaning small issues may become big enough to cause problems if they are not properly dealt with.

“Munhu haangofi sehuku”/ a person will not just die like a chicken. Meaning for human beings there is life after death.

The participants therefore felt that they had endured problems for too long. They reported that one day there would be a crisis in the country if their problems were not addressed properly. Some even reported that even if they die before their problems are addressed their spirits would force their children to fight for their recognition. To them adverse experiences did not end with death. This reveals the cultural belief in afterlife and the role of the spirits among the war veterans.

6.2.1.7 Bottled up distress

Study participants reported that although they had lived through various traumatic events they were not at liberty to behave the way they wanted because there were culturally acceptable ways of expressing distress. They reported that they had unaddressed emotional needs that they were failing to let go. In addition, they pointed out that if one had never been in the same experience as them they will never understand the depth of their problems. This is illustrated below:

“Shungu dzembwa dziri mumoyo kuhukura ndokududza”/ when a dog is hurt inside it can only show by barking. Inner feelings will come out.

“Kuona roro kutsvuka kunze nyamba mukati madyiwa nemakonye”/ a fruit may be attractive outside but inside it may be rotten. Meaning an attractive exterior may hide problems inside.

“Mugoni wepwere ndiye asinayo”/ one who had no children can boast that he/she is good at disciplining them. Meaning you cannot judge a situation that you have not experienced.

In relation to the study, the above idioms serve to show that culturally people may pretend that they are doing well but may be hurting inside. Culture may reinforce silence among individuals who have been through traumatic events. Thus there is need to understand what circumstances an individual has been through.

6.2.1.8 Importance of relationships

Idioms were also significant in bringing to the fore the importance of maintaining relations and the therapeutic nature of talking to others. This is depicted in the following extracts:

“Chinoziva ivhu kuti mwana wembeva anorwara”/ it’s the soil that knows that the mice’s young one is ill. Meaning people who are close to someone who know his/her affairs.

“Zano ndega akasiya jira mumasese”/ one who does not consult others may end up in problems. Meaning people who do not want to listen to other people’s advice often fall into calamity.

“Chara chimwe hachitswanyiri inda”/ one finger cannot crush a louse. Meaning one cannot succeed without the help of others.

Thus, in African culture it is crucial to appreciate the role of relationships in people’s lives. Significant “others” are a source of social support and are usually consulted if a person is in trouble.

6.2.1.9 Hope

Some participants reported that although they compared themselves with their counterparts in the ruling party who seemed to have acquired a lot of wealth they felt that one day their situations were going to improve. Culturally participants said that they were taught never to give up but to always hope for better days to come. This is illustrated below:

“Chaikanya chototsa, chaitotsa chokanyawo”/ The one who used to eat sadza dry now dips it into relish, the one who used to dip it into relish now eats it dry. Meaning the wheel of fortune goes round and roles can be reversed.

“Chisingaperi chinoshura”. Meaning everything will come to end.

These idioms helped them to have hope that things may be well one day. This feeling can be very crucial in positively coping with traumatic events.

6.2.1.10 Adapting to adverse events

Through their complex traumatic experiences study participants reported that they had come to realise that there is need to be aware of the fact that problems will always be there as long as one is alive. There was need therefore to adapt whenever one faced challenges. Idioms below point to the problems that study participants had endured for example loss of status:

“Aiva mazambuko ava madziva”/ where there were big rivers and one needed a bridge to cross have been turned to mere pools. Meaning people may lose their status from being great to being nobodies.

“Chauya masikati charamba ndima, chauya manheru charamba hope”/ Problems that come in the afternoon inhibit you from working, when trouble comes in the evening you cannot sleep. People should be used to problems since they can come anytime.

In terms of negative life events in the lives of the study participants the idioms spoke of the fact that no one could prevent adverse events from happening they were just a natural occurrence. In addition, the idioms illustrate the fact that the study participants felt a sense of worthlessness as their status diminished from being very important during the war to being nobodies.

6.2.2 Local words synonymous with distress

6.2.2.1 *Kushungurudzika moyo*/having a restless heart

War veterans reported that adverse events led to turmoil in the heart. They believed that the heart was the source of all emotions and its state determined whether people were happy or unhappy. For example, the fact that they could not provide education and necessities for their children lead them to feel *kushungurudzika mumoyo* (restlessness in the heart). *War veterans to explain negative events that had very long term effects in their lives as shown by the extracts below often used *Kushungurudzika moyo*:*

“I failed to get money to send my two sons to a boarding school that produces good high school results. They ended up attending school in the location (high density area where the education is not that good). The first born failed and he had to do

two more years of secondary school. When he finally passed, he had to train as a teacher, which is not what I expected. I thought he was to become an engineer because he was very intelligent. The second born has hooked up with friends who do drugs and seems to be out of control. These happenings give me a restless heart (kushungurudzika moyo) as I ponder what is going to happen to my children” (Cde Rasi).

“My heart is restless as I look back to the struggles that I have been through. I have been through very difficult circumstances” (Male participant, FGD 2).

Traumatic experiences were understood as affecting the heart. Lifetime traumas especially long term traumas were reported by the war veterans to lead to a restless heart because of their chronic nature.

6.2.2.2 Kutsamwa/being cross

Some war veterans said when they were cross they did not show any emotions but just moved away from the source of anger. Events that led to *kutsamwa* for the war veterans include events like when they were publicly labelled as causing the country's economic ills. Other war veterans said they became cross when negative statements about them were being reported in the media. *Kutsamwa* is illustrated by the extracts below:

“Whenever bad things are being said about war veterans, I become cross (kutsamwa) and I usually move away from what people will be saying. It's better for me to just move away when I am cross because if I don't do so I will explode with anger”.

“People think we are useless and that makes me very cross”, (Cde Rozvi).

“No one seems to care about us. Surely if you feel you have done something great and there is no thank you, makes me very cross” (Cde Gwati).

Being cross was reported by the study participants to be a reaction to events that belittled them. Being cross involved strong negative emotions which negatively influenced mental wellness.

6.2.2.3 Kugumbuka/being very cross

The participants distinguished between words that made people cross and those that made people very cross. War veterans said situations that seem to impact on the rest of their lives made them very cross. For example, retrenchments were said to have made them very cross because they had a negative impact on the rest of their lives.

“You do a great job for someone like we liberated the country but seeing that no one appreciates I become very cross (kugumbuka)” (Male participant, FGD 1)

“It makes me very cross when I see some people accumulating wealth, but we were together during the war. It makes me very cross (zvinogumbura) (Female participant, FGD 2).

An emotion that was said to be more intense than being cross was referred to as being very cross “kugumbuka”. The emotion involved deep sadness.

6.2.2.4 Kudzungairai hopelessness

This type of emotional turmoil was reported by the war veterans to be quite severe and carried with it helplessness of the victim. It was used to explain a situation where there seemed to be no way out and an individual appeared to be stuck with no immediate choice. It is a situation where they felt things are going bad but they had nothing to do to ease the situation. This is shown by the extracts below:

“We witnessed the splitting that happened in the ZANU PF party in 2014. We could not do anything, the situation was just hopeless (takadzungaira / we were hopeless)” (Female Participant, FGD 1).

“When MDC almost won the elections we became so hopeless because we knew the country was going to be colonised again” (Cde Chasi).

“When things are not ok and when I fail as a father my heart becomes very troubled and I become hopeless” (Cde Chimuti).

Kudzungaira seemed to describe an emotional state where one is stuck and has no other way out. It was characterised by confusion and failure to imagine a better future. Some even reported that when someone had entered a state of *kudzungira* they may even fail to be at harmony with reality or may commit suicide.

6.2.2.5 *Kutambudzika mumoyo/troubled heart*

The war veterans explained this as a state whereby an individual failed to control their thoughts. They always have unceasing negative thoughts that they may fail to control. War veterans said when they think of the problems that have encountered in their lives they experienced *Kutambudzika mumoyo*. They view the problems that they encountered during the war and the fact that things are not getting any better and they experienced *kutambudzika mumoyo*. This is illustrated in the extracts below:

“It seems like we were created to be always in trouble. It is more than thirty five years after the war, but things don’t seem to be any better. My heart is troubled by this” (Cde Mukoma).

“It’s like we don’t know what the future holds for us. That makes our situation worse and troubles our hearts” (Cde Rozvi).

Kutambadzika mumoyo (troubled heart) pointed to long time struggles or negative events that have been present in the study participants’ lives.

6.2.2.6 *Kushaya Mufaro/being down or miserable*

The war veterans feeling down for quite a long time was explained as Kushaya mufaro. *Kushaya mufaro* was when one was not happy and it is synonymous to lows of depression. The following extracts illustrate *kushaya mufaro*:

“Sometimes when I am alone and have no one to talk to I just feel low” (Cde Tapera).

I do not know what it means but sometimes even when I cannot point to something negative that would have happened in my life or when I cannot pinpoint any thing that would have made me sad I just feel low and miserable. When I talk to my wife about this, she asks about what will be troubling me. However, in reality there will be nothing. No one seems to understand this” (Cde Tonga).

Moments of being low without any provocation were reported by the war veterans. It could point to the fact that unconscious thoughts were influencing their emotions. Overall, from the war veterans’ narratives, it seemed there were no words from the local languages that were synonymous with trauma or anxiety but words that were reported pointed to the symptoms only.

6.3 Expressions of trauma

Several ways of expressing trauma were reported by the study participants. Two broad categories of expressing trauma were deduced from the current study and these are overt and covert ways of expression.

6.3.1 Overt ways of expressing trauma

Study participants reported outward expressions of trauma and included being aggressive, angry and frustrated.

The study participants reported that sometimes they would become aggressive when they face traumatic circumstances. To deal with distressing circumstances some war veterans felt that it was necessary to fight back. War veterans reported that when they were not happy and felt they had been let down they would express their anger through aggressive tendencies. This is illustrated by the extracts below:

“The international community always blames us for using force to get back land from the white settlers. However we felt that negotiations had failed to result in land redistributions and we had to quickly act by using force and it worked” (Cde Gwati).

“At times I used to fight with people who would have crossed my path. Even minimum provocation sends me into rage. I remember my workmates used to joke with me as they told me that I should have become a wrestler. However with age I have since grown out of the fights and since I now have grandchildren it will be embarrassing if they hear that their grandfather has been fighting with people” (Male participant, FGD 1)

“We war veterans sometimes do not tolerate nonsense. We were trained to be fighters and we will fight until we die. People thought the land invasions were a joke. But sometimes when we are left with no option or put into a corner there is no way out but to fight for survival” (Cde Mbungu).

The study participants also reported anger and frustration:

“I am easily provoked to anger and out bursts. I have had problems with my children at home. I always shout at them and I feel I am not the best mother in the world. But inside me I have a feeling that people even my children have to be obedient like we were taught during the war to follow authority and not to be rebels” (Cde Gwati).

“When we have our meetings as war veterans I always get disappointed by people who want to appear as if they know everything and they take us as stupid. It really makes me angry” (Male participant, FGD 2).

“Sometimes I feel the respect that we had for each other during the war has been eroded. You see even youngsters trying to give commands to senior veterans. It saddens me because these young people do not know anything. They have never been to war and they think life is easy but it’s not” (Male participant, FGD 2).

Some study participants also expressed the fact that when they are overwhelmed with grief they would cry and this would help them to feel better.

“I am very emotional and when things are not going on well for me I just cry. It’s because sometimes you have no one to talk to and it seems like no one understands your situation or is prepared to help you” (Female participant FGD 2).

The study participants thus reported overt expression of trauma. They said that most of the time they felt they could not suppress their anger and disgust. Displacement of aggression was deduced from the participants’ narratives. For example, the study participants reported that they viewed supporters from other political parties in the same light as the antagonists during the war – this shows displaced aggression.

6.3.2 Covert expressions of trauma

From the narratives that pointed to how war veterans expressed trauma it was evident that sometimes war veterans would not outwardly express their trauma but had a tendency to pile it up and appear to be tough. It was found that the study participants avoided anxiety provoking situations.

War veterans said they usually avoided situations that would cause anxiety in their lives. Several participants narrated that they did not feel comfortable when they were confined and they would do anything to avoid places where they would feel confined. This is illustrated below:

“I always sleep with my door slightly open. I cannot stand the feeling of confinement and helplessness that I experience when doors are locked. I always make sure the door is open. When I go to my rural area, I even prefer sleeping outside under the sky. I was used to sleeping in the bush during the war and even now I don’t mind spending the whole night in the open, I actually feel safe that way” (Male participant, FGD 2).

“Whenever I go to a place where there are crowds of people I prefer sitting by the periphery of the room or near the doors where I can easily escape. It’s a tactic that I learnt during the war and it helped me to stay safe during the war” (Cde Tonga).

“When I am travelling I am feel very uncomfortable when I board a combi (taxi) with many people. I feel like I am about to suffocate. I do not usually board taxis that do not have windows or with windows that do not open. I always check the windows before I get on board. Most of the times when I am travelling from home to town, which is a distance of about ten kilometres, I prefer taking a walk. I feel I am in control that way” (Cde Mutase).

It was evident that the study participants` avoidance responses were learned during the times of war when they helped to ensure safety. There were generalisations of these responses as they were being exhibited in other settings that were not related to war settings.

Quite a number of the study participants reported that they experienced nightmares during sleep. The contents of these nightmares were mainly to do with scenes that they encountered during the war. Most of them said these nightmares were very disturbing.

“When someone angers me especially at work or when I have misunderstandings with my boss, when time to sleep comes I always know that I will have a difficult time. Gunshots, helicopter noises and fires will be the main scenes that will be dominating the content of my dreams. So as much as possible I try to avoid situations that make me angry” (Cde Mbungu).

“Usually I am awoken by my husband because I always have dreams of war and I will be taking cover during by dreams. I will be making movements and even shouting or singing war songs. I feel very embarrassed about this” (Female participant, FGD 1).

Some of the war veterans reported nightmares with war content. Dreams may signify unresolved issues.

The study participants reported silence about the experiences that they had been through. Mainly they were so hurt and they continued to live in distressing circumstances so much that they felt they could not get the words to express what they had been through and the

current problems that they were facing. Some even reported that they could not even tell their children about their experiences.

Silence for the study participants was also reported to be fuelled by the realisation that no one understood their situation and no one bothered to listen to the difficulties that they had been through. Verbal silence was also closely related to emotional numbing where study participants said they tried as much as possible not to show the emotions that were bottled inside them.

On a different dimension, the study participants reported that silence was also meant to at least forget the problems that they have been through. In this sense, the study participants used silence as a coping strategy. Some said that constant narration of the event rejuvenated the emotional wounds that they had experienced.

Some reported that innately they could relive the war experiences. Images about war on the television were reported to result in nightmares centred on the traumatic war experiences. Some participants reported that when they thought about the war events they could even smell the 'war smells' that were present during the war period. Sometimes war songs on radio reminded them of the war period and thus reminders about the war were everywhere.

The war veterans who took part in the focus group discussions felt they had this special bond and they were unique as a group. Their worldviews were different from those of other people and they quickly rejected people with ideologies that differed from theirs. They reported that they were a special group because of their experiences. The war veterans thus had a narrative identity, which made them to see reality in a different way and to assign meanings to their existence. The narrative identity influenced their beliefs about the present and their future expectations.

6.4 Coping with complex trauma among war veterans in Zimbabwe

Table 3 below depicts a summary of the coping strategies that were used by war veterans in Zimbabwe.

Table 3: Coping strategies used by war veterans

Theme	Sub themes
Spiritual coping	<ol style="list-style-type: none"> 1. Connectedness with ancestors 2. Spirit mediums helped to cope with fear 3. Spirit of war 4. Song and dance 5. Spirituality and unity of purpose 6. Spirit mediums helped to cope with war killings 7. Use of indigenous knowledge to cope
Cognitive coping strategies	<ol style="list-style-type: none"> 1. Reframing 2. Rationalisation 3. Fitting in 4. Acknowledgement of disappointments 5. Avoidance of reminders
Collective coping strategies	<ol style="list-style-type: none"> 1. Support from the war veterans community 2. Social acknowledgement 3. Respect for authority 4. Social support from close family
Believing in God	<ol style="list-style-type: none"> 1. Suffering as God's will 2. Surrendering control to God 3. Hoping that God will change the situation
Coping with poverty	<ol style="list-style-type: none"> 1. Acquiring new skills 2. Acceptance of situation 3. Owning land
Rituals	<ol style="list-style-type: none"> 1. Reburials 2. Gatherings and commemorations 3. Funerals
Other coping strategies	<ol style="list-style-type: none"> 1. Resilience 2. Toughened by the war 3. Personal achievement 4. Used to suffering 5. Taking alcohol 6. Enduring problems quietly 7. Comparison with colonial years

6.4.1 Spiritual coping

6.4.1.1 Connectedness with ancestors: War veterans reported that during the war spirit mediums helped them to stay afloat and to cope with the negative circumstances they were facing during the war of liberation. The spirits of the dead as they spoke through the living helped by instilling in them the spirit of courage. *Mbuya* Nehanda and *Sekuru* Kaguvi were two of the well-known spirit mediums and during the war they always urged their people to keep on fighting and not lose hope. The following extracts illustrate the role that spirit mediums played in helping war veterans to cope:

“Mbuya Nehanda the great Chimurenga spirit always told us that ‘mapfupa angu achamuka’ translated into English to mean ‘my bones will rise’. This meant that although she was dead she was going to come back again to revenge whatever atrocities were being done against her children. Therefore, we did not have fear at all because we were connected to our ancestors. They were helping us and they were our pillar of strength” (Cde Gomo).

“We knew that whatever was said by the spirit mediums had to be respected. They had more authority compared to the commanders who were leading us during the war” (Female participant, FGD 1).

The war veterans` narratives therefore pointed to the role and importance of spirituality in their lives. This belief is embedded in their cultural background and was found to be important in boosting mental wellness and resilience among the study participants. Thus, culturally, belief in supernatural beings helped the study participants to cope. The study participants used religion for positive interpretation of events.

6.4.1.2 Spirit mediums help to cope with fear: During the war spirit mediums helped to warn war veterans of any dangers that would befall them. Spirits showed themselves in the form of birds, baboons, ants and frogs. The extracts below illustrate how various animals were used by the spirit mediums to warn them of danger:

“When birds such as the Bateleur Eagle (chapungu) came over the camped war veterans and dived down to earth we would know that there was something that

was about to happen and we would quickly leave the place. Spirits would also show themselves in the form of animals like baboons. Whenever we saw baboons running around making noise we would know that we were going to win the battle. On the other hand, if the baboons were quite with their hands folded we would know that we were going to be defeated. If we saw mist covering the place it would mean a fierce battle was about to happen and we would prepare for it” (Male participant, FGD 1).

“If you crossed a river and frogs made some noise it meant that they would have blessed you and if there was a battle the comrades would win. However if the frogs were silent it meant disaster and bloodshed” (Male Participant, FGD 2).

The study participants believed that when spirit mediums appeared in the form of animals they would help the war veterans by encouraging them to go on. In this way, the spirits gave the war veterans courage. Again cultural beliefs helped war veterans to cope with adversities during the war. The ability to communicate with and to heed the messages from the spirit mediums were reported to be very important. Religious coping involves belief that would seem weird and unreasonable. The above extract also points to the therapeutic nature of being connected with other living things, which allowed for active coping with a stressor.

