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Effects of Posttraumatic Stress Disorder on War Veterans: The Case of Zimbabwe

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Abstract: Whether we serve in the military or are civilians, many of us will go through a horrific incident at some time in our life that will make us reevaluate how we see the world or ourselves. Some people's reactions could be temporary, while others might have longer lasting impacts, depending on a variety of conditions. Whether they are adults or children, war victims bear horrific mental and physical wounds. Barracks and the battlefield were harsh places to live in Zimbabwe. Their memories are permanently marked by the experience of death and devastation. Due to their weak emotional fortitude, the freedom soldiers suffered negative effects from the conflict. To reintegrate into society, the hundreds of thousands of youngsters who were enlisted in the battle over time need specialized psychiatric care. Children who have conflict-related PTSD are more complicated and can be challenging to treat than adults. During reintegration, psychological programs must recognize and successfully address these crucial concerns.

Keywords: Stress, Trauma, Posttraumatic Stress Disorder, Psychosocial Programmes

INTRODUCTION

The experience of severe traumatic experiences, especially ones that pose a threat to life, can result in post-traumatic stress disorder (PTSD). Any age, gender, or culture can be impacted. The illness has been known to exist at least since ancient Greece and has gone by numerous names, though we have just begun to hear a lot more about it. As "soldier's heart" during the American Civil War, "shell shock" during World War I, and "war neurosis" during World War II, it was variously referred to. The term "combat fatigue" was used to describe the symptoms of PTSD that many troops experienced while fighting. This became characterized as a "combat stress reaction" during the Vietnam War. Later, in 1980, several of these individuals developed what was dubbed post-traumatic stress disorder. One may consider traumatic stress to be a typical human reaction to traumatic events. For most people, the symptoms go away or lessen throughout the first several months, especially with supportive friends and family.

Veterans of the war in Zimbabwe required assistance adjusting to civilian life after serving in the military. Since the social and economic environment will have altered during the conflict, individuals typically have to reenter a society that is foreign to them. This is particularly true for young people who might not remember the living patterns that existed before to the conflict. They view this process as crucial to their reintegration, yet they lack the necessary tools for it. Because of the horrors they witnessed or perhaps out of dread of the stigma associated with joining to an armed organization, war veterans may not remember their home villages or may not choose to return. Women who have been involved in the military are especially affected by this. In addition to being traumatized and possessing poor imitation tactics like drug and/or alcohol misuse, the combat veterans may have been denied education and training and may have become used to a method of obtaining what they need through violence. The upshot is that they have limited access to social and economic capital, as well as civilian resources and talents.

There was a significant correlation between the outcome of the reintegration of former female fighters in Zimbabwe and gender as a source of identity. As we'll see later, Zimbabwe is a prime example of how gender identity may impact the reintegration of women former combatants. Due to unfavorable community opinions and a gender-insensitive demobilization and reintegration program, several female fighters were reluctant to adopt the identification of war veterans, despite their crucial role in the liberation movement. With the weight of self-reintegration in a patriarchal culture that perceived them as having fulfilled unfeminine roles, many female fighters self-demobilized in the 1980s, ostensibly to hasten the severing of links with a traumatizing military experience. These ladies were at risk for developing PTSD and the associated harmful effects.

When it comes to war, trauma is defined as the psychological harm and emotional strain that a person endures as a result of horrific wartime events, experiences, dangers, catastrophes, and atrocities. Soldiers' emotional growth and mental health are significantly impacted by these varied and frequently brutal armed combat experiences, particularly for juvenile soldiers (Herman, 1992). The association between a person's psychological state and the trauma

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they experienced during a conflict has been examined by Betancourt et al. (2008). Whenever the word "psychosocial" is applied to conflicts, it is meant to emphasize the dynamic interplay between the psychological and social impacts of war on individuals. The social and psychological impacts keep influencing one another throughout time. The physical infrastructure and financial support networks are also destroyed by armed conflict, leaving many individuals and families in poverty. The research on stress and trauma is especially crucial for the reintegration of former fighters since these conditions frequently have detrimental behavioral effects (Sommers, 2002). Aid professionals need to be technically capable of recognizing and treating the psychological problems that combat veterans have as a result of their trauma.

Post-traumatic stress disorder (PTSD)

Moroz (2005) defines post-trauma as the ongoing suffering that follows a traumatic incident of some kind. Many years after the first event, the person is still affected by the illness with different symptoms. The person could, for instance, struggle to eat, sleep, relate to others, or participate in social activities. Another sign is flashbacks to prior events that are so recent that they appear genuine. One avoids any thought, action, or circumstance that may relive the initial traumatic events. Research shows that PTSD is prevalent in veterans of combat (Nilsson, 2005). Sommers (2002) noted that trauma is severe and pervasive among Zimbabweans impacted by war, painting a picture of a war veteran's life as a series of unfixable tragedies.

It's incredibly intimate to experience trauma. Some people may see less relevance in what traumatizes them. Individual differences in personality, beliefs, values, and past experiences—particularly those related to other traumatic events in their lives—cause this diversity in people's emotions. It also takes place since every individual's experience of the situation is different. Nonetheless, in every instance, the person has encountered a potentially dangerous situation that has made them react with extreme terror, helplessness, or anxiety. There are several instances of both male and female ex-combatants abusing alcohol in Zimbabwe as a coping mechanism for their stress when psychological therapies are not available. Since wartime stresses are severe and persistent, female ex-combatants continue to display negative psychological responses and behaviors. Victimization via murder, torture, and rape are among them, as