6.4.1.3 Spirit of war: War veterans reported that the spirit mediums would evoke in them an unknown spirit of being courageous, a drive to fight for their country. Most of the war veterans believed they fought in a state of spirit possession or a spirit of ecstasy. They said if it was not for this they would have been unable to fight. This is revealed in the following narratives:

“I was a form three student at a boarding school in Chipinge. I left the boarding school with two of my friends. I was fifteen years old, one of my friends was fourteen years old and the third one was my age. We really wanted to go and fight for the country and up to now we do not know what gave us such courage. When we reached the Mozambique border (war combatants were being trained in Mozambique), we could not find anyone to lead us into the country since we did

not know the way and we were travelling by foot. We had to run back to school and we travelled for over one hundred kilometres that day. We got into school through the hole that we had dug under the school fence when we had escaped in the morning. No one had noticed that we were absent and that was quite unusual as we were away for more than eight hours. We knew the spirits had brought confusion to the school authorities by failing to discover our absence. After two days we escaped again wearing raincoats since it was raining. We removed the raincoats as soon as we entered the market place. We latter heard that police had been instructed to look for us but they could not locate us because they were looking for school children with raincoats. I really think the spirit mediums gave us the power to soldier on and to feel a sense of obligation to join the war. We were very young kids by that time and I really wonder what had got into us” (Cde Tapera).

“At one point the Rhodesia solders came with five helicopters and we were caught unaware. We ran for cover and there was a fierce battle. We shot down four helicopters and none of us died. We had taken cover in nearby caves. Up to now I can’t really explain how we survived”.

Believing in someone who is all knowing and very powerful is a type of an emotion focused coping strategy. In this sense, religion is used as a source of emotional support for individuals who are under stress. It helps to relieve anxieties and to know there is a supernatural power that is in control. This belief in supernatural beings helps to bring comfort as people are assured that someone will be taking care of the situation. This type of coping helps to remove guilt and uncertainty.

6.4.1.4 War songs and dance: War veterans who took part in the current study reported that songs boosted morale in the camps and helped to relieve stress. Songs also helped those who were possessed by spirit mediums to get into a trance and start advising the veterans on the way forward. Songs were followed by dance and jubilation and the

dancing would sometimes go on for the whole night (*pungwe*). The following excerpts illustrate the role of songs in the participant`s life:

“Songs would instil the sense of war into our souls. There was a particular song that I liked which went like “maruza imi vapambepfumi” translated into English to mean ‘you white people who take other people`s riches you have been defeated’. Whenever this song is sung I cry the whole night” (Male participant, FGD 2).

“Whenever we sang war songs we would become fearless and face whatever was coming our way” (Cde Chimuti).

Singing helps in distracting people`s thoughts from negative events. Songs are therapeutic in that they may help a person to transcend into a spiritual realm. Songs and dances helped to release stress and negative emotions. Dances and songs lead to the connection of the body mind and spirit, which helps to release pent up emotion and contributes to the healing process. Music and dance also help to reduce anxiety and increase relaxation.

6.4.1.5 Spirituality and unity of purpose: War veterans also said that the spirit medium and the traditional way of worship fostered a sense of unity among them. They reported that during the war people had come from various backgrounds with their own ways of worship but they abandoned everything and started following the way of the ancestral worship. Since the war veterans had left their families, having similar religious beliefs fostered a sense of unity that helped them to cope with war stressors like homesickness. The subsequent extracts illustrate this point:

“There was a sense of unity among the war veterans. We would share whatever we had. We could exchange clothes and even when someone got fruits and honey in the bush, they would come back and share with the rest of the war veterans in the camp. People were selfless and spirit mediums encouraged people to share and to be equal.” (Cde Chuma).

“The spirit mediums upheld a sense of unity among the war veterans by telling us to depend on each other. We believed that people who were selfish would anger the spirits and would die in battle. Things were tough but whatever little we got was evenly distributed. The spirit mediums warned us that even after independence whatever little we would get was to be shared amongst all. It is a pity that people are now greedy in independent Zimbabwe, which is against the teachings that we got from spirit mediums during the war. We believe that people who seek self aggrandisement will die sorrowful death because they did not heed the warnings of the spirit mediums” (Cde Rasi).

Having common goals and being in the company of people with whom one shares similar beliefs helps in coping with adversity. Unity of purpose is an emotion focused coping strategy that helps to cope with fear, anxiety and frustration. Actively seeking support is also instrumental in coping and healing from trauma.

6.4.1.6 Spirit mediums helped to cope with war killings: It is an assumption by many that those who participate in war may always be haunted by the spirits of the people who they killed (*ngozi*). However, the war veterans stated that the moral principles they were given by the spirit mediums during war helped them to cope with war killings and witnessing death. All of them said during the war spirit mediums had warned them that they were not to engage in wanton killing. They were told not to cut people into pieces (*kutema tema*) or to kill someone as they looked into his/her eyes. The latter incident meant that a veteran would have killed someone who was helpless. Observing these meant no one was to be haunted by the spirit of the dead. War veterans said that thinking about the people that they had killed during the war was one of their least worries because of the assurances that they were given by the spirit mediums. The extracts below elucidate this point:

“The spirit mediums always warned us and gave us rules of conduct during the war. Therefore, as long as you did not kill people in an inhuman manner you were safe. The spirits did not allow brutal killings of people or killing people by your own hands like suffocating them. This was inhuman and it was against the war

teaching. So we are not worried about the people we killed during the war” (Cde Bhungu).

“The spirit mediums gave us rules on morality. They warned us as males never to touch a female (have sex). The spirit mediums told us that those who defied this would be killed in the war front and this is what actually happened. Therefore, whoever was against the teachings of the spirit mediums would meet their fate. There was no debate about it. So teachings on moral issues meant that females were safe and there were no cases of rape” (Male participant, FGD 2).

Spirituality therefore helped the study participants to cope. It helped with enforcing moral standards that had to be followed and this minimised confusion. Spirituality is very important to overall wellbeing and can help buffer against adverse life events. Study participants turned to religion to ward off self-blame. Spirituality gave them the assurance and hope for a better future. The psychological problem solving that occurs when an individual believes in spirituality leads to a shift in perspective.

6.4.1.7 Indigenous knowledge: War veterans narrated that they would use local knowledge to cope with negative events that they encountered during the war. They reported that when someone was hurt and was bleeding they would dip the person’s wound in water and the water would be like a bandage that would stop the bleeding. During cold nights war veterans said they would prefer sleeping in a pool of water which would become warm as a result of warmth from their bodies. They said they resorted to local knowledge since resources such as blankets were scarce. The subsequent accounts illustrate the use of indigenous knowledge in coping:

“There were no hospitals to talk of during the war period. We would rely on traditional healers to provide herbs for those who had injuries and it really helped” (Female participant, FGD 1).

“Just as I learnt during the liberation struggle I always consult a n`anga (traditional healer) when I have problems. After the war when I started having bad dreams, he

gave me concoctions and I steamed in a hot bath. That was the end of it up to today” (Male participant, FGD 1).

Cultural issues therefore are significant in understanding mental health issues as well as healing of psychological problems. Healing is thus contextual and healing practices may vary from culture to culture. Indigenous ways of healing were used as active or problem focused coping strategy aimed at finding solutions to the problem at hand.

6.4.2 Cognitive coping

The study participants used cognitive coping strategies. These were centred on the link between their thought processes and the stressor at hand. Focus was not on the actions that the participants took but rather their thought processes.

6.4.2.1 Reframing: War veterans reported that in whatever they did or whenever they faced challenging situations they would always look for the hidden meaning behind the circumstance. Therefore, they tried to find meaning in their negative encounters or circumstances as illustrated in the excerpts below:

“We are deep into poverty as war veterans but we always believe that one day things will be alright for us. It’s going to be well and we always encourage each other” (Cde Gwati).

“The problems that we have today are better than the experiences that we went through in the days of colonialism. Of course we do not have basic necessities but at least we are being ruled by a black man, one of our own and not a foreigner” (Cde Gomo).

The study participants used reframing as a form of positive reappraisal or positive reinterpretation whereby they tried to look for the positive in a hopeless situation. Reappraising helped to find a more positive meaning of the cause of stress. It is therapeutic when people positively reinterpret their situations as it helps to do away with rumination and the sense of hopelessness.

6.4.2.2 Rationalisation: War veterans sometimes said they would use rationalisation when they were faced with challenges. Use of rationalisation is illustrated by the extracts below:

“Yes the war period left a dent in our lives that we are failing to recover from. Yes as war veterans we are outcasts and the icons of poverty. We always blame the problems we are facing now on our war history but there are other people who are facing the same problems but they have never been to war. So sometimes it’s good to face reality and really take time to explore what is happening in the country rather than to blame other people” (Female Participant, FGD 1) .

“I feel as war veterans we sometimes over exaggerate our problems. The country is facing its own problems and it is not time to point fingers on other people. We really need to work together and do away with the spirit of greediness” (Cde Chara).

“We are blamed for taking farms from the whites violently and not engaging the rule of law. However, when the whites came to colonize us they did not use the rule of law. They just removed us from our fertile lands and relocated us to places with poor soils. Our land, our Zimbabwe was taken away from us, we are just taking it back” (Male Participant, FGD 2).

Rationalising helped the war veterans to make their circumstances more acceptable to the world and to them. Denial of the actual problem also helps the rationalisation process. Rationalisation helped to do away with guilt feelings as well as anxieties. Rationalising entails looking at the positive side of events.

6.4.2.3 Fitting in

Some of the war veterans who took part in this study said sometimes they went out of their way to be humble so that community members can accept them. They tried to behave like civilians to be part of the group. The subsequent quotations depict what the study participants did so that they could be acceptable:

“You had to take off the war veteran pride and sometimes be a nobody so that people in your community will accept you. If you brag about your war experiences people will distance themselves from you and you will become lonely and isolated forever. You will become an outcast” (Cde Mukoma).

“I have a senior post at the church that I go to. Most people from church do not even know that I am a war veteran. It is wrong to assume that war veterans should always stick out like a sore thumb. We are normal human beings as well we have husbands and kids but people think that we are monsters” (Cde Rasi).

Through fitting veterans garnered social support as they associated with people. It is a therapeutic technique that helps to do way with isolation and loneliness and helps in problem solving. Fitting in is important in that it helps individuals to get support from others. This support is critical in dealing with stress and helps in solving problems.

6.4.2.4 Acknowledging disappointments: Some war veterans said they had accepted their fate and the reality that taking part in war was not a way to riches. Although they had hopes of a better future, it seemed that was not going to come to fruition anytime soon. Otherwise, their situation was becoming worse by the day. This is demonstrated in the quotes below:

“Life has to go on for some of us. We need to forge ahead because death is fast approaching. We need to leave a legacy. It does not help to think about things that you cannot change” (Cde Chuma).

“Some dreams may never come true and that’s the way of life. Even Smith himself had a dream that there will be no black rule for a thousand years in the country. However, we fought and defeated his people” (Male participant, FGD 1).

Acceptance of the situation was thus used by the study participants to help in explaining the negative consequences that they were going through. Acceptance also helped to release anxiety and to focus on important issues in life.

6.4.2.5 Avoidance of reminders: War veterans said they usually avoided reminders of the armed struggle. Participants said that as much as possible they would stay away from people to avoid being provoked to anger. The extracts below elucidate this point:

“When people engaged in arguments I became so confused and start thinking of the war years. I usually move away and return later when the arguments have subsided (Female participant, FGD 1).

“Whenever I have misunderstandings with my boss at the workplace and whenever I get angry, I dream of guns during the night. I will be at war during the night. So sometimes I avoid situations that make me angry. I am happy most of the time. People ask me how I manage to be cheerful most of the time. But it’s a skill that I have taught myself to avoid reminders of the war” (Cde Mbungu).

Avoidance of reminders is an emotion focused coping strategy that helped the war veterans to suppress the thought of the adversities that they went through during the war and in their day to day lives. Suppressing the thought helps to subdue the emotions connected to the thought as well. Avoidance and ignoring a problem may help give space to the problem so that it can be solved or just pass away. Avoidance also leads to mental disengagement whereby a person distracts himself or herself from the problem.

6.4.3 Collective coping

6.4.3.1 Support from the war veteran community: War veterans who took part in the current study reported that they got support from fellow war veterans and this support helped them to cope with difficult circumstances. The subthemes that pointed to the support that war veterans gave to each other are oneness, understanding and shared experiences.

A sense of oneness helped war veterans to cope with the traumatic war experiences. This pointed to having similar goals, aspirations and hopes. A female veteran FGD 1 reported that:

“We used to share clothes, shoes and food during the war. Thus, at the end of the day one could not tell that the other was from a poor background. This sense of

oneness helped us to foster a sense of acceptability of each other. So up to now it's a pity that there are some people who are trying to divide us but they cannot undo the spirit of oneness".

Oneness is a form of active coping and helped the war veterans when they were in need especially during the period of war. Support from colleagues helps in sharing information and the release of emotions. Having a network of supportive colleagues helps in fostering psychological wellbeing. Helping other people increase a person's self-esteem and self-worth.

Understanding within and between members of the war veterans community was found to be important in coping with stress. Being around other war veterans was reported as comforting by the study participants.

"We would be the happiest people if we are allocated residential areas for war veterans only. We understand each other and it is important that we stay together. There is a lot of stigma and discrimination from the outside world and living with civilians means we will be isolated forever" (Male participant FGD 1).

If a person feels that he/she is understood it helps him/her to normalise negative experiences and to feel a sense of security. If a person is going under a certain experience for example having a flashback, hearing from someone who is going through the same experience normalises his/her circumstance. Therefore, the feeling of understanding among the war veterans was important in dealing with emotions. Belongingness is a therapeutic tool that helps to prevent isolation and boredom.

Sharing concerns and problems with other war veterans was found to be important in coping with adversity among the study participants. War veterans said it really helped to vent out their emotions when they talked to fellow veterans since they had similar experiences. War veterans interviewed at the Gweru office said the office was almost like a haven where they would gather and talk about the current affairs without any strings attached. Since war veterans faced similar circumstances, they felt more secure together

as a group. Cohesiveness was a factor that helped them to soldier on as illustrated in the extracts below:

“Being with other veterans helped me to concretize that whatever feelings that I have are normal since other people would be talking about the same. Even the economic hardship that we are going through, it’s a relief just to know that there is someone with the same background as yours who is facing similar challenges” (Female participant, FGD 1).

“We discuss politics, soccer, weather and many other topics when we are together as war veterans. It helps since we see things from the same lens” (Cde Chuma).

Sharing with people to whom one feels comfortable with helps in that there will be a non-judgemental atmosphere during the discussions. Sharing in a group setting helps to give information, to ventilate emotions, to normalise experiences and give someone a chance to learn from other people. Social relations also help to reduce anxieties and depression.

6.4.3.2 Social acknowledgement: To regain their status during the period 2000-2010 when the country was experiencing heavy economic decline, war veterans organised themselves to grab land from white settlers. Most of their rural lands had become less productive and they needed fertile soils to grow crops to fend for their families. They felt by getting land they as well got social acknowledgement as people started talking about them. News on war veterans was in every media station. The extracts below illustrate this:

“We were just taking what was rightfully ours. Sometimes when disputes cannot be resolved amicably there is need to use a bit of force” (Cde Tapera).

“All those who got land during the land redistribution programme that we spearheaded are very happy. At least Africans have regained their identity by having their land back. No wonder why people thought we as war veterans were useless it was because the very thing (land) that we took our guns to fight for during

the liberation war was still in the hands of the few minority white people”(Male participant, FGD 2).

“Getting back the land from the whites to the black majority was a war on itself because lives were lost but now we are happy that we conquered” (Male participant FGD 2).

The war veterans used aggression as a coping strategy to address the inequalities in the distribution of land. Aggression was used as a problem solving technique in that it helped war veterans to address issues to do with inequalities.

6.4.3.3 Respect for authority: By clinging to the ruling ZANU PF party war veterans felt that they were politically secure. They said they felt safe with leaders in the party because they shared the same background and had been through similar circumstances. Although they felt some of the leaders had derailed from their goal of serving the people they felt things would be worse off if another political party came into power. The extracts below represent the participants` narratives:

“The ZANU PF party is the only party that we have known since independence. Even if you want to rebel it’s not proper because it is like rejecting your own mother. So sometimes decisions are imposed upon us but we just have to comply as much as a child takes orders from his/her parents” (Cde Gonese).

“We respect our leaders in the party because some of them were our commanders during the war” (Cde Rasi).

Respect for authority helped war veterans to exercise self-control which is very important. It also helped to foster a sense of security among the study participants, which is beneficial to mental wellbeing. Absence of respect for authority would mean that individuals would be motivated by selfish interests in whatever they do. Respect for authority is an emotion focused coping strategy.

6.4.3.4 Social support from family: Close family members were said to be the source of support for the war veterans. They reported that children and spouses understood and appreciated their war histories and they were always there for them. For couples who were both war veterans, the support and attention they were giving each other was overwhelming as the war experiences brought them much closer to each other. The quotations below help to explain the role that close family members played in the war veterans lives:

“My husband is also a war veteran, we met towards the end of the war when we were in demobilisation camps and we consented to marriage. He is my hope and pillar of strength and whatever we do we really understand each other`s feelings. I am proud to have such a supportive husband” (Cde Mukoma).

“I always smile when I am with my children. They are the reasons why I should survive. They give me strength and joy” (Cde Kamba).

Social support is a critical coping mechanism especially in African contexts where relations are valued above everything else. Feeling that one belongs to a certain group and that one is accepted aids in healing from mental distress. Catharsis and emotional abreaction as people share their stories with close companions is therapeutic. Largely therefore social support emerged as a salient coping strategy throughout the war veterans` narratives.

6.4.4 Believing in God.

A strong belief in God greatly helped the study participants to cope with adverse life events. Under this theme participants viewed suffering as God`s will, surrendered their sorrows to God and hoped that God was going to change their situation.

6.4.4.1 Suffering as will of God: Most of the war veterans who took part in this study said they believed that the suffering that they were going through was the will of God and the ancestors as illustrated in the extracts below:

“We are God`s children and our God and our ancestors will one day come to our rescue. The spirit of Nehanda (medium spirit) will never rest until we as war veterans are recognised in this country. That`s why the country is going through so much ills [sic]. The country leaders should honour us and all those who died during the war of liberation should be properly buried and the proper ceremonies should be done. Besides that the spirits will make us suffer” (Male participant, FGD 1).

“Everything has its own time just like the bible says. God has time for everything. We are suffering as Zimbabweans because God wants us to learn something. So, we need to find out what God is communicating with us through the suffering” (Cde Rasi).

Belief in God as the all-knowing and all powerful being helped to relieve pressure from the study participants. Belief in a deity helps to cope and attributing causes to a higher being helps to reduce anxiety, depression and ensures hope in individuals.

6.4.4.2 Surrendering control to God: All the war veterans who took part in the current study agreed that a higher being controlled their lives. Some said when things were tough and there seemed to be no way out they believed God would always make a way as shown by the extracts below:

“We are powerless as human beings and we need to call upon the power of god to lead and to control our destinies” (Male, FGD 1).

“I am a born again Christian and have a leading role in church. I have surrendered my life to God and I believe that it is not me who is living but the Lord God now lives in me. Guiding me all the way. God is in control of our destinies and we are just helpless beings” (Cde Tonga).

Belief in a supernatural being helps in coping with adverse events. It is important to note that when one surrenders everything to God they will no longer be worried about what will happen in their lives but will be comfortable with whatever happens to them. It also helps to do away with all negative emotions.

6.4.4.3 Hope that God will change situation: War veterans also said they felt that they still believed that whatever was happening to them today, God was going to bring a smile to their faces one day. They felt that their turmoil's were going to be over one day. This is illustrated in the narratives below:

“Who thought that we were going to fight against the whites who had colonised this country and defeat them. No one ever dreamt of an independent Zimbabwe since the whites had advanced war equipment and they were vigorously trained compared to us. They did not lack any basic necessities like us who used to starve during war. However, with the guidance of the war spirits which gave us strength we managed to defeat them. So the same way that we won the war against the whites, God is going to make sure that we overcome any challenge that may be facing us” (Cde Mutase).

“Imagine how we survived the economic depression that the country faced during the 2005-2008 period. We had the worst inflation in the whole world. Supermarkets had no food and people had to queue for days to get mealie meal. However, it is now in the past. God helped us to sail through all that. So whatever problem there is now God will help us find a way out” (Female participants, FGD 1).

Hoping that God will change the situation through prayer is an emotional coping mechanism. It helps to foster hope in individuals and prepares them for any outcome. Praying also acts as a distraction as people begin to focus on the power of God and not on the problem.

6.4.5 Coping with poverty

6.4.5.1 Acquiring new skills: To cope with the huge unemployment that was prevalent in Zimbabwe war veterans said they have tried to acquire new skills that were commensurate with the demands of the job industry. Cde Rozvi said he had now ventured into building since most people in Gweru were building houses. He said he found the enterprise very profitable. Another war veteran from FGD 2 said:

“I use the plot I have for market gardening. Although prizes of vegetables are very low I am surviving with my family”.

War veterans said they were also doing projects like piggery, bee keeping and poultry. They all agreed that it was better to take part in income generating projects and become self-employed than to just cry that there was no employment.

Acquiring new skills helped to keep the study participants busy by focusing on other things besides their negative experiences. Being occupied helped study participants to take their mind off from a troubling issue. Taking part in alternative activities is also therapeutic in that it gives an individual time to reconsider his thoughts as well as making new friends and acquaintances through the process of socialisation.

6.4.5.2 Acceptance of situation: War veterans said they have now accepted their problems and situations. The study participants were accepting whatever negative circumstances and poor living conditions they faced. This is illustrated in the extracts below:

“We can’t go on crying for spilt milk. It is time we accept our fate as war veterans. It has been thirty five years since we got our independence but things have been tough for us all the way. But the way forward is to forge ahead and look at the brighter side of life. At least we are in a free country. There is no Boko-Haram in Zimbabwe and there are no tribal clashes like in Nigeria. So we are better off and need to accept the prevailing situation” (Cde Chimuti).

“We should not have too high expectations and we should thank God for whatever we have” (Cde Rasi).

Acceptance is a coping strategy that helped some study participants from ruminating about their circumstances. Acceptance is especially helpful when nothing can be done to change the situation and leads to inner peace.

6.4.5.3 Owning land: War veterans expressed the fact that they valued having the land and whatever problem they had was overshadowed by the fact that they had somewhere to stay. In addition, war veterans could also keep domestic animals and would be able to fend for their families. Land ownership was reported to be important by the war veterans as indicated by the extracts below:

“The land means a lot to us as war veterans. We went to war because we wanted to reclaim our land from the hands of the white settlers who had relocated us to lands that were infertile. So having the land calms us” (Male, FGD 1).

“You hear people say we are violent because we took land from the whites. But when they colonised us and grabbed our land no one questioned them. Land has a symbolic meaning for us as Zimbabweans”(Cde Mwenya).

“In our local custom if a young child is born and the umbilical cord is buried at the child`s home. This shows our connection with the land. So wherever you go, home is always best because the umbilical cord, your source of life is buried back home in the soil” (Cde Chimuti).

“Even if people use a wire brush they won’t scrap our beliefs about the land. The white settlers knew the value of the land and they were quick to allocate themselves fertile and. They are now very rich because of the wealth that they amassed from our land. Our ancestors should be happy with the fact that we took land from the white settlers” (Cde Chara).

Being busy helps in eliminating thoughts about problems and helps to refocus energy. Planning that goes with engaging in alternative activities can aid in the coping process. Engaging in alternative activities also helps to avoid rumination and anxiety. Owning land fosters identity and a sense of belongingness.

6.4.6 Rituals

6.4.6.1 Reburials: War veterans said there were provincial committees that were set up to spearhead the reburials of war veterans who were buried in mass graves as well as to ensure that proper ceremonies were done. This is illustrated in the excerpts below:

“During the reburials war veterans would collaborate with chiefs from the area and traditional healers so as to offer a decent burial for the bodies. It is calming to witness the reburials because they help to put the spirits of the deceased to rest. People were buried in an inhuman manner during the war but it’s quite comforting that they are being afforded decent burials” (Cde Mutase).

“That’s exactly what the ancestors want. To have fallen heroes receiving decent burials” (Female participant, FGD 1).

“I have taken part in five reburial ceremonies so far. In one particular event a little girl aged seven was possessed with the spirit of the veteran who died during the war. She led us with the help of traditional healers to the mass grave. Police dug the grave up and we recovered over ten bodies. The relatives took the remains for burial at their home. I heard that when the reburial was done the young girl became normal once again and started going to school. She was unable to attend school as she was always sickly. So reburials for us war veterans is a way of paying respects and showing that we honour those who died during the war of liberation. It frees our minds as we know that the soul of those who could not make it to the independent Zimbabwe have been put to rest” (Cde Gonese).

Engaging in rituals is a cultural coping strategy that was used by the war veterans. Knowing that rituals have been done in the correct manner and procedure brings with it

peace of mind and hope that things will be well. It decreases anxiety and leads to sense of security.

6.4.6.2 Gatherings and commemorations: War veterans also said there are gatherings that are held like the National Heroes' day that is a public holiday in Zimbabwe. They said on this day they gather in their districts to commemorate the contributions that the war veterans have made to the armed struggle. The following extracts illustrate the importance of gatherings and commemorations:

“On this day all veterans from the district gather together at a designated place. We engage in song and dance and we meet other war veterans after a long time. The songs help to rejuvenate the war spirit. It is so calming to be with other war veterans. The spirit of togetherness is soothing and comforting. At times we would hug each other and cry for being alive after such experiences during the war and after the war” (Female participant, FGD 1).

“Such gatherings are a time to share our problems and seek support from one another” (Cde Gonese).

Gatherings helped the study participants to meet with old acquaintances and to get time to share joys and sorrows. Therefore, the therapeutic nature of these gatherings lay in the ability to foster social support and provide an outlet to bring out emotions and feelings in a safe environment.

6.4.6.3 Funerals: War veterans said that when there is a funeral it is a time get together to show their last respects to the departed. They said when they buried the deceased the army-released gun shot into the sky to show respect for the deceased. The deceased's war history is also read out and there was a sense of connection with the departed. This is illustrated in the following extracts:

“It's an emotional time but we have learnt that it brings togetherness in the war veteran community. It's also refreshing to know that my fellow comrades will also afford me a decent burial when I die” (Cde Mwenya).

“It’s an honour for a family to have a relative who is buried at a district, provincial or national hero’s acre” (Cde Gonese).

The ability to bury fellow veterans gave the study participants the assurance that they too will be accorded decent burials. This seemed to have the effect of fostering a sense of security. On the other hand, it does however appear that the same experience brought with it anxieties about death and dying.

6.4.7 Other coping strategies

6.4.7.1 Resilience: War veterans who took part in the current study said they could now face any challenging situation and come out of it unscathed. They said although they had nothing to show that they have been to war but their inner beings had been transformed because of their participation in the war of liberation. This is shown below:

“My heart is like that of a lion, I can face anything now and I don’t think there will be any challenge that will shake me as the war did. I am a different person altogether” (Cde Chimuti).

“I hear people complaining about food shortages I just wish they had gone through our experiences then they would shut up. When I went to a teacher’s college after war, I got into an argument with some colleagues who were saying the sadza (thick mealie meal porridge) was not properly prepared. I told them they should not be worried about food that had mealie meal lumps because during the war we used to eat five maize kernels as a meal for the whole day. I told them not to be cry-babies but act as people who are focused” (Cde Chuma).

Although war veterans reported that the war experience had taught them to overcome obstacles, it was evident throughout the current study that they also faced some stressors. Use of inner resources like resilience aids when one is faced with adverse circumstances and such recourse to inner resources is mainly a result of experience.

6.4.7.2 Toughened by war: War veterans reported that the war toughened them and they could now live in any situation. They said even in periods of food shortages they could survive. Life taught them to be tough. War veterans reported that war experiences had hardened them. They were no longer afraid of anything and they could now face any situation in their lives. They said even their parents had taught them “*hapana inofurira irere*” (no one can work for another) and “*Kufa kwemurume kubuda ura*” (A real man should always work hard). These *Shona* phrases meaning that as long as one was alive she/he should be prepared to work very hard with no compromise. So all the war veterans said the war taught them not to be lazy but to work towards achieving their goals.

Some war veterans reported that their life experiences taught them to toughen up whenever they faced some hardships. Cde Gonese a male war veteran said he had taught his children the fact that they should always work hard. He said that by the age of six he had his own vegetable beds in his parents` garden. It was at that age his parents taught him how to till, plant and water the vegetables. He also said that he would also sell his vegetables to get money to buy books and pencils and other small items. He said all parents should teach their children to be self-reliant. He said that even as the country was facing various hardships currently he would get income from planting maize, rice, beans and other crops. For him food was not a problem at all. He said “*the trials that we went through should lead us to a better life*”.

Again toughening things up is a coping strategy that relies on the use of inner resources gained as a result of experience. Initial encounter with adversity can make an individual stronger. It is a positive way of coping compared to ruminating about a person`s circumstances.

6.4.7.3 Personal achievement: War veterans reported that whenever they think about the adverse circumstances that they have been through in their lives they were consoled by the fact that they now owned some valuable possessions like the land. The participants` personal achievements are illustrated below:

“I am a man because I own several cattle, some goats and some sheep. I stay at my farm and I keep myself busy. That way I do not have to think about many problems. It’s a therapy when I herd my cattle in the bush, it’s so quiet and peaceful” (Cde Rozvi).

“Staying in the rural environment is hassle free. I do not have to worry about electricity or water charges. I produce my own food and sell to the market. So that process of growing crops, seeing them ripening and selling them to get money brings peace to my soul. It is not a problem that I get very little from the sales as a result of over flooding of vegetable produce in the market” (Male participant, FGD 1).

Focusing on achievements is a positive way of coping that helps an individual to desist from constant reminders of a stressor. Positive reappraisal also comes in to aid the coping process through attaching positive meaning to life experiences. This fosters personal growth and resilience. Planning is a problem solving type of coping strategy that helped war veterans to move forward.

6.4.7.4 Used to suffering: War veterans said they were now used to suffering. They said they had gone through many trials and tribulations to the extent that they could take whatever came their way. The following quotations reveal this:

“Hupenyu hwenhamo tatohujaira”, translated to mean “we are used to suffering. There is nothing new and we have been suffering for the past three decades. We just believe that God is watching and his will be done” (Male Participant, FGD 1).

“Sometimes you need to accept you fate and move on with life” (Cde Tapera)

“It sometimes does not help to always think that I should be a better person or I should be rich when in actual fact you can’t do anything to change your situation. Sometimes things are just meant to be what they are and you need to fit into the arrangement or you will die of stress” (Female participant, FGD 2).

Although study participants reported that they had to accept their status quo, it is more of a negative coping mechanism because it leads to a sense of helplessness whereby the individuals feel that there is nothing that they can do to positively influence their circumstances or prevent them from having future aspirations and wishes. However, accepting the situation helps individuals to draw up energy and expect the worst.

6.4.7.5 Enduring problems quietly: War veterans said that because of fear of victimisation and being misquoted, they sometimes had to silently endure problems. Whenever they felt that they were being unfairly treated by people with authority especially those in the ruling party some of whom are also war veterans they would discuss it amongst themselves for fear that they would be labelled as traitors. This is shown by the quotations below:

“If you say something bad or if you air your concerns about for example poor administration or corruption within the ruling party, you would risk being labelled an MDC supporter. It means from then on no one will ever want to associate with you or to be in your company” (Cde Chara).

“Silence is the best way to go about it especially when you feel there is nothing that you can say that will change the status quo. You just zip your mouth and carry on with life as if nothing is happening” (Cde Kamba).

“Towards the end of 2014 we witnessed a turnaround in politics when senior ZANU PF cadres and war veterans lost their posts in government. Although some of us felt justice had not been done we just kept quiet” (Male participant, FGD 1).

Keeping quite is a form of behavioural disengagement coping technique whereby one does nothing to deal with stressors. It is a form of passive coping which is very useful when an organism has very few resources to cope with an adverse event. It may also encompass ignoring the problem until it goes away.

6.4.7.6 Taking alcohol: Some War veterans said they took alcohol every day to help them forget their war experiences and to cope with daily stressors. One FGD 2 participant said he ended up taking alcohol to deal with the suicidal thoughts that he once had. Cde Kamba revealed that:

“Drinking beer helps us to socialise. People who drink beer do not discriminate as what sober people do. Therefore, at night I usually go for a drink at the local beerhall. It keeps my spirits going. Had it not been for beer, I could have died a long time ago”.

As reported in the above narrative alcohol gave some study participants the chance to mix and mingle and therefore garnering more social support. Friendship and mutual understanding emanate from the social process of taking in alcohol. It also aided in distancing and distracting the war veterans` thoughts from problems.

6.4.7.7 Comparison with colonial years: War veterans reported that they minimised the problems that they faced in the current era because they felt things were now better compared to the colonial era. The fact that things are now better in independent Zimbabwe made the war veterans to be hopeful. Comparisons are illustrated in the extracts below:

“In the colonial period women were not allowed to own property and they were taken as children. Their male children would be given identification cards when they reached 24 years and were regarded as citizens while women had no citizenship status. So even though women face some hardships today, at least they now own farms, and they can now open their own businesses and the law allows them to make decisions” (Cde Taguta).

The focus group discussions revealed that blacks were not allowed to drink clear beer and anyone who was caught doing so was prosecuted and sent to jail. Participants also said that for the white people in Rhodesia it was not a crime to kill a black person.

“Black people were seen as dogs. They were not allowed to walk in town but in the periphery of town” (Cde Chimuti).

“If a white person that you worked for wanted you to buy something for him/her from the city centre, he/she was supposed to give you a pass. He/she would seal the money and the grocery list in an envelope. Your task was to just give the shopkeeper the envelope, he/she would then give you whatever was written on the list sealed in a plastic bag and the change sealed in a different envelope. It was like sending a dog to the shops” (Female participant, FGD 1).

“Blacks had to have a licence in order for them to buy clear beer. Even when you bought the beer you would only drink it while at a secluded place otherwise if caught drinking the beer they would be sent to prison. If a white man`s child cried near you the father would order the police to put you in jail. If the white man forgot about you, you would rot in jail” (Cde Bhungu).

It appears that some war veterans felt that whatever difficulty they faced currently could not be equated to the problems that they faced during the colonial era. Therefore, the feeling that things were now better was important in the lives of the study participants. It led to positive appraisal and positive reinterpretation that is attaching a positive meaning to an event. The mere thought that if the country was still under colonialism things would be worse off helped the war veterans to feel better.

PART B: PSYCHOLOGICAL DESCRIPTION AND INTERPRETATION

In this section the themes that emerged from the phenomenological accounts of the participants are transformed and presented as psychological descriptions in accordance with Smith & Osborn (2007) steps of phenomenological explication. The three key psychological descriptions that emerged are the following: a). experience of trauma among war veterans; b). cultural notions and expression of trauma; and, c). coping with trauma. The table below gives an illustration of these psychological themes.

Table 4: Psychological descriptions of trauma

Theme	Psychological descriptions
Trauma experiences	<ol style="list-style-type: none"> 1) Unresolved bereavement issues 2) Shattered hope and expectations 3) Feelings of worthlessness 4) Resentment 5) Strained relationships 6) Fear 7) Compromised and spiritual wellbeing
Cultural notions of trauma	<ol style="list-style-type: none"> 1) Use of idioms <ul style="list-style-type: none"> • Acceptable behaviours • Acceptable ways of expressing distress • Cultural explanations of distress 2) Words synonymous with distress and trauma <ul style="list-style-type: none"> • Kushungurudzika moyo (having a restless heart) • Kutsamwa (being cross) • Kugumbuka (being very very cross) • Kudzungaira (hopelessness) • Kutambudzika mumoyo (troubled heart) • Kushaya Mufaro (being down or miserable)
Expressions of trauma	<ol style="list-style-type: none"> 1) Overt ways of expressing trauma <ul style="list-style-type: none"> • Displaced aggression • Anger • Frustration 2) Covert expressions of trauma <ul style="list-style-type: none"> • Avoidance • Anxiety • Silence • Relieving experience in dreams
Coping with trauma	<ol style="list-style-type: none"> 1) Use of spirituality in coping 2) Appraisal coping 3) Social coping 4) Problem focused coping 5) Emotion focused coping

6.5 Experiences of trauma among war veterans

6.5.1 Unresolved bereavement issues

The study participants reported narratives of witnessing gruesome death and mass deaths. Watching close colleagues dying and being unable to offer help resulted in feelings of helplessness and self-blame up to today among some of the study participants. Images of the deaths still haunted some of the study participants. Thus, from the narratives it emerged that war veterans had unresolved bereavement issues due to failure to decently bury their colleagues.

6.5.2 Shattered hopes and expectations

Events during the war period were reported to have been uncontrollable and some study participants felt a sense of self blame. Near death experiences were reported by the war veterans as they were at risk of having their food and clothes being poisoned. Up to today some war veterans report that they are hyper vigilant and always alert. Flashbacks of some of the deaths made the participants emotional. The study participants reported sorrow, anguish and resentment. The war had left them incapacitated leading to anguish and sorrow. Hopes and expectations were shattered as they faced challenges after independence. Some war veterans felt that the compensation that they got after the war was unfairly distributed. This injustice led to anger among the war veterans` community. Unfairness in the appointment of members to political posts was also reported. Unfulfilled needs led to feelings of betrayal among the war veteran community as they felt that their efforts were not being acknowledged.

As participants settled in independent Zimbabwe, most of their colleagues in powerful positions began acquiring wealth while some remained poor. There was anger and frustration when study participants compared their lifestyles with those of their fellow veterans who were better off economically. Some felt the collectivist spirit that characterised the war had disintegrated and this was a source of emotional turmoil to the study participants.

The incapacitation and failure to fulfil the breadwinning roles lead to shattered hopes and expectations among the study participants. Study participants felt that the civilians in the country did not appreciate their efforts. They had sacrificed their self-interests to serve the nation but it seemed no one appreciated their sacrifice. War veterans felt they were blamed for contributing to the problems that the nation was facing like the economic crisis and food shortages. They felt that they were misunderstood typified by the feeling of rejection they felt from the community.

The economy improved after 2010 in Zimbabwe. However, some study participants reported a sense of failure as they failed to make ends meet. They remained poor even though they had anticipated that by taking land they would now live comfortably. Shattered hopes led to frustration, anger and hopelessness. In 2014 and 2015, serious divisions rocked the ZANU PF party leading to the untimely dismissal of senior war veterans from the party. Some study participants lamented that this paradigm shift had torn into the collectivist fabric that once united the war veterans. Participants revealed that this was saddening and psychologically distressing.

6.5.3 Feelings of worthlessness

The war veterans also reported feelings of worthlessness especially as from the period after the war when they joined their families of origin. They had nothing to show for their participation in the war of liberation and close relatives had to donate clothes for them. The process of settling into civilian status after being heroes during the war brought a lot of misery in their lives. They felt miserable, angry and frustrated since they did not get what they expected (lavish lifestyles) when they returned from war.

Psychologically the study participants reported feeling a sense of hopelessness because they had to live a life of poverty for long and circumstances did not seem to change for the better. It seemed they were stuck in their poverty. Hopelessness also arose from shattered hopes and expectations. During the war, ex-combatants were assured that

once the country was independent they would live a better life but this did not come to fruition and it brought anger and frustration in the lives of the study participants.

Since it was difficult for some participants to get decent jobs they could not at the end of the day provide for their families and this made them to feel useless and worthless as parents and this was very distressing. In the early 1990s with the introduction of the Economic and Structural Adjustment Program in the country, some study participants reported that they lost their jobs.

6.5.4 Resentment

There was resentment as war veterans looked back at the opportunities that they had lost, opportunities to go to school and earn a decent living. They felt bitter since their cohorts who had remained at home and continued with their education were much better than they were. Some regretted the fact that they chose guns over books and blamed themselves for having made a poor choice. Some engaged in poorly paying jobs. They could not provide for their families and could not make ends meet and this resulted in anger and frustration. Some war veterans reported that it was emotionally draining as they faced discrimination in their work places. They were not be promoted because of their background and were the first to be targeted when there was a retrenchment. This led to frustration among the study participants. The media, which portrayed war veterans as violent people, supported discrimination and stigma against the war veterans and this angered them.

Personally, war veterans said they failed to find their place in the world and ended up asking themselves who they were. Were they liberators or just nobodies? Some study participants reported concealing their identities to avoid the shame of being associated with a veteran lifestyle. They also tried to avoid being stigmatised and discriminated when looking for employment. For some being a war veteran was a disgrace. This further contributed to their isolation as they lived in secrecy.

6.5.5 Strained relationships

The study findings revealed that as the war veterans returned from war they also had to contend with rejection from significant others. This resulted in isolation and loneliness. It compromised the nature and quality of social support that they received and grossly hindered their participation. War veterans also had a difficult time being accepted and they withdrew from society. Female war veterans reported rejection by in laws and it was reported to be disheartening since parents did not want their sons to marry guerrillas because culturally it was believed that the spirits of the dead haunted them. War veterans felt bitter because of community rejection.

Civilians had negative perceptions towards war veterans typified by the portrayal of war veterans as violent. This led to their isolation, as they felt unacceptable. Some civilians openly told war veterans that they were troublemakers. Some of the study participants therefore reported general feelings of worthlessness, disappointment and anger. The community chose to distance itself from the war veterans. The participants were disappointed distressed by the fact that they could not fulfil societal expectations to behave like civilians. There existed a dissonance between societal expectations and the war veterans` way of life.

Lack of appreciation from civilians led to low self-efficacy and low self-esteem among some of the study participants. They were intimidated and disappointed by the fact that their efforts were not being recognized and appreciated. Some war veterans who took part in the current study said they were distressed by the fact that they tried to overwork themselves to prove that they were people of value. They thought working hard would help in being acknowledged and appreciated in society.

Throughout their lives, some war veterans reported that they had problems with their relationships and this traumatised them and led to their isolation and loneliness. Loneliness was reported as from the period of reintegration when the study participants returned to their homes and were saddened to note that even significant others like

parents had a hard time accepting them. The study participants are from a collective society, which values relationships and failure to maintain these relations proved to be distressing for them.

6.5.6 Fear

The study findings revealed that study participants lived in fear. Just after integration, they were afraid that those who were aggrieved during the war could come to seek revenge. They ended up not trusting civilians or being suspicious mainly because of their war experiences (that not trusting ensured safety and security from harm). Suspicion and mistrust however, tinted the war veterans` decision making and contributed to their isolation, hostility and alienation. Fears and uncertainty were also reported during the integration period as study participants were afraid that they would be killed in the demobilisation camps when they had surrendered their weapons and were now helpless. War veterans, however, did not know what was going to befall them at this period, this feeling was generally spread throughout their lifespans, and it led to anxiety and discomfort.

Throughout their lives, the study participants reported a sense of insecurity and uncertainty. They felt that they were still at war or that war was imminent. Economic problems, poverty and everyday turmoil reminded the study participants about the colonial period when they had led unstable lives. However, war veterans noted that their conditions had slightly improved compared to the colonial years. To the war veterans any form of suffering reminded them of war and the colonial period. These circumstances resulted in low perceived control just like during the war period. The study participants reported aggressiveness especially against the white community members whom they accused of obstructing their independence. This underscored the fact that war veterans had not forgiven European settlers.

6.5.7 Physical and spiritual wellbeing

Some study participants reported health related concerns. These included chronic back pains, high blood pressure, diabetics and war injuries. Some failed to pay for their medical bills, and this in turn, led to feelings of hopelessness in the lives of the participants. Health concerns inhibited some study participants from working productively, thus failing to support their families. This led to anger and frustration on the part of the participants. Health problems also had mental health implications for the war veterans.

Some participants felt they could no longer feel the spiritual presence or connection with the ancestors or God as compared to the war years. This was a source of distress for them. War veterans who took part in the current study questioned spiritual issues and had a general feeling that they were not currently as spiritual as they used to be during the war. They felt the spirit mediums that used to guide them during the war had neglected them. They had witnessed strange things happening during the war and it seemed animals had special powers but all that had gone to waste. Thus, there was a dissonance between the war veteran's beliefs and what was happening in their lives. This led to feelings of incompetency and inadequacy.

6.5.8 Anger and hostility

It emerged from the study that the difficult circumstances that the war veterans went through during the war made them express anger and hostility towards people who diverted from their ideologies. Feelings of hatred towards the white community (the country's colonisers) were reported to be present up to today. Issues surrounding failure to trust as a result of witnessing close companions turning against them during the war were reported by the war veterans.

Strong opposition parties began to emerge in the country in the late 1990s. War veterans' who supported the ruling party ZANU PF party were saddened by the turning of events as new political players came into the field. They felt true Zimbabweans were not supposed to join any other political party besides ZANU PF. The study participants

reported a sense of loss of control and helplessness as they felt that their efforts of going to war had been belittled by those who formed new political parties and their supporters. They likened opposition parties to the white colonisers and this made some study participants depressed. They felt their efforts were not being appreciated. They questioned their role in life and this left them with a sense of hopelessness. The study participants reported vengeance and hatred towards those who supported new political parties as they felt the country was being colonised again, and this brought anxiety, fear, anger, sorrow, and grief on the part of the participants.

6.6 Cultural notions and expressions of trauma

6.6.1 Cultural notions of trauma

The participants revealed idioms and proverbs from the local language that pointed to their traumatic experiences, expectations and beliefs concerning trauma. The participants also revealed *Shona* words that were used to express distress and trauma.

Idioms and proverbs as given in the Zimbabwean culture provide a lens into the cultural value systems and beliefs about trauma. Idioms spoke on the need for the study participants to be tough and to be resilient in times of adversity. The war veteran had been taught to be strong and to show their distinctiveness from the general population. Reinforcement of tough behaviour may to a large extent hinder people from expressing trauma related symptoms. Toughening may also give a different meaning to a trauma episode.

Idioms also emphasised the need for the study participants to work hard to get whatever they wanted in their lives and to be resilient. The study participants were urged by the need to make a difference in their lives even when things were difficult in the country. Also to a large extent their experiences influence the meanings that they gave to circumstances. Some idioms as reported by the study participants helped them to be hopeful. Even when things seemed hopeless study participants were reminded that

nothing lasts forever. This is important in trauma experiences as it helps to foster a sense of psychological calmness.

Some study participants pointed to the intergenerational trauma as they felt that justice will be done one day. They felt that even if they failed to make an impact their children would continue their legacy and fight for justice and recognition. The hope that justice will be done goes a long way in giving assurance to trauma survivors that at some point in time their grievances will be addressed.

War veterans reported idioms that helped to explain their experiences. One of the issues that were addressed was the fact that the war veterans failed to forget the adverse experiences that they had encountered in their lives. They reported that their antagonists during the war may have forgotten but as war veterans they were still hurting. Reminders of the war were also said to be everywhere and most of the time led to the relieving the traumatic experience. Even when some war veterans did not show any symptoms, deep down they were experiencing great distress. Cultural norms and values were found to be important in defining symptoms that were to be expressed.

The importance of relationships and social support was drawn from the idioms that were presented by the study participants. Social support was reported as important since it helped individuals share concerns and obtain advice. Living in isolation was criticised with an emphasis on making connections and upholding relationships. In addition to relationships, acceptable behaviours were stipulated by the idioms where there was emphasis on Ubuntu and being approachable.

The researcher could not pick a single word from the war veterans' narratives that was synonymous with the word trauma, however, a number of words and phrases that pointed mainly to emotional symptoms of trauma were reported by the study participants. *Kushungurudzika moyo* (having a restless heart) was used to denote a long term emotional experience for example the failure to provide for the family. *Kutsamwa* (being

cross) was reported as an emotional reaction to short lived traumas. It is mainly covert feeling that may not show from the outside. *Kugumbuka* (being very very cross) was reported as an intense emotional experience that would take time to dissipate. It involves deep sadness and is a reaction to ongoing traumatic experiences. *Kudzungaira* (hopelessness) was reported as a severe form of trauma and used to explain situations when an individual had low perceived control over events. Difficult circumstances resulted in *kudzungaira*. *Kutambudzika mumoyo* (troubled heart) also pointed to long term suffering and was used to explain the effect of events like the fact that things were not getting any better for the war veterans as they remained stuck in poverty. *Kushaya Mufaro* (being down or miserable) was used to denote a long time type of suffering which was characterized by little or no happiness.

6.6.2 Expressing trauma

Study participants reported that they used both covert and overt methods of expressing trauma. Overt expressions of trauma depicted outward rage and were utilised when keeping quiet and enduring the trauma failed to be effective. Aggressiveness, anger and frustration were identified as the overt ways that study participants used to express trauma. Covert methods encompassed inward expressions of trauma and were mainly used for those traumatic experiences that participants could not readily vocalize. These included avoidance responses and sometimes experiencing bad dreams.

Covert methods were especially utilised in traumatic circumstances in which the study participants had low perceived control for example when they felt unfairly treated by other war veterans who held senior posts in government. The above notions of trauma help to show the study participants` cultural values and norms regarding behaviour and trauma. It is important to identify local constructs for complex trauma to circumvent doing injustice to the complexity and diversity of the embedded cultural norms and practises.

War veterans also reported on the use of silence to try to forget the traumatic circumstances that they had been through. Silence was also a result of the fact that they could not find the appropriate platform to express their distress and it seemed no one cared. Silence led to emotional numbing where participants sometimes bottled up their feelings. Relieving the traumatic experiences was also reported in the current study. Even as the study participants tried to be silent about their experiences, they were reminded through dreams. The war veterans had a narrative identity which bonds them together as they shared similar experiences.

6.7 Coping with trauma

6.7.1 Use of spirituality in coping

The study participants reported use of spiritual coping strategies for various traumatic events in their lives. A sense of connectedness to the ancestors helped them to cope with traumatic events like witnessing wanton killings during the war. Spirit mediums gave them courage to go on and to cope with fear even when the situation seemed hopeless. Belief in spirit mediums helped foster resilience and psychological wellbeing among the study participants. Spirituality also inculcated a sense of togetherness among study participants. Unity of purpose as an emotion focused coping strategy helped study participants to cope with fear, anxiety and frustration.

Spirit mediums helped the war veterans to behave morally and avoid wanton killings during the war. Even today, the study participants said they were not haunted by the spirits of the people they killed during the war because they were advised by the spirits to avoid brutal killings and they heeded these messages. Spirit mediums also gave them hope for a better future in an independent Zimbabwe. During the war, indigenous knowledge helped the study participants to cope with injuries and illnesses.

War veterans communicated with spirit mediums during their rituals, songs and dances helped to relieve stress and to allow for communication with the supernatural world. Songs helped distract study participants from concentrating on negative events, to reduce

anxiety and helped in the relaxation process. Culturally songs and dance are significant in the lives of study participants as they help bring unity, sense of purpose and oneness. Believing in a higher power like God who is supernatural and ruler of the universe helped the study participants to cope with traumatic circumstances in their lives. War veterans believed that the suffering that they had been through in their lives was the will of God and this helped them to accept their situations. It also aided in fostering hope in the future, reducing anxiety and depression. Whenever they felt overwhelmed with situations, some study participants reported that they surrendered everything to God and this helped reduce negativity. In all their predicaments, some participants still had the hope that God and the Spirit mediums would change their situations from sorrow to happiness. Prayer helped to distract participants from thinking about their problems to focusing on the power of God.

6.7.2 Appraisal coping

Cognitive coping strategies aimed at altering the thought processes were used by the study participants. The cognitive strategies that were used are reframing, rationalisation, fitting in and acknowledging the situation. They accepted their negative predicaments and this helped them to leave past hurts and move on. Acceptance also helped veterans to relieve anxiety and be more focused in life. Some war veterans reported use of avoidance strategies like distraction to evade thoughts about negative events in their lives. Avoidance helped the study participants to disengage their thoughts from negative events.

Some war veterans used other coping strategies like resilience. They reported that the difficult times that they had been through during the war had made them strong and tough to withstand any negative events in their lives. Their experiences had hardened them and made them prepared to resist any pressure. Experiences thus helped to build inner resources to cope with any adverse events. Some war veterans felt that they were now used to suffering so much that they would never be distracted by anything. It was seen that although acceptance of situation led to a form of helplessness it was beneficial to

some extent since the veterans could not change their situations for the better. As a result of the fact that they felt they could not change their situation some study participants felt that they had to endure their problems quietly. This is a form of behavioural disengagement where an individual remains passive and does not engage in any problem solving.

Participants also said that they were happy when they compared their current situation to the colonial period. They appreciated that although they were still poor they were free to do whatever they felt like in independent Zimbabwe unlike during the colonial days when they were treated as second class citizens. Thus, there was a sense of belonging and psychological wellness.

6.7.3 Social coping

War veterans felt supported by fellow veterans and this gave them peace of mind and a feeling of being valued. The support helped them to share information and problems therefore their relations helped them to vent out emotions. Having someone who understood them with a similar background as them helped study participants to accept negative emotions and experiences and ensured a sense of security. The sense of belonging when they were in the company of fellow veterans helped them to do away with boredom and isolation thereby boosting the participants' self-esteem and self-worth. Socialising with close acquaintances helped to reduce anxiety and depression.

War veterans felt that being close to people who have been through similar experiences as them helped in acknowledging some of the confusion that they had regarding issues to do with life. The group members reported some behaviours and experiences that they thought were abnormal. Respect for war veterans in positions of power in the government helped to foster a sense of calmness among the study participants. Rebellions were unheard of as they respected one another. The study participants reported social support from close relatives as beneficial. Close family members like children and spouses

fostered in them a sense of acceptance and belonging. Most of the study participants endorsed social support as an important coping strategy.

6.7.4 Problem focused coping

Some war veterans reported that they cope with the economic hardships by acquiring skills that were relevant and through engaging in construction firms as well as investing in farming activities. Acquisition of these skills was a form of problem focused coping strategy meant to alleviate the strain. Being occupied also helped to distract the study participants` minds from the problems at hand and it helped in making new friends thereby doing away with isolation.

6.7.5 Emotion focused coping

Study participants felt that their participation in rituals had a therapeutic effect. Engaging in reburials of fellow war veterans who died during the war and were buried in mass graves helped the study participants to feel a sense of accomplishment and that they had been useful, as they had accorded their fellow veterans decent burials. It fostered a sense of security and reduced anxieties. Gatherings like the Heroes Day, which are celebrated in the country, helped study participants to feel valued and this boosted their self-esteem. Gatherings were also a time to meet with long-time friends and to share joys and sorrows, which helped the study participants to see that the problems that they were facing were universal since other people had the same problems. This gave a sense of acceptance and calmness as well as psychological relief.

Some participants said they accepted their economic situation and felt life had to go on even when they had financial problems. Acceptance thus helped to reduce anxieties and foster psychological wellbeing. Owning land helped some study participants to have a feeling that their efforts during the war had been rewarded. It led to a sense of identity and belongingness.

Some of the study participants indicated taking alcohol as a coping strategy. War veterans said alcohol helped to distract them from focusing on problematic situations as well as helped improve their social networks as they had time to meet new people and to socialize. Some reported that they really enjoyed the non-judgemental attitudes of those they drank with.

6.8 Conclusion

The findings of the study have showed that war veterans have been exposed to various traumas in their lives. These traumas have been found to be specific to various periods in the war veterans' lives although a category of traumas that spanned throughout the war veterans' entire lives was identified. It was also noted that spirituality helped war veterans to cope with trauma, they also employed personal resources and above all the war veteran community was found to be a pillar of strength for the study participants. It was highlighted that group membership and sharing the same experiences helped war veterans to cope with trauma.

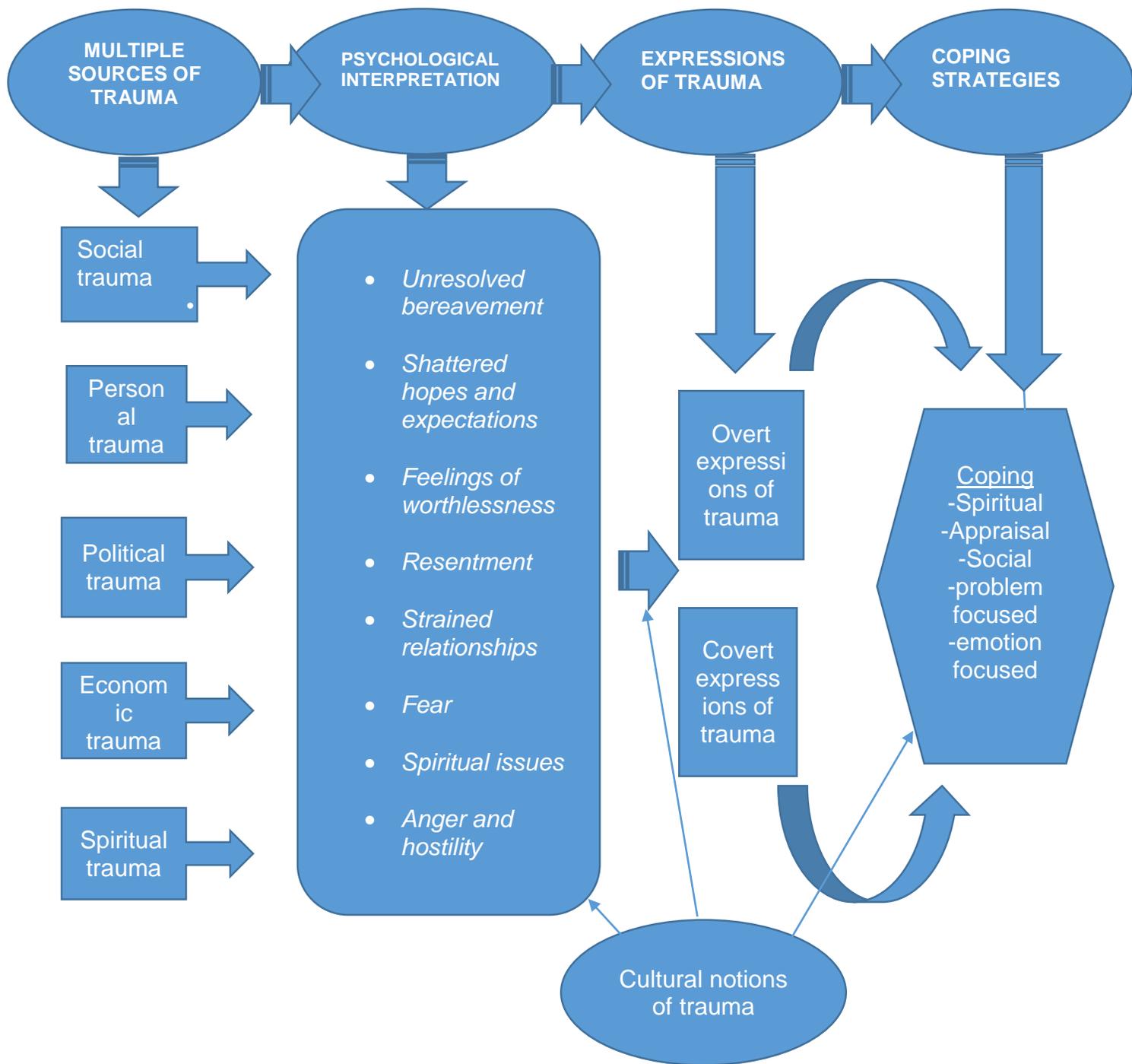
CHAPTER 7

TOWARD A TRAUMA MODEL FOR WAR VETERANS

7.1 Introduction

In this chapter, the culturally informed trauma model is proposed and explained. This is based on the narratives of war veterans in Zimbabwe. The model acknowledges the multiple traumas that war veterans in Zimbabwe have experienced. These include social trauma, personal trauma, political trauma, economic and spiritual traumas. Imbedded in these various traumas are the psychological interpretations from the author. To the study participants the various traumas are understood from a cultural lens as indicated by the cultural notions and expressions of trauma which form part of the model. Cultural beliefs about acceptable behaviours as stipulation by people`s norms and values give meaning to trauma and inform coping strategies. The model also highlights the role of culture in overt and covert expressions of trauma.

Figure 2: Proposed trauma model for war veterans in Zimbabwe



7.2 Description of the model

7.2.1 Multiple sources of trauma

The model depicts a several of sources of trauma as experienced by the study participants. These are social trauma, personal trauma, political trauma, economic trauma and spiritual trauma. Trauma for the study participants was therefore multifaceted in that the traumatic events themselves were multiple and the effects that the trauma had cut across the participants` various strongholds. The war veterans therefore encountered complex trauma.

Social trauma mainly encompassed the stress that emanated from the study participants` interactions with other people. They were blamed for causing economic problems in the country and no one seemed to understand them. Study participants felt that no one understood their situation and no one was prepared to hear their narratives. Most of the people who wrote about the Zimbabwean war veterans mainly aimed to fulfil their political agendas of discrediting the government. Participants experienced strained relationships as they tried to fit into the civilian world. In addition their significant others and the community at large failed to accept them.

Political trauma encompassed feelings that participants` efforts were not being rewarded, witnessing disharmony within the main political party and unfairness in the distribution of resources. Through comparing their lifestyles with that of other war veterans who held senior posts in government and were well off economically, participants felt they were being unfairly treated and that they deserved recognition. Emergence of political parties in the country was said to be traumatic, as veterans believed that this could result in another war. New political parties reminded participants of the war period and anyone who supported these parties was seen as a sellout. War veterans silently endured their problems since the political environment did not give them room to express their distress.

Spiritual trauma is an important component of the model. The study participants felt that the connection that they used to have with the ancestors during the war was no longer

present. They felt a sense of being inadequate and hopeless. To the study participants spirits and ancestors seemed to be non-existent as compared to the war period when they believed that the spirits were in control. Culturally in the African societies, the spiritual being is important in psychological wellbeing. Spirituality gives meaning to existence and is important in coping with adverse events. Belief in God and the power of God to change the situation greatly helps people to come to terms with their trauma.

Economic trauma was centred around issues to do with poverty and failure to afford basic necessities. Some study participants failed to raise money to pay for their children`s education and they were angered by the fact that their children would never gain decent employment. Economic trauma fed into and exacerbated the problem of psychological trauma. In the Zimbabwean context, traumatic events cannot be resolved unless issues to do poverty are addressed. The model thus highlights the need to understand the cultural context of people who have experienced complex trauma.

The model highlights personal trauma as one of traumas that people experiencing complex trauma have to contend with. Personal trauma involved failure to give meaning to their experiences. The study participants felt sometimes that their lives were meaningless. They thought that after the war people would honour and respect them, however, they were subjected to ridicule and isolation. In addition to this, the study participants reported feelings of worthlessness and helplessness.

The cultural trauma model therefore acknowledges the role of multiple factors in causing trauma as well as in the effects of trauma.

7.2.2 Psychological interpretation of trauma

The trauma that the war veterans had been through in their lives had a number of psychological implications in their lives. They lived with unresolved bereavement especially emanating from the fact they failed to decently bury their friends during the war. Shattered hopes and expectations resulted from the fact that whatever they had hoped for and what they were promised during the war did not come to fruition.

There was a general feeling of worthlessness among the study participants as they felt no one appreciated their efforts. They resented their war experience and wished that they should not have gone to war since they had missed going to school. Strained relationships led to poor social support and hindered their participation. Throughout their lives war veterans had trust issues and were afraid that another war would erupt. Some were angry that they could not fulfil their goals because of poverty.

7.2.3 Cultural notions and Expressions of trauma

The study participants reported various words and phrases from the local language that they used to explain stressful and traumatic experiences in their lives. Covert and overt expressions of trauma were also described in this study.

The model acknowledges that conceptualisations of trauma are embedded in the languages that a society uses. These notions of trauma give meaning to experiences. Idioms that were derived from the participants' narratives are very important as they summarise cultural norms and values that guide acceptable behaviours. Idioms that were drawn from the narratives also reinforced the need to be resilient and to work hard among the war veterans. Idioms also reported on the problems that were faced by war veterans like failure to forget their experiences, their need to be recognised and informed about the accepted ways of expressing distress.

There was no exact word that could be picked from the Shona vocabulary that was synonymous with the word trauma. Most of the words that were given by the participants pointed to the experiences of distress and stress and not deep rooted trauma. Most of the local words that describe trauma like *kushungurudzika mumoyo*, *kutambudzika mumoyo* and *kurwadziwa mumoyo* mainly referred to a troubled heart. The African understanding is that the heart is the organ stored traumatic or pleasant emotions.

The model acknowledges the use of overt and covert ways of expressing trauma among the war veterans. Overt expressions of trauma encompass outward rage, aggressiveness, anger and frustration. Covert methods included avoidance responses, silence, re-experiencing through dreams. Covert methods were where important where participants felt they could not verbalise their experiences. It is important to note that participants' expression of distress was guided by cultural and political constructs.

7.2.4 Coping strategies

The model depicts various strategies used by the study participants to cope with trauma. Spiritual coping strategies involved the belief that God would change their situations for the better and that what whatever happened in their lives was the will of God. Belief in spirituality also helped them to cope with killing people during the war period. Study participants reported that songs and dances were therapeutic. In African setting everything has a meaning and usually when people cannot decipher the meaning of an event they give it up to God. For example the extreme stressors that were beyond the study participants' coping resources were explained by the Shona idioms *mwari vanoziwa havo* (God Knows) and *mwari vachaita kuda kwavo* (the will of god will be done). This helped veterans to cope with adverse events especially those that they could not openly discuss.

Appraisal coping was also used as shown in the model. It denotes changing the negative thought to positive reinterpretations of a situation. Study participants reported that acceptance, reframing, resilience and avoiding thoughts related to the problem were

effective coping mechanisms. With reference to accepting the situation as it is, the Shona people have the idiom that supports this which is *chenga ose manhanga hapana risina rhodzi* (just eat all the pumpkin you will never find one which does not have seeds inside) and *chisi chako masimba mashoma* (when something is not yours you do not have much power over it).

Social coping is one of the important components of the model. It refers to support that the war veterans received from significant others especially spouses and children. Support from fellow veterans was said to help foster a sense of belonging amongst the study participants. In the Zimbabwe languages to support the importance of social support are: *hukama igasva hunozadziswa nekudya* (relations are empty vessels and can only be filled in through eating). Through eating there is socializing and mutual dependence. Also *ukama haugwezwi nesipo setsvina* (you cannot wash away relations the same that you wash away dirt on clothes with soap). The local culture greatly values relations and unity, these buffer individuals from the adverse effects of trauma.

The model also highlights the use of problem focused coping by the study participants. Problem focused coping refers to strategies aimed at dealing with the problem at hand. Some study participants said they acquired necessary skills so that they could get employment. Veterans also reported taking alcohol an emotion focused coping strategy. In support of the proposed model Nicolas, Wheatley & Guillaume (2015) emphasise the need to be knowledgeable about local constructs, meanings and languages used to explain traumatic events and the social context.

7.2.5 Cultural notions and trauma

The model highlights the importance of culture in influencing conceptions about trauma, how trauma is experienced, people`s ways of expressing trauma and the coping strategies that war veterans employ. The model calls for the need to understand the unique history, norms and values of a certain culture so as to appreciate individual differences in relation to trauma and trauma healing.

7.3 Conclusion

The study developed a holistic and culturally sensitive trauma model. The trauma model acknowledges the need to be sensitive to collectivistic values and norms as well as contextual circumstances such as socio-economic status, home and community environment, spirituality, politics, forms of discrimination and social ties and relationships. Unlike other models of trauma that focus on trauma from a single event, this multi-faceted model will go a long way in explaining the experiences of war veterans in low resourced economies.

CHAPTER 8

DISCUSSION

8.1 Introduction

In this chapter, relationships between findings of the study and reported literature are presented. In addition, contradictions with established literature and theories are also noted.

This discussion will be in five main parts:

- i. Experiences of trauma – this area will cover the social, cultural, economic, political and spiritual trauma that war veterans faced.
- ii. The second part of the discussion will focus on how war veterans understand trauma.
- iii. War veterans` expressions of trauma
- iv. Coping strategies used by war veterans in Zimbabwe
- v. Discussion of trauma model

8.2 War veterans` trauma experiences

8.2.1 Social traumas

Rejection by significant others was reported by the study participants. This led to poor social support, isolation, loneliness and reduced their participation. These findings were echoed by Wesley-Esquimaux & Smolewski (2004) who proposed that traumatic situations might result in permanent changes in personality implying that the loneliness that the war veterans were reporting may be because of the fact that their personalities had been altered by their war experiences. At the community level it has been noted that trauma from collective violence may disrupt normal patterns of social activities, fracture social relationships and damage social structures (Ajdukovic, 2004). Similarly, Hazen (2007) noted that combatants who return home might be traumatised because the support they used to get from other war veterans during the war may no longer be present.

Study participants reported that their efforts for fighting for the country`s independence were not being appreciated and this caused feelings of uselessness in them. In a study

of veterans who participated in Operation Iraq Freedom (OIF) and Operation Enduring Freedom (OEF) in Afghanistan participants reported that they felt nothing in common with old friends, they could not relate and their friends said they had changed (Smith & True, 2014). A shortfall in the PTSD diagnosis has been noted that it focuses on the traumatic events and the consequent reactions but fails to acknowledge the social understanding of the event (Ajdukovic, 2004).

Participants reported that bad publicity was traumatic as it resulted in stigma from the public. Most of the time when war veterans did something bad the media quickly reported about it. When they did something positive, no one seemed to appreciate as the media was largely silent on such issues. Bad publicity by media houses was reported to be tarnish the image of war veterans and was a source of trauma as it was demeaning their war experience. The negative portrayal of war veterans also shape civilian attitudes and further stigmatise them. Similarly, Smith & True, (2014) noted that civilians do not understand what veterans have been through and only get this information from media reports.

War veterans in Zimbabwe used to trust one another and felt safe when they were together but greediness has eroded this group spirit. Zaiontz and Sarkar (2014) have observed that disharmony in group functioning may be challenging for the victims of trauma. As indicated by the community trauma theory, trauma may be fixed in the cultural memory of a group of people and can be transmitted from one generation to the other (Duran & Duran, 1995). Group dynamics in the study of trauma becomes critical. Bloom (2006) noted that human beings have a tendency to bond together with their identified group and to be always ready to defend the group. Afana (2010) confirmed that contrary to diagnostic categories like PTSD, trauma definitions should cover individual and community loss as well as social and political meanings of violence. Contrary to this study`s findings that political issues may contribute to trauma the PTSD approaches do not acknowledge the root causes of trauma which are found in the interaction between political, social, historic and economic issues (Morina & Ford, 2008).

Serious divisions within the ZANU PF party in which almost all war veterans are members led to disintegration of the collectivist fabric that once united the war veterans. Study participants reported that divisions within the party were devastating. Smith & True (2014) noted that the close contact with other military personnel during the war is like family relations and the military becomes like a safe zone which results in confidence in one another. They further mention that need for independence after experiencing group ties was reported as the basis for distress. Alexander and French (1946) observed that trauma might affect the way in which members of a group relate to one another. To add on Suarez-Orozco and Robben (2000) corroborate this when they argue that the effect of trauma on the collective may lead to misunderstandings between group members. They further mention that one disadvantage of trauma is that it may be so devastating that the community may fail to recover from its effects. Hamber (2000) reiterated that in trauma the nature of the distress that people experience is collective in nature. Trauma has been reported to affect people`s thinking patterns thus transforming societies and people`s way of life (Famula, 2007; Liam, 2013). Wessells (2008) has tried to explain the disharmony within the war veteran community. He argued that if group leaders promote differences in groups, different groups with conflicting interests start to perceive each other as enemies culminating in the disintegration of the whole community.

Study participants reported that they were blamed for contributing to the problems that the nation was facing like the economic crisis and food shortages. They felt that they were misunderstood and felt the rejection from the community and this saddened them. It was heart breaking and dehumanising. Literature has it that is important to use a cultural lens to explore the reasons behind stigmatisation of some behaviour in a cultural context (Zaiontz & Sarkar 2014). In a study of child soldiers in Uganda Amone-P`Olak et al, (2015) noted that when child soldiers returned to their homes there was fear amongst the community members. The stigma and discrimination that ex-combatants may face possess the potential to compromise social support, thus having negative implications on mental health. Hazen (2007) argued that combatants may face disapproval, alienation and marginalisation and may be used as scapegoats of the community`s misfortunes,

thereby they were excluded from the main stream. Hazen also noted that disapproval results from the fact that war veterans were seen as economic burdens.

Study findings showed that civilians had negative perceptions towards the war veterans. They felt they were misunderstood as they were portrayed as troublemakers. This led to their isolation as they felt unacceptable. Civilians` attitude has been explained by Gerhart (2010) as resulting from the fact that the civilians view wars as a notion that does not affect them personally thus leading to the isolation of the veterans. Malmin (2013) in his studies noted that veterans of the Vietnamese war were not well received by the public. There was general lack of appreciation from the civilians as they misunderstood their role in the war. War veterans in Malmin`s study reported that lack of appreciation from civilians was more traumatic than the war itself.

Strained relations were a critical issue that was reported as distressing by the study participants. Loneliness was reported as from the period of reintegration when the study participants returned to their homes and were saddened to note that even significant others like parents had a hard time accepting them. This study revealed that some war veterans felt disconnected with their family of origin. In a study of Operation Iraque Freedom (OIF) veterans with combat experience reported that they had problems readjusting to civilian life (PEW, 2011). Social bonds are upheld in collectivist societies and disintegration of these bonds may lead to serious psychological turmoil. Reintegration of war veterans in Zimbabwe did not take into cognisance issues to do with how the society was to absorb and assimilate the war veterans.

Marrying a woman who had been to war was reported to have been a taboo and was met with scepticism and this led to frustration among female veterans. Rejection by in-laws was reported to be disheartening. It was believed that the spirits of the dead would haunt the families and bring about bad omen. Relations to people from the out group (not war veterans) were reported to lead to decay and this leads to further stigmatisation of the traumatised group by the civilians (Wessells, 2008). Somasundaram (2007) reported that

trauma healing intervention should also incorporate the family and the community as this helps to avoid transmission of trauma to the next generation.

Study participants were distressed by the fact that they could not fulfil societal expectations of behaving like civilians. There existed a dissonance between societal expectations and the war veterans' way of life. Smith & True (2014) noted that there was identity transformation when people joined the military. There is absorption into the institution which is characterized by obedience and collectivism. People sacrifice individuality for collectivism. Reintegration into civilian life, however, entails re-adoption of individualism. The military experience will be past but it always remains in the present by influencing day to day interactions (Smith & True, 2014). They also highlighted that people have problems when they exit the military institution because they enter into a world that needs re-establishment of a new identity that is greatly influenced by the previous role. In most cases what soldiers have worked to achieve is viewed as meaningless.

Lack of appreciation and stigmatisation from civilians led to low self-efficacy and low self-esteem among some of the study participants. A number of researchers have confirmed stigmatisation of war veterans where other community members labelled them as perpetrators of violence (Kriger, 2003, Mupinda & Reeler, 1996). War veterans were convinced that no one understood them and their efforts were negatively construed. The misunderstanding and confusion however, seemed to be mutual and reciprocated, as war veterans did not understand civilians. Detachment from the community has been noted to arise from war trauma since veterans were used to violence (Hazen, 2007). Violence becomes normal to them leading to desensitization to violent acts. This may lead to anger, hate and helplessness which also contribute to the detachment from the community. Hazen (2007) further argues that normalisation of violence may lead to violent behaviour and use of violence to achieve social status and wealth.

8.2.2 Personal trauma

Some of the study participants perceived being a war veteran as a disgrace and they concealed their identities. Personally, war veterans said they failed to find their place in the world and ended up asking themselves who they were. Thus, issues to do with their identity were reported to be traumatic by the war veterans. Wessells (2008) noted that in times of disturbance, individuals may feel confused and ask themselves several questions. They then move on to mistrusting other people culminating in having doubt in their intentions. Researchers have revealed that for people to effectively heal from their traumas there is need to explore the meanings that they draw from the circumstances that they have been through (Uehara et al., 2001). Thus, the experiences of people who have been traumatised should not be taken for granted or belittled. There is need for the trauma survivors to explain the consequences and the impact of the event.

Fear and uncertainty about the future was reported to have negative implications to the participants` mental wellbeing. Suspicion and mistrust, however, tinted the war veterans` decision making and contributed to their isolation, hostility and alienation. In consistence with this finding Wessells (2008) reiterated that individuals who have been exposed to traumatic events may feel a sense of uncertainty. Literature has it that trauma may result from recurring reactions to previous trauma and it becomes complex when it is cumulative (Courtois, 2008). Afana (2012) also identified fear as a normal reaction by traumatised individuals who continue to live in societies that have ongoing conflict. Johnson (2009) in his studies of the experiences of trauma survivors from West Africa noted that the environment where they lived was characterised by a sense of danger and fear since traumatic events were always anticipated.

Health related problems as reported by the war veterans inhibited them from working prolifically thus failing to raise income to support their families. This resulted in anger and frustration. The PTSD framework as presented in the DSM has failed to recognise and acknowledge problems that result from trauma in later life (Van der Kolk et al., 2005). This is one of the reasons why the applicability of the PTSD diagnosis is questionable in a

Zimbabwean context. Courtois (2008) advocated for the inclusion of chronic illnesses in the definition of trauma. Similarly, Deloach & Peterson (2010) echoed the same sentiments when they argued that trauma in African settings is characterised by continuous suffering and high rates of chronic illnesses.

Near death, experiences left the study participants with a high level of hypervigilance and alertness. Flashbacks of deaths made the participants emotional. In a study of child soldiers in Northern Uganda Amone-P'Olak et al. (2015) noted that unique types of experiences should be considered when considering the risks for psychotic symptoms when providing help in post conflict societies.

8.2.3 Political Trauma

It emerged from the study that participants harboured feelings of animosity towards the white people in the country as they had led to suffering during the colonial period. Consistent with the finding that war veterans had feelings of betrayal, Weingarten (2004) confirmed that frustration and revenge among those who have been traumatised might lead to a cycle of violence that is characterised by one violent episode to another. However, future research need to consider whether violent acts that were exhibited by war veterans in Zimbabwe were as a result of frustration or there are other factors that are at play. It emerged from the study that the difficult circumstances that the war veterans went through during the war made them express anger and hostility towards people who diverted from their ideologies. New political parties were assumed Eurocentric in orientation therefore aimed at upholding the values of the whites who were colonisers before independence.

Emergence of strong opposition parties in the country led to depression among the veterans community. They felt that new political parties demeaned their efforts of bringing freedom to the country. In support, Niederland (1981) noted that traumatic experience might inform political discourse, meaning and the decisions that an individual makes may be tainted by the fact that they have been hurt and exposed to suffering. There is therefore a hardening of personality, which does not allow for rationalisation. War veterans view

the emergence of political parties such as MDC as synonyms of the Smith regime that they fought against during the war of liberation. Somasundaram (2007) noted that it is important to consider the effects of trauma on the group, community and social level to fully understand its impact. This notion differs from Fingley`s (1985) assertion that trauma is a set of actions to deal with stresses of a catastrophic event or the period that follows immediately. Kluff et al. (2000) has noted that slight stimuli symbolic of the original trauma may rejuvenate traumatic memories. Batel (2012) also remarked that when the war is over veterans lose their livelihood, social networks and sense of purpose so much that they may end up adopting previous violent behaviours.

8.2.4 Economic trauma

The war veterans also reported feelings of worthlessness especially as from the period after the war when they joined their families of origin. They had nothing to show for their participation in the war of liberation and close relatives had to donate clothes for them. The process of settling into civilian status after being heroes during the war brought a lot of misery in their lives. The economic collapse, food shortages and the high levels of violence that the country has gone through for the past decades has been likened by Reeler (2012) to a state of complex emergency. War veterans have likened the problems that the country was facing to war. They reiterated that as long as they were still languishing in poverty it was like they were still at war. Poverty has been identified as a factor that was a direct result of war in Mozambique (Nordstrom, 1997) and has been said to bring great suffering to people of African communities (Wessles, 2008).

Failure to secure employment and discrimination at their workplaces was reported as frustrating by the study participants. Some were not promoted even when they were deserving while others were targeted for retrenchment. Similarly Hoffman and Kruczek (2011) argue that stressors caused by mass traumas like loss of employment and inadequate resources may affect one`s ability to manage exposure to future traumatic events. Boyden (2004) reiterated that daily stresses of living are more devastating than emotions from past traumatic events. Wessells (2008) has noted that after conflict there

is need for the revitalisation of civil society and ensuring that people get access to education and jobs. Kenzie (2007) has noted that traumatic events in later life can worsen or lead to the resurfacing of past traumatic symptoms.

There was bitterness as study participants looked back at opportunities that they had missed. Studies have noted that availability of environmental resources like jobs, decent houses and health services can help reduce the impact of negative life events (Amone-P'Olak et al, 2015). Contrary to the current findings that war veterans may face adverse consequences some decades after the war, the PTSD framework came about after the study of soldiers who fought in Vietnam. For them they joined the war as they came from stable backgrounds and returned to normal life where everything was provided for them. This is in contrast to the situation obtaining in the current study whereby Zimbabwean veterans of war go back to a society to face a number of challenges. This incapacitation and failure to fulfil the breadwinning role led to shattered hopes and expectations among the study participants. Aneshensel & Phelan (1999) noted that distressing psychological states can be activated by aspects of social circumstances—or one's location within society.

The economic situation of the country improved after 2010 but most study participants revealed that their situations did not change at all. Some study participants reported a sense of failure as they struggled to make ends meet. Amone-P'Olak et al. (2015) noted that effects of prior war experiences on mental health problems are amplified by difficulties after the war like poverty, land rights, stigma and discrimination, lack of social support and failure to acquire basic necessities. Contrary to the difficulties in accessing basic necessities that were reported by participants in this study a study of OIF and OEF (Smith & True, 2014) noted that distress arose from the fact that in civilian life there was no longer free provision of basic necessities like food, clothing and education amongst others. Stress arose from the routine of purchasing such items and paying bills even when the financial resources were available. Thus, the PTSD framework that dominates studies

of soldiers' postwar mental health fails to account for a wide range of veteran experiences (Smith & True, 2014).

War veterans felt there were gross injustices in the distribution of wealth as some war veterans were very rich while others were extremely poor. This led to bitterness and a feeling of dejection among the veterans with low socio-economic status. Ajdukovic (2004) noted that individuals who have been traumatised might feel betrayed and disempowered when there is lack of control over resources. As given by Wessells and Monteiro (2001) the definition of trauma which focuses on one individual is not applicable in African contexts since trauma may arise from human rights violations and systems of state oppression. Grey and Manning (2007) argue there is a shortfall in western conceptualisations of trauma for example the psychodynamic approach which only focuses on individual turmoil and not group experiences.

Insecurity and uncertainty was reported in this study. Economic problems, poverty and everyday turmoil reminded the study participants about the colonial period when their lives were unstable. To the war veterans any form of suffering reminded them of the war and colonial period. These circumstances resulted in low perceived control and helplessness. Commenting on the effects of traumatic events on future generations Levine (1997) noted that stories about trauma can be passed on to future generations by those who have been victims of the trauma. This may have an impact on future generations who may feel compelled to bring justice to the perpetrators of trauma even long after the death of the victims. According to Larner (2013) in addition to war trauma there is accumulation of other stressors in the war veteran's life. Uncertainty was found to be characteristic of the war veterans' lives. During demobilisation they were afraid of giving up their guns since they were uncertain about their future. In line with this Hazen (2007) remarked that feelings of empowerment, self-efficacy and the ability to influence the course of action that are related to status during war are lost after the war has ended. These feelings are replaced by loss of purpose and prestige, loss of control with no hope that the war status will be gained in future.

Study participants reported shattered hopes and expectations. They were failing to provide for their families. Zaiontz & Sarkar (2014) commented that failure to accomplish roles might be challenging for victims of trauma. Bessel & van der Kolk (2001) noted that trauma may lead to failure to experience pleasure satisfaction and fun. Thus, failure to provide for their families made veterans very unhappy with their life. Studies have revealed that trauma in African communities emanated from everyday stressors that may be viewed as less important like inability to fulfil roles such as mother and father (Ganor, 1998; Wessells, 2008). The community trauma theory had identified the social context of which failure to fulfil roles is critical in the development of trauma (Duran & Duran, 1995). In their study of child soldiers who were abducted and lived in rebel captivity in Northern Uganda, Amone-P'Olak, Otim, Opio, Ovuga & Meiser-Stedman (2015) noted that witnessing violence, 'deaths and bereavement', are types of war experiences that significantly and independently predict psychotic symptoms. Exposure to war experiences was related to psychotic symptoms through post-war hardships.

There was resentment as participants looked back at the lost opportunities to attend school as they went to fight. War veterans were worse off compared to those who remained behind and continued with their education. Most regretted going to war and felt bitter, angry, frustrated and self-blame. These sentiments were also echoed by Janoff-Bulman (1989) who discovered that trauma shatters basic assumptions about life. For the war veterans its quiet disheartening that at one time they used to occupy a prestigious role in society with everyone envying them to becoming nobodies and outcasts. Janoff-Bulman further argues that traumatic experiences shatter one`s belief in him/ herself as competent, decent and worthy. Therefore , Ardino (2014) argues that there is need to be culturally sensitive when addressing issues of trauma.

8.2.5 Cultural trauma

The study participants reported unresolved bereavement issues. Witnessing the brutal deaths of close friends and acquaintances during the war and the inability to offer help resulted in self-blame among the study participants. Culture is central to a people's evaluation of traumatic events and symptom presentation (Zaiontz & Sarkar, 2014). Marsella (2010) argued that cultural beliefs feed into the definitions of mental disorder since it guides people's worldviews. Johnson and O'keaney (2009) noted that the memory content of people who are from a collectivist culture did not differ from that of people who did not have a disorder. This is because people do not really value individual events but events that have had imprints on the group.

Confusion about spiritual matters was reported to be distressing by some of the study participants. The level of spirituality that they used to have during the war (spirit mediums used to give them protection and to defeat the enemy) seemed to have vanished after independence. Failing to feel the spiritual presence was a source of distress for the war veterans and negatively impacted their overall wellbeing. Spiritually some veterans reported a void in their lives compared to the war period. This led to feelings of incompetency and inadequacy. Van der Kolk et al. (2005) noted that one symptom of complex PTSD was dysregulation of sustaining beliefs or spiritual alienation. Similarly Afana (2010) noted that trauma is a culturally constructed phenomenon used to describe events that are culture specific. Failure to appreciate the war veterans' culture can result in trivialising issues of spirituality.

Failure to give meaning to their achievements or failure to enjoy the fruits of independence for the veterans was reported to be disheartening. During the war they believed they would relate to the future generations how they conquered the colonialism but it seemed their victory was meaningless. They sometimes asked themselves why they went to war after all. They failed to give meaning to their existence and this was troubling for them as they could not claim pride in their achievements. Thoits (2011) noted that psychological impacts of stressors are influenced by their meanings to the individual and these

meanings vary from individual to individual. Thus underscoring the need to appreciate individual differences when exploring impact of trauma.

The current study has revealed that war veterans have been exposed to various types of traumatic events for more than three decades. Contrary to these findings, research on PTSD is mainly focused on single traumatic events and not people who experience repetitive traumatic events (Afana, 2010). Kirmayer et al. (2011) noted that the effects of war are long lasting and do not end when people return to their communities but problems from the war may last forever and may be passed on to the next generation.

8.3 Understanding of trauma among war veterans

The research identified various idioms from the local language that are used to inform culturally acceptable behaviours and acceptable ways of expressing distress. Idioms also pointed to the problems faced by study participants as well as the significance of relations in coping with complex trauma experiences. WHO (2010) emphasises the fact that different languages have unique ways of conceptualising links between feelings, thoughts, wants and physiologic experiences.

War veterans gave various local names for the various emotions that are felt when people are exposed to traumatic events. It seemed the words that are used to explain traumatic events in the war veterans community vary with the severity of the trauma that the individual will be going through. *Kutsamwa* and *kugumbuka* were found to be used to denote less severe kinds of trauma. On the other hand, *kudzungaira* and *kutambudzika mupfungwa* were reported to explain events that were very traumatic and had long term effects on the individual. Afana et al. (1996) has noted that there are culturally accepted ways of expressing distress and people express their symptoms in culturally specific ways that are diverse from professional diagnostic standards and practice. He also suggested that trauma definitions should cover local idioms of distress, which would help to understand how people cope with stress to inform their healing processes (Afana, 2010). Sodi & Bojuwoye (2011) revealed that cultural realities like language as created by people heavily influence human functioning and meaning of distress. Adelson (2005) noted that

in African contexts mental health problems are not just defined by the mind and body dichotomy but also include the interaction of the mind, emotions, spirit and the body. Similarly, Wessells (2008) indicated that it is important to be aware of categories that relate to psychosocial distress. However, Afana (2010) bemoaned the fact that there is a dearth of studies on culture bond syndromes that are used to express traumatic experiences in African contexts.

8.4 Expressions of trauma

War veterans expressed that sometimes they would not want to get involved in arguments and whenever they faced distressing circumstances they would just move away. Anger and violent tendencies were reported by the war veterans as some of the ways in which they would express trauma. The study participants reported silence and avoidance. Bhui et al. (2007) has noted that those who treat traumatised people should be aware of the languages and symbols people use to understand and interpret their experiences. Different cultures therefore have their own conceptualisations that relate to illness, health and health care (Sodi & Bojuwoye, 2011).

8.5 Coping with complex trauma

8.5.1 Use of religion in coping with distress

Study findings have shown that spirit mediums were a major source of strength and motivation for the war veterans during the war. They instilled courage and a feeling of fearlessness in the lives of the war veterans during battles. Schiele (1994) has reported the importance of ancestors in the lives of Africans. He noted that from an Afrocentric paradigm spirituality and non-material aspects of a person`s life are very important. In studies on trauma healing that were done in Cambodia Boyden and Gibbs (1996) noted that western oriented therapies might not be effective because they do not recognise the contribution of ancestral spirits in the causation of ill health and healing. Edwards (2013) is in support of holistic psychology that takes into cognisance spiritual and traditional wisdom in the treatment of illness. The psychodynamic approach to therapy supports the conscious and unconscious experience of the patient, which largely is part of African

traditional beliefs (Levine, 2014). Therefore, the therapist has to go beyond the surface to consider meaning of believing in ancestral spirits with a culture. These beliefs may be hidden in the unconscious memory but influencing the client`s behaviour.

Some war veterans reported that belief in spirit mediums had helped them cope with adverse events. Fonda (2011) has noted that spirituality affects people`s wellbeing and helps in the recovery of mental health concerns. The spirit mediums as reported in the current study, helped war veterans to uphold morality and engage in acceptable behaviours during the war. None of the female combatants interviewed reported rape or sexual abuse during the war. However, Hess (2008) in his study of torture survivors in Sierra Leone noted that thirty-four percent of all female clients who sought help reported that they were sexually abused and gang raped sometimes as their close relatives watched.

Spirit mediums helped the war veterans to behave morally and avoid brutal killings during the war. Reportedly, spirit mediums helped war veterans to cope with war killings. It has been assumed that the spirits of the people they killed during the war (ngozi) may haunt war veterans. However, study participants said they were never haunted by spirits of the people they killed during the war because they avoided inhuman killings as they were advised by the spirit mediums. However, Honwana as cited in Enns (2012) reported stories of soldiers being haunted by the spirits of people they had killed during the war. Hazen (2007) noted that killing and witnessing killings was quite traumatic for war veterans. Marsella & Yamada (2007) noted that culture shapes people`s experience of reality and their ability to control the world. The psychodynamic approach has it that the therapist has to show empathy for the client`s problems. These empathetic understandings help the therapist to identify with the feelings of the client (Babra, 2006). The therapist also tries to experience the client`s perspective. Therefore, the psychodynamic approach has assumptions that are related to the Afrocentric perspective in that the clients` experiences are not supposed to be taken for granted. Opiyo, & Ovuga (2014) have noted that if spirits of the dead are not appeased through rituals the killer may suffer from mental health problems.

Songs and dances during rituals helped war veterans to communicate with the spirit mediums. Songs and dance had a therapeutic effect as they helped in relieving stress. They were also a distraction against adverse conditions that study participants had to contend with. Song and dance played a unifying role. Malchiod (2005) observed that songs are a form of expressive therapy that allows individuals to express their thoughts and feelings in a manner that is different and quickly helps to communicate issues. Stepakoff (2007) noted that songs helped in the healing of refugees in Guinea. During the healing programme it was discovered that songs had the following psychological and social functions, “welcome newcomers; express grief and sorrow; convey messages about acceptable and unacceptable behavior; renew energy; help people get to know each other (e.g., learn names); transition from one part of a session into the next; bring about calmness and relaxation; foster an attitude of faith, hope, and persistence; encourage peace and reconciliation; inform about important historical events; and say goodbye (e.g., at the end of a group cycle)” (p. 406).

Belief in God helped war veterans to have hope in the future and to reduce anxiety and depression. Believing that suffering was the will of God helped war veterans accept their situations. This is supported by studies by Johnson et al. (2009) that traumatised individuals report that suffering was the will of God and even when they suffered on earth, they were eventually going to be rewarded. Waldrom (2004) has noted that the belief in higher powers to solve human problems is a unique feature of the African traditions. Similarly, the Afrocentric framework remarks that God is seen as a connective link between humanity and the spirit (Mbiti, 1970).

When things were not going well in their lives some war veterans said they prayed to God and surrendered everything to him. This distracted them from their problems as they focused on the power of God and helped to reduce negativity. War veterans reported that they always had hope that God will change the situation and that this belief kept them going. Belief in a higher power and spirituality has been shown to be a source of strength

in African communities (Schreiber et al., 1998). A study by Krause (2015) noted that trusting in God was related to low death anxiety few fewer symptoms of physical symptoms and depression.

The study participants reported that rituals like reburials were therapeutic. Reburying war veterans who had been buried in mass graves helped in fostering a sense of accomplishment, which boosted self-worth and self-esteem. It fostered a sense of security and reduced anxieties. In some societies, it may be absurd to think of reburials as having any role to play in the healing of the African mind. However, Asante (2008) emphasised that in order to heal trauma in African contexts there is need to conceptualise the world in ways that acknowledge African people`s way of life. Cultural differences should not be minimised or taken for granted. Pellerin (2012) has noted that traditional healers and healing practices like rituals are important in African communities. In Zimbabwe, reburials are important in keeping with the belief that the dead spirit protects the living relatives at family and country level (as was the case with the spirit of Nehanda). There are also some rituals like *kudzora munhu mumusha* (taking the spirit of the dead back home) or *magadziro ehama* (putting the spirit of the dead to rest) to facilitate the return of the dead spirit back home to protect the living. Neimeyer (2001) proposed that individuals need active engagement within a community where each death is recognised, the deceased are mourned, and continuing bonds are validated and shared. Miller (2012) corroborates this when he noted that a normalization of trauma reactions and a mourning process that allows acknowledgment of multiple losses enhances the long-term processing of this experience.

The gathering and commemorations that war veterans took part in have been shown as evoking a sense of oneness and common goal among the group. Ancestral respect has been shown by Edwards et al. (2006) to help enhance relationships in families. Rituals and shared experience, memorials, funerals, reburials, spontaneous vigils, anniversary commemorations, and collective engagement are some of the opportunities to counter

disruptions to bonds and attachments after the impact of war, terrorism, and other disaster (Danieli & Dingman, 2005).

8.5.2 Individual coping strategies

Cognitive coping strategies aimed at altering the thought processes were used by the study participants. Reframing was used by the war veterans to search for meaning in negative situations. Reframing was used to positively reappraise bad events in the war veterans' lives and help to ward off feelings of helplessness. Rationalisation was also used by war veterans and helped to ward off guilty feelings and anxieties. In addition rationalisation helped war veterans to accept their situations and circumstances. Fitting in was another coping strategy that helped war veterans by avoiding thinking highly about themselves and it assisted them in garnering social support which helped to reduce isolation and loneliness. Ehlers & Clark (2000) posit that cognitive-behaviour therapy should aim at identifying an individual's maladaptive beliefs and try to incorporate into the narrative more realistic beliefs. The trauma experience can be re-storied, or re-plotted, in order to emphasize the skills and strengths that enabled the person to survive the trauma. This awareness can help the survivor to develop a sense of purpose for the future (Ehlers & Clark, 2000).

Some study participants reported that they acknowledged their situations. They accepted their negative predicaments and this helped them to leave past hurts and move on. Acceptance also helped them to do away with anxiety and to be more focused in life. Some war veterans reported use of avoidance strategies like distraction to avoid thinking about negative events in their lives. Avoidance helped the study participants to disengage their thoughts from negative events. Acceptance of adverse events helped to reduce anxieties and foster psychological wellbeing among the study participants. However, Bloom (1999) noted that being silent does not mean that people are coping well. In support of Bloom's observations the psychodynamic theory holds that conflicts are more toxic when they are not verbalised and it calls for the verbalisation of feelings as a huge step in the progression of therapy for people who have been traumatised (Spermon et al.,

2010). Silence about traumatic events has been seen as part of repression (Alexander & French, 1946; Brett, 1993) and a protective factor against traumatic memories. These theorists noted that the client has to be exposed to the past hurtful emotions in a safe environment. Contrastingly, Antonius (2005) noted that shutting down emotions makes the traumatic event more manageable. Honwana (1999) in his studies of trauma healing in Mozambique has revealed that sometimes silence helps people to move forward. However, silence about war experiences further alienated the Zimbabwean war veterans by widening the social distance. Nonetheless, some feelings are also difficult to communicate and therefore the emotions related to them remain piled in (Smith & True, 2014).

War veterans who took part in the current study reported resilience. They reported that they could now face any adverse situation and emerge from it unharmed because of the fact that they have been exposed to worse situations. Chertoff (1998) in support notes that it is necessary when helping traumatised individuals to know their strengths and weaknesses. Therefore, experiences were reported to have psychologically prepared the participants to face future adversities. Experiences, thus, helped to build inner resources to cope with any adverse events. Some war veterans felt that they were now used to suffering so much that they would never be distracted by anything. This is supported by Kirmayer et al. (2007) who explicates that the way in which individuals adapt to trauma reflect their personalities, resilience as well as their cultural context. Goldberg (2011) noted that it is important to appreciate the events that a person has gone through earlier so as to understand the individual's needs in later life. Boothby et al. (2006) noted that Africans interpret their experiences using culturally constructed categories and understanding. The impact of events therefore, should not be taken for granted. Thus, reality from an African perspective should be viewed from a historical perspective (Wessells, 2008). The psychodynamic therapy observes that the past helps to understand the present. Miller, (2012) in exploring the experiences of senior clinician-scholar specialists working with trauma survivors, noted that their powerful responses and their developed viewpoints became aspects of living, woven into the fabric of their living. These

responses and views informed their identity, their perspective, their work commitments, their understanding of life and the world, their reading of a newspaper, or their listening to the news. Therefore, their experience became the lens through which they engaged with others.

The study participants reported taking alcohol to cope with stress. Alcohol helped study participants to take their minds off problems. The process of taking alcohol allowed for socialisation and improved social networks. Hazen (2007) also noted that to relieve stress war veterans may become addicted to alcohol and this may eventually lead to a number of health problems. Hess (2008) reiterated that it is important to note that use of alcohol in moderation leads to better functioning, help to enhance social connectedness and was self-medicating and could be used in family celebrations.

8.5.3 Collective coping

War veterans felt supported by fellow veterans and this gave them peace of mind and a feeling of being valued. The support helped them to share information and problems, therefore their relations helped them to vent out emotions. Having someone who understood them with a similar background as them helped study participants to accept negative emotions and experiences and ensured a sense of security. Socialising with close acquaintances was reported to have helped to reduce anxiety and depression. The feeling of belonging and being accepted unconditionally was therapeutic for the war veterans. Johnson (2009) in his study of traumatised individuals from West Africa noted that respondents' perception of joint suffering enhanced a sense of group membership. Miller (2012) also notes that the significance for clinicians of having supporting relationships with colleagues with similar experiences. These supporting relationships offered a sense of belonging, collegiality, support, and acknowledgement, validation of unique and common work. Somasundaram (2007) noted that the spirit of community is important for the healing of the community from traumatic events and the Afrocentric approach supports a holistic approach to trauma healing that emphasises the role of culture and community (Jenkins, 2005; Perllin, 2012). Akbar (1984) also noted that in the

Afrocentric paradigm the individual cannot be understood as separate from his or her social group.

Being close to individuals who have had similar experiences was reported to be beneficial as it helped validate one`s experiences. It helped to do away with confusion. Similarly Chemtob`s (1996) study focusing on trauma revealed the protective nature of shared traumatic experience. Also in line with this study, a study of torture survivors in Sierra Leone, Hess (2008) discovered that the availability of supportive others was related to lower depression. Miller (2012) noted that groups can provide beneficial opportunities for interpersonal engagement and the safe experience of being with others who have shared distinct traumas. Groups may also help in the expression of grief and trauma, and the normalizing of a broad range of characteristic reactions.

Immediate family members were reported to be a pillar of strength for the study participants. They were a source of support and gave the war veterans a sense of acceptance and belonging. They made life meaningful and some study participants revealed that they gave meaning to their existence. Contrastingly, some western healing practises fail to acknowledge the importance of the family and community in providing support and care (Boyden & Gibbs, 1996).

To cope with poverty and unemployment some participants said they acquired new skills that helped them to get income. Acquisition of these skills was a form of problem focused coping strategy that was meant to alleviate the strain caused by the problem at hand. Being occupied also helped to distract the study participants` minds from the problems at hand and it helped in making new friends, thereby doing away with isolation. In tandem with this finding Hazen (2007) noted that war veterans` skills learnt during the war may not be appropriate and there is need for them to be trained for them to work and get income. He also reiterates that war veterans need to get used to the new social order and learn how to get what they want harmoniously.

War veterans were happy that at least they owned property in the form of farms. They reported that they had fought to get back the land from the colonisers. Land was also important for the study participants because it was a symbol of life and wealth. Van Der Zwan (2011) noted that land is crucial to Africa's social and economic development, as the majority of the population depend on land and land-based resources for their livelihoods. Land connects families and generations and it cements belonging. Land is also a symbol of power and it lies at the heart of social, economic and political life in most of rural Africa. It is tied to a complex network of issues ranging from power relationships to economics and from symbolic attachments such as identity to systemic inequities.

8.6 Discussion of proposed trauma model

The model developed in the present study acknowledges that trauma may be chronic and life long as depicted by the experiences of the participants who narrated traumatic experiences that spanned for more than thirty five years. Their first encounter with trauma was studied from the period when they joined the war of liberation. However, the PTSD framework focused on a single traumatic event (Marsella, 2010) and not all trauma symptoms are captured by the PTSD diagnosis (Bessel et al., 2005). Suffering for veterans in African societies does not end with ceasefire but continues for life.

The current trauma model recognizes the fact that participants may not show clear PTSD symptoms because there may not be words that are exactly the same as those that describe the PTSD symptoms in the local language where the study was done. Local words that were captured in the current model do not actually point to trauma symptoms and there was no exact word that pointed to trauma as given by the PTSD framework. Afana et al. (2010) noted that people from diverse backgrounds express their reactions or symptoms within particular social and cultural contexts that are not found in diagnostic standards. The Afrocentric approach to trauma calls for a holistic approach to support trauma survivors that is culturally based and takes note of local idioms of distress (Pellerin, 2012).

The proposed model of trauma as derived from the experiences of war veterans in Zimbabwe shows that as the study participants return from the war they face problems of poverty, strained relationships and unacceptability from civilians. This may result in shattered hopes, feelings of worthlessness and resentment among other. Failure to provide basic necessities for their families resulted in feelings of helplessness and hopelessness. Some problems that follow the initial encounter with the traumatic event are not accounted for in the early trauma theories. The PTSD model of trauma is based on the understanding that after the traumatic event all will be well for the individual (Herman, 1992). The assumption is after the war, veterans return to an environment that is supportive and welcoming were there are no problems and the individual only has to contend with the disruption of life that was caused by the traumatic experience. The PTSD approach does not explain the experiences of those who go through pervasive traumatic stress like low income urban dwellers (Ozer & Weiss, 2004). Morina & Ford (2008) noted that western trauma approaches fail to capture the root cause of suffering which are embedded in political, social, historic and economic crises. This proposed model just like the Afrocentric perspective underscores the need to appreciate people`s histories, politics, economic situation and the myriad of factors that may influence meaning making for war veterans.

The current trauma model calls for re-evaluation of trauma definitions to suit various cultural contexts. Cultural beliefs that have a bearing on trauma experiences were identified in this model. Aspects like spiritual trauma and use of spirit mediums in coping with trauma as well as importance of certain rituals like reburials were highlighted as important in the current model. Spirituality can provide resources to help transform life experiences and recovery from mental health problems (Canda & Furman, 1991). This is different from western models that do not acknowledge the importance of these constructs. The cognitive model of trauma does not explain the role of spirituality in trauma experiences. Its aim is to identify and explore the maladaptive beliefs and assumptions that the survivor may present (Ehlers & Clark, 2000). To some extent if individuals who offer help do not understand the cultural context, they may perceive

beliefs in spirituality as maladaptive. Thus, the current culturally sensitive model acknowledges the role of spirituality in trauma.

The model that has been developed in this study is sensitive to the context in which people live. The political context is taken into cognisance. The sprouting of opposition political parties in Zimbabwe rejuvenated traumatic memories of the war period as the study participants construed those who supported these parties as enemies. This is supported by the community trauma theory which postulates that human beings bond together with their identified group and prepare to defend the group (Bloom, 2006). According to Staub & Bar-Tal (2003) trauma can lead to victimhood- where the victimised views the other group as an enemy whose main agenda is to destroy one's group. This results in antagonism. Thus, the extent of trauma and its causes should not be taken at face value. Kirmayer et al. (2010) noted that the context in which trauma is embedded and from which it emerges are various and there is need to take note of power and political struggles as replayed within the individual, family, community and national levels.

The proposed trauma model calls for the need to be sensitive to the cultural background of a people to understand their realities, meanings that they prescribe to events and their wellbeing. Of importance is the role of spiritual interpretations or the role of God in the way people interpret traumatic experiences. The model ascribes to the fact that study participants viewed their struggles as the will of God and believed that God was going to change their situation for the better. Such beliefs may help quench any negative responses to trauma among individuals, as they believe that there is a higher power that is in control. Marsella & Christopher (2004) noted that definitions of health, illness and acceptable behaviour are culture specific. Similarly, Ardino & Zaiontz (2014) revealed that culture informs people's appraisals of traumatic events and symptom presentations.

The model takes cognisance of the existence of social traumas in the lives of war veterans. Study participants felt threatened and believed that those outside the war veteran group should not be trusted. This shows the impact of trauma on a collective group, a notion that is not addressed by other trauma models and frameworks like the

PTSD approach (Ajdukovic, 2004). Alexander (2004) subscribes to the fact that trauma may leave permanent damage in the memories of a group of people. Likewise, the community trauma theory acknowledges that trauma can affect the larger community (Duran & Duran, 1995). The Afrocentric perspective in line with this notes that events do not just affect individual but sometimes disturb the whole group or society.

As proposed by the current trauma theory individuals who have been through traumatic events may live in fear and may fail to trust at all. They may have dreams about their war experience and may cry when reminded about the trauma that they have experienced. As given by the PTSD approach these reactions may indicate psychopathology or an underlying psychological disorder. However, in some contexts such reactions may be normal responses to gross trauma experiences (Marsella & Christopher, 2004).. There is need therefore to understand the cultural context in which trauma is experienced. Focus has been on mental disorders that result from traumatic events but there is need to consider also social deviances that result from trauma like crime, violence and substance abuse (Marsella & Christopher, 2004). The life course framework argues for the need to understand each person within the context of his/her own unique life experiences (Goldberg, 2011).

The current model of trauma point to the stigma and strained relations that lead to lack of social support among individuals who have been through traumatic events. These reactions emanate from the fact that society does not understand the behaviour of those who have been through traumatic experiences. Consequently, societies end up labelling people who have experienced trauma as outcasts. This current study revealed that even though war veterans in the study are supposed to receive compassion from the outside world they were victims of blame and regarded as causing problems in the country. Similarly the Afrocentric paradigm calls for the consideration of individual`s social context to understand his/her experiences.

Overall, the model of complex trauma that was developed in this study call for the need to understand distress as experienced by the actors in their social context. It is important to note that when a stressor occurs (e.g. death) the individual may be overwhelmed by its intensity however its social impact is guided by its meaning, response of significant others, the community (Nicolas, Schwartz, & Pierre, 2010), other social determinates of health, the economy and past experiences (Kirmayer et al., 2010). Thus there is need to take note of beliefs and idioms of a culture to avoid misinterpreting distress through the use of a professional language and in the end labelling people as ill and in need of professional help (Quosh & Gergen, 2008; Wilson, 2007).

8.7 Conclusion

Various similarities between the current study and literature reviewed were established. As given in this chapter literature supports the fact that war veterans are traumatised by the lack of recognition of their efforts from the civilian community, failure to provide for their families and fear of the future. In addition, the results of the study on how war veterans cope with war trauma were found to be supported by various authors. The importance of culture and experiences in meaning making was underscored in this chapter.

CHAPTER 9

SUMMARY AND CONCLUSION

9.1 Introduction

This chapter presents the summary of the research study, the conclusions, limitations and the implications of the study. The current study is critical as it seeks to understand the various traumatic experiences that war veterans have gone through. The study also aims to inform people and organisations that offer support to war veterans so that they can help them adjust to demands of everyday life and move on with their lives. Various coping strategies used by war veterans were also highlighted in this study.

9.2 Summary of research findings

The study research questions guided the layout of this chapter. The findings on the experiences of war veterans in Zimbabwe will be presented first. This will be followed by the presentation of the cultural notions and expressions of complex trauma. Coping strategies used and a summary of the trauma model on the experiences of war veterans in Zimbabwe will also be presented.

9.2.1 Experiences of complex trauma among war veterans in Zimbabwe

This research was meant to identify the experiences of complex trauma among war veterans in Zimbabwe. The war of liberation was fought in the country from 1966 -1979. Zimbabwe got its independence from British colonial rule in 1980. Thirty-five years therefore characterise the period after war veterans returned from war. However, there are a number of problems that the nation has faced since independence. War veterans have lived through the country's great economic depression of the 2005-2008 period which saw the country having the worst inflation rate in the world. Inflation was estimated to be 79.6 billion percent in mid-November 2008 (Hanke & Kwok, 2009).

The study highlighted that war veterans in Zimbabwe have faced social trauma, which include a sense of loneliness whereby they failed to maintain close relationships with their

immediate family members and other neighbours of the civilian community. War veterans also accused the media of reporting negative aspects of their lives ignoring their positive contributions to society. Participants alleged political events in the country had ruined their unity as a group and this was very traumatic for them.

Study participants reported that it was traumatic for them when they compared themselves with other war veterans who were rich. The study noted that war veterans although they were living in poverty there were some especially those who managed to get key posts in the government who living comfortable lives. War veterans also noted with concern the lack of appreciation of their efforts from the civilian community. During the integration period some war veterans were not accepted into their families as people were afraid that because of the spirit of war they would one day erupt with anger or become violent. Their in-laws did not readily accept female war veterans and male veterans who married civilians had problems being accepted by their spouses and their families. War veterans were thought to bring bad omen to the family because of the fact that they had killed people.

In addition to the apparent lack of appreciation by civilians towards the war veterans, the study participants also highlighted that the civilians blamed them for triggering the problems that have been prevailing in the country since independence. For example, the war veterans triggered the economic crisis in the country after demanding to be paid gratuities in 1995. This was quite stressful since the war veterans felt it was unfair for the civilians to lay blame on them. Being a war veteran was projected as an identity associated with stigma. Consequently, war veterans felt betrayed and this had a negative impact on their social and interpersonal relationships.

War veterans always asked themselves questions about their role identity and position in society. Resulting from the stigma and labelling some war veterans were pressured to derole from their hero status to suit the demands of the society. As a result of the problems that war veterans were still facing in the country, many reported that they felt like the war

was not over for them. They said they fought to liberate the country from white rule but it seemed white people were still ruling as shown by political parties they felt were sponsored by the West. In addition, war veterans were bitter that some among their group were filthy rich while others were very poor. They were also traumatised by the fact that during the war they were taught to share but it seemed some among them were now greedy and accumulating wealth in post-independence Zimbabwe.

Health complaints were also found to be common among war veterans who took part in the current study. Back pains, diabetes, high blood pressure and arthritis were some of the health complaints that were reported by the war veterans. Study participants reported that they felt a sense of uselessness due to the fact that in independent Zimbabwe they are not being recognised. They felt that during the war they were cherished but when the country got its independence no one seemed to bother about their existence. As a result of poverty the participants reported that they were traumatised by the fact that they could not provide basic necessities for their families.

In the political arena war veterans reported that they were failing to have trust in fellow veterans and the civilian community in general. War veterans also felt that unfulfilled promises by their leaders in the new Zimbabwe were stressful. Failure to trust sometimes resulted in strained relationships. War veterans also noted that it was traumatic that civilians blamed them for challenges facing Zimbabwe. War veterans also felt it was unfair to be blamed for the country's ills when in fact the civilians were supposed to acknowledge the contributions that they had made to free Zimbabwe. People also blamed the war veterans for the severing of the country's relationship with western powers that accentuated the suffering of most Zimbabweans. War veterans were also accused of having spearheaded the land reform programme that led to the collapse of the agricultural sector. Study participants felt that the emergence of new political parties in Zimbabwe like the MDC signified that the country was still under western rule. This led to general feelings of hopelessness and helplessness among the participants.

War veterans likened the fact that they were failing to provide basic necessities for their families to the colonial period when they were under the oppression of white settlers. They stated that they went to war because they were living in poverty and are therefore traumatised that the situation they fought to end was still obtaining in independent Zimbabwe. Failure to secure employment was also reported to be traumatic by the study participants. War veterans reported that sometimes they were stigmatised by employers as no one was prepared to hire them. War veterans who were once employed reported that they faced discrimination during promotions as they were usually marginalised even when they were the most qualified. They failed to secure decent jobs because they were not qualified and could not upgrade themselves educationally as they now had families to consider.

War veterans reported that during the war they heavily relied on spirit mediums for guidance. The war spirit united them and advised them throughout the war period. However, war veterans noted that it was traumatic that some among them were failing to uphold the teachings of the spirit mediums. During the war they were always told to share whatever they had but it was troubling that some ex-combatants were accumulating wealth and no longer considerate of the needs of fellow veterans in Independent Zimbabwe. Therefore, for the war veterans it was traumatic to see people defying the teachings of the war spirits who had helped them to win the war.

In independent Zimbabwe most of the war veterans said they had converted to Christianity as a religion. However, the traditional religion that they had followed during the war still made sense to them but was said to be demonic by Christian teachings. Spiritual dissonance therefore, existed among some of the war veterans who decided to follow Christian values. The war veterans bemoaned the death of the war veterans' culture where the spirit of greediness and individualism had substituted the spirit of togetherness.

9.2.2 Cultural notions and expressions of trauma

Various words from *Shona*, the local language, were identified by the war veterans to be close to explaining trauma. The words that they gave were mainly centred on issues to do with trouble to the heart. The words that they came up with also explained various degrees of turmoil. However, none of the words that they gave and their meanings were close to explaining severe traumatic experiences. *Kudzungaira* is closer because it is a state of helplessness, caused by current and previous traumas without the hope that the trauma would end in the future.

Idioms from the local language helped to explain the experiences of the study participants, the reasons why they could not express distress, culturally acceptable behaviours and the fact that participants remained locked in their traumas. Idioms also helped to emphasise the significance of social relations in communicating about distress and the need for resilience and toughness among the war veterans.

Denial of the negative events that the participants had been through mainly in the form of silence was also reported in this study. Silence served three main functions for the participants. Firstly, participants could not get the words to express their experiences. Secondly, silence resulted from the fact that no one seemed to care or listen. This was reinforced by the negative media portrays. Thirdly, silence in the current study helped the participants to repress the thoughts that were related to the traumatic event.

Silence also led to emotional numbing were study participants repressed all emotions.. Displaced aggression as reported by the study participants served to show that they had not healed from their war experiences. Collectively the war veterans had a narrative identity, a oneness that helped them to interpret events in their own way and to draw meaning from experiences in a way that was different from the public. This collective identity also helped to foster a sense of belonging and oneness among the study participants.

9.2.2 Coping with complex trauma among war veterans in Zimbabwe

War veterans who participated in this study reported that they had various ways of coping with complex trauma in their lives. Spiritual coping was found to be used by all veterans who took part in this study. A sense of connection to the ancestors was found to have helped war veterans to gain courage during the war of liberation. Spirit mediums communicated through certain people who were said to be possessed during the war. They advised the war veterans on moral issues, and warned them of attacks that would happen to them.

War veterans during the war period were assisted by spirit mediums who helped them to cope with fear. The spirit mediums communicated with the war veterans through the behaviour of various wild animals. In addition, the spirits were said to have evoked a spirit of war among the war veterans who took part in the study. Some reported that they had joined the war at young age as if a certain spirit possessed them. War songs helped war veterans to get into the war mood and to be courageous.

It is a common belief that has been reported in many studies that the spirits of the people they killed during the war may haunt ex-combatants. It is believed that these dead people would appear to them in dreams and may seek revenge by causing a number of problems in the lives of the war veterans. However, all war veterans who took part in this study revealed that the principles they were given by the spirit mediums helped them to cope with the guiltiness of killing people during the war or having their spirits return to them to seek revenge.

Cognitive coping was also reported to be used by war veterans who took part in the study. More acceptable interpretations of their suffering were said to have helped war veterans to cope with the negative events in their lives. Some war veterans also said that they used avoidance to cope with reminders of traumatic events that happened during the war of liberation. Avoidance was said to be helpful as it assisted the study participants not to be emotional.

War veterans said that being part of a group helped them to cope with stressors of daily living. The feeling that at least there were other people who had been through the same fate as them helped to normalise their experiences. The war veteran community offered social support. Knowing that other veterans had the same experience as theirs was reported as reassuring.

War veterans used silence to cope with their problems. They said sometimes it did not help to show disapproval but to just keep quiet and accept the situation and forge on with life. Silence was said to be reinforced by the political atmosphere in the country. Social support from close family members was found to help war veterans to cope with life challenges. Children and spouses were said to provide a source of strength for the war veterans.

At a personal level war veterans said that the experience and the hardships that they had gone through during the war of liberation had helped them to emerge stronger and more determined. They said to some extent war had toughened and hardened them. Although they acknowledged that there were some situations that were prevailing in the country that were traumatic for them, their war experiences gave them the motivation and fortitude.

War veterans said that the achievements that they had made since gaining independence though small were significant to make them proud. They said that the fact that they had spearheaded the redistribution of land and that they now owned land was therapeutic for them. They felt that to some extent they had accomplished the goal of the liberation struggle. Thus, the sense of ownership on its own was comforting to them. The belief that no other circumstance was going to be as traumatising as the war was said to sometimes help them to cope with life circumstances.

Taking alcohol was reported to be a major coping strategy by the war veterans. Study participants who used alcohol as coping strategy said it was not more of the alcohol that really helped them but the socialisation and the non-discriminatory nature of people who drink beer as compared to other civilians. They also said that as they gathered to drink beer they would discuss current affairs and they had a chance to share their life experiences.

War veterans said that they had a belief that God was in control of the situation and that their suffering was his will. They believed that one day God would free them. The fact that God would one day intervene to end their problems helped the war veterans to cope with their problems. War veterans, especially those who were Christians, reported that they always surrendered their problems to God whom they believed one day would hear them, put an end to their calamities, and change the situation for the better. Rituals and commemorations had a significant place in the lives of war veterans. Reburials meant that the spirits of the dead had been put to rest and this was comforting for the war veterans. Reburials meant justice had been done for comrades who had been killed during the war.

War veterans said comparing the period before independence to the colonial years helped them to feel that things are now better and helped sooth them in time of trouble. They said although they currently faced some challenges things were worse off during the colonial period and they felt relieved and hopeful that things were going to be improve. Meaning of a traumatic event is therefore largely informed by historical events and experiences.

9.3 Implications of the study

9.3.1 Implications for those who offer help for veterans

The study highlighted that there are areas that need to be addressed like the economic needs of war veterans when considering the needs of the group. Failure by the war veterans to provide for their families was revealed as stressful. The study has also shown that it is not always necessary to offer psychological help to the war veterans or to search for psychological distress as there were some social-economic-spiritual issues that needed to be addressed among the group.

Since war veterans who took part in the study publicly said they do not trust civilians, there is need to take note of the fact that when they are being offered any form of help or support a relationship of trust should be made available first. There is also need to review their monthly allowances or pensions in tandem with changing cost of living. Most war veterans were given land and there is for government to support them to improve their agricultural production.

Those who seek to assist them must acknowledge veteran grief, in response to the war experiences and other traumatic experiences that war veterans have been through. There is need for empathy, and appreciation of the sacrifice made by the war veterans to liberate Zimbabwe from colonial community.

There is need to have a holistic approach to an understanding the experiences of war veterans. The civilian community needs to visit war veterans in their homes and their farms and to appreciate what they have managed to achieve and identify their needs. The civilian community also need to attend burials and reburials to assist in formation of healthy relationships. Thus, there is need to understand the war veterans` cultural worldviews, lifestyles and their history and experiences.

9.3.2 Implication of findings to the Afrocentric perspective

The research findings give a holistic picture concerning trauma as experienced by war veterans in Zimbabwe. The research has revealed multiple causes of trauma as experienced by the war veterans in Zimbabwe. This is in line with the Afrocentric framework that calls for a holistic appreciation of traumatic events that an individual would have experienced.

The study revealed that meanings that are given to traumatic events are culture specific. For example, the spiritual dimension where study participants believed that the spirit mediums determined their fate and destinies could be considered to be a reflection of the cultural specificity of these kinds of experiences. This is in line with the Afrocentric perspective which recognises that mental illness in the African setting results from conflicts between the individual and other individuals dead or alive. Mental illness/ trauma in an African setting as exemplified by the study participants are not exclusively biological.

The current study revealed cultural notions of trauma as embedded in the local languages. Idioms that point to acceptable behaviour, expressing trauma and the role of social support were reported. Similarly, the Afrocentric framework postulates that every society has categories that relate to trauma and psychological distress.

Idioms of distress were also drawn from the narratives. Various words and phrases that are synonymous with trauma and distress were highlighted in the current research. These words are “kudzungaira”, “kushungurudzika”, “kutsamwa” among others. However, no single word that inclusively equate to trauma could be identified from the local language. Failure to singularly identify a word that suits a certain category calls for the need to be culturally sensitive when dealing with such populations. This is consistent with the Afrocentric framework which emphasises the need to conceptualise the world in ways that are consistent with African people`s belief systems and history.

One major finding from the research is that in terms of healing their distress study participants consulted traditional healers and faith healers. This emanated from the African belief on health seeking behaviours that emphasises physical and spiritual wellbeing. This is in line with the Afrocentric perspective which recognises that culture to a large extent influences conceptualisations about health and health care. In the African context, causes of mental illness or psychological distress should be understood and the meaning of the illness unpacked.

9.3.2 Implications to theory development of the trauma model

The proposed model of trauma that was developed in this study mainly highlighted the role of cultural factors in explaining the experiences of trauma and how people cope with trauma. It brings to the fore a call for researchers and those who intervene in populations that have been through traumatic experiences to take cognisance of contextual factors like social relationships, political atmosphere, economic standing of the populations and the local languages and meanings that victims ascribe to adverse events. In coping with trauma again the model highlighted the need to observe indigenous methods of coping so as to enhance people's wellbeing.

The study has shown multiple sources of trauma as experienced by the war veterans. These dimensions of trauma include social trauma (encompass strained relationships), political trauma (political parties with differing ideologies), economic trauma (living in poverty and failure to provide for the family), spiritual trauma (belief in the failure of higher powers to protect individuals) and psychological trauma (to do with psychological distress). The model acknowledges multiple causes of trauma and the fact that trauma also affects various domains of the participants' lives.

Local languages that seek to explain trauma are highlighted in the study. Emphasis is also on various coping strategies in the face of trauma. To a large extent culture and politics define acceptable ways of behaving when one is exposed to trauma. The political atmosphere may lead to covert expressions of trauma since the political environment may

not tolerate outward expression. Culturally in terms of expressing trauma one has to take note of the need to maintain harmony and social acceptance from significant others and the society at large. Culture therefore determines expectations of what is normal and abnormal.

9.3.3 Implications for further research

War veterans felt that the civilians did not accept them and they blamed them for the ills that the country has gone through. However, further studies may need to be done on the community attitudes towards war veterans in Zimbabwe. Such studies should help unpack the extent of the negative attitudes that society holds with regard to war veterans as well as explanation of the sources of these negative attitudes.

Additionally, the study participants revealed that spirit mediums helped them to cope with war traumas. Thus, it is important to find out how spiritual issues can be incorporated in the training of soldiers in the country. In addition, to this it would be important to investigate how spiritual wellbeing helped the war veterans to cope with stress in their lives. For those who turned to Christianity as a religion it would be interesting to find out their take on the role played by spirit mediums and if there were any similarities between Christian faith and traditional beliefs.

This issue of veterans who joined the war in their childhood calls for further exploration. As well as the impact of war trauma on veterans' spouses, children and grandchildren.

9.3.4 Implications for policy and programs

It is important that the government through the recently established ministry of war veterans promote a culture of respecting the inevitable and complex traumas that war veterans have been through in their lives. Collegial support should be given to war veterans and open discussions be conducted without imposing negative consequences for those who would have aired out their views.

Clear policies on national healing should be put in place. The study calls for the setting up of truth commissions where war veterans can tell their stories. This may help the civilian community to appreciate what the war veterans have been through and to reduce stigma and isolation.

9.4 Limitations of the study

One limitation of the study was the use of a small sample size. This means that the results of the study may not be a generalizable representation of war veterans in Zimbabwe. In addition the economic status of the war veterans does not represent the big picture in Zimbabwe. There are some war veterans who are very rich in the country. Consequently, some of the economic challenges that were reported by the war veterans who took part in the current study may be found to be not true for the others. However, the narratives presented in this study can be considered to represent a legitimate voice of the majority of war veterans.

War veterans may not have revealed everything because they could have been afraid of being persecuted or victimised. Some even reported that even if they face some challenges they could not easily say it out because they were afraid of being misquoted. Some war veterans who were interviewed even went to the extent of asking the researcher if she had not been sent by MDC to probe the war veterans. The war veterans who manned the provincial offices where the interviews were conducted went a long way to convince the interviewees that the researcher had no political intentions.

This study design was not longitudinal even though it sought to understand events that happened before the independence of Zimbabwe. Therefore recall bias may have tainted the research results. However, use of focus group discussions helped to confirm and triangulate some of the experiences.

9.5 Conclusion

This study highlighted the lived experience of war veterans in Zimbabwe in the face of complex trauma. Political traumas, social traumas, personal traumas, spiritual traumas

as well as economic traumas were reported by war veterans who took part in this study. Various idioms of distress were identified. It is clear from the results of the study that war veterans used a variety of coping strategies among them, spiritual, cognitive, traditional beliefs, personal resources and use of past experience. The trauma model that was developed through this study shows that there is need to consider the life contexts of people who have been through adverse traumatic events. This suggests that the model could be a valuable conceptual tool to guide future interventions that are aimed at addressing complex trauma experienced by war veterans.

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Appendix A- Permission to access register of war veterans

Department of Psychology
University of Limpopo(Turfloop Campus)
Private Bag X1106
Sovenga,0727
Date 20/10/14

The Midlands Provincial War Veterans Office
Gweru

Re: Permission to conduct research with war veterans in the Midlands Province

I am a registered student in the above- mentioned institution. As part of the requirement for the PhD in Psychology, I am doing a thesis. The title of the thesis is: **Towards the development of an indigenous psychological trauma model for war veterans in Zimbabwe** .The purpose of my study is to explore how Zimbabwean War Veterans deal with complex trauma with an endeavour to come up with a model of trauma that is culturally sensitive.

I hereby apply to be granted permission to conduct this research within the Midlands Province. The researcher undertakes to maintain confidentiality regarding the identity of the participants in this research project. The participants will be assured about the voluntary nature of this study and further that they are free to withdraw from the study at any time should they wish to do so.

The method of data collection will be semi-structured individual interviews and focus group discussions.

Yours Sincerely

Mrs J. Mutambara
PhD Student

Date

Prof. Tholene Sodi
Supervisor

Date

Appendix B- Life Events Checklist (LEC)

Listed below are a number of difficult or stressful things that sometimes happen to people. For each event TICK a box to the right to indicate that:

(a) it happened to you (YES)(b) it did not happen to you (NO)

Be sure to consider your entire life (growing up as well as adulthood) as you go through the list of events.

	YES	NO
1. Natural disaster (for example, flood, hurricane, tornado, famine)		
2. Fire or explosion		
3. Transportation accident (car accident, boat accident, train wreck)		
4. Serious accident at work, home, or during recreational activity		
5. Exposure to toxic substance (for example, dangerous chemicals,)		
6. Physical assault (being attacked, hit, slapped, kicked,)		
7. Assault with a weapon (being shot, stabbed, threatened with a knife, gun, bomb)		
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)		
9. Other unwanted or uncomfortable sexual experience		
10. Combat / exposure to a war-zone (in the military or as a civilian)		
11. Captivity (kidnapped, abducted, held hostage, prisoner of war)		
12. Life-threatening illness or injury		
13. Severe human suffering		
14. Sudden, violent death (for example, homicide, suicide)		
15. Sudden, unexpected death of someone close to you		
16. Serious injury, harm, or death you caused to someone else		
17. Any other very stressful event or experience (GIVE DETAIL)		

Appendix C- Interview guide-individual interviews

To explore Zimbabwean war veterans' understanding of complex trauma

1. How did your involvement in the liberation struggle (pre independence war period) affect your health, family and your relationship with the community and other people?
2. How did the post independence life between 1980 to 1998 affect your health, family and your relationship with the community and other people?
3. How did the post independence life between 1999 to 2008- zenith of hyperinflation affect your health, family and your relationship with the community and other people.
4. How did the Post independence Hyperinflation era (2009- to date) affect your health, family and your relationship with the community and other people?

To explore how Zimbabwean war veterans deal with complex trauma in their lives;

5. How did you deal with the problems you encountered during the liberation struggle?
6. How did you deal with the problems you encountered during the post independence life between 1980 to 1998?
7. How did you deal with the problems you encountered during post independence life between 1999 to 2008- zenith of hyperinflation?
8. How did you deal with the problems you encountered during post independence - Hyperinflation era (2009- to date)?

To develop a culturally appropriate psychological trauma model based on the experiences of the Zimbabwean war veterans.

9. What do you think could have been the best thing to do in dealing with the problems you encountered during these life phases?
 - Pre independence war period `

- post independence life between 1980 to 1998.
- Post independence life between 1999 to 2008- zenith of hyperinflation.
- Post Hyperinflation era (2009- to date) .

10. What are the Shona words or sayings that best describe your lifetime experiences?

11. When things are not well for you what do you do/ how to you show it?

Appendix D- Focus group interview guide

To explore Zimbabwean war veterans' understanding of complex trauma

1. How did the involvement in the liberation struggle (pre independence war period) affect the war veterans' health, family and their relationship with the community and other people?
2. How did the post independence life between 1980 to 1998 affect the war veterans' health, family and their relationship with the community and other people?
3. How did the post independence life between 1999 to 2008- zenith of hyperinflation affect the war veterans' health, family and their relationship with the community and other people?
4. How did the Post independence Hyperinflation era (2009- to date) affect the war veterans' health, family and their relationship with the community and other people?

To explore how Zimbabwean war veterans deal with complex trauma in their lives;

5. How have the war veterans dealt with the problems they encountered during the liberation struggle
6. How have the war veterans dealt with the problems they encountered during the post independence life between 1980 to 1998?
8. How have the war veterans dealt with the problems they encountered during post independence life between 1999 to 2008- zenith of hyperinflation?
9. How have the war veteran dealt with the problems they encountered the during post independence - Hyperinflation era (2009- to date)?

To develop a culturally appropriate psychological trauma model based on the experiences of the Zimbabwean war veterans.

10. What do you think could have been the best thing to do in dealing with the problems encountered by war veteran during these life phases?
 - Pre independence war period

- Post independence life between 1980 to 1998
- Post independence life between 1999 to 2008- zenith of hyperinflation
- Post Hyperinflation era (2009- to date)

11. What are the Shona words or sayings that best describe your lifetime experiences?

12. When things are not well for you what do you do/ how to you show it?

Demographic information (All participants)

Age..... Gender.....

Employment..... Level of education.....

Year joined war..... Period of involvement in war.....

Deployment marital status..... Current marital status.....

Number of children..... Age of eldest child.....

Age of youngest child..... Score on checklist.....

Appendix E (1)- Participant consent letter and form

Department of Psychology
University of Limpopo(Turfloop Campus)
Private Bag X1106
Sovenga, 0727
Date_____

Dear Participant

Thank you for showing interest in this study that seeks to explore Zimbabwean War veterans` experiences of complex trauma with the aim of coming up with a culturally appropriate model of trauma.

Your responses to this interview will remain strictly confidential. The researcher will attempt not to identify you with the responses you gave during the interview or disclose your name as a participant in the study. Please be advised that your participation in this study is voluntary and that you have the right to terminate your participation at any time.

Kindly answer all the questions as truthful as possible. Your participation in this research is very important. Thank you for your time.

Yours Sincerely

Mutambara Julia

Date

Prof. T. Sodi
Supervisor

Date

Appendix E (2): Participant Consent form

Consent Form

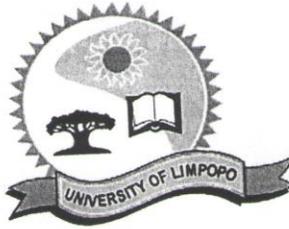
I _____ hereby agree to participate in a PhD research project that focuses on development of an indigenous psychological trauma model for war veterans in Zimbabwe.

The purpose of this study has been fully explained to me. I further understand that I am participating freely and without being forced in any way to do so. I also understand that I can terminate my participation in this study at any point should I not want to continue and that this decision will not in any way affect me negatively.

I understand that this is a research project, whose purpose is not necessarily to benefit me personally. I understand that my details as they appear in this consent form will not be linked to the interview schedule and that my answers will remain confidential.

Signature: _____

Date: _____



University of Limpopo
Research Development and Administration Department
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 2212, Fax: (015) 268 2306, Email:noko.monene@ul.ac.za

**TURFLOOP RESEARCH ETHICS
COMMITTEECLEARANCE CERTIFICATE**

MEETING: 03 September 2014

PROJECT NUMBER: TREC/22/2014: PG

PROJECT:

Title: Towards the development of an indigenous psychological trauma model for war veterans in Zimbabwe

Researcher: Ms J Mutambara

Supervisor: Prof T Sodi – University of Limpopo

Co-Supervisor: N/A

Department: Psychology

School: Social Science

Degree: PhD in Clinical Psychology


PROF TAB MASHEGO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: REC-0310111-031.

Note:

i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.

ii) The budget for the research will be considered separately from the protocol.

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.



**ZIMBABWE NATIONAL LIBERATION WAR VETERANS
ASSOCIATION - MIDLANDS PROVINCE**



BOX 795
GWERU

PHONE: 054 - 227838
CELL: 0773 465 403
0712 389 860

23 February 2015

University Of Limpopo
Polokwane

To whom it may concern

Re: Permission To Collect Data

Mrs. J. Mutambara has been granted permission to conduct interviews with war veterans from the Midlands Province.

We request that the final document be availed to the Midlands War Veterans office.

Thank you

**R. MAFIKA
SECRETARY GENERAL
MIDLANDS PROVINCE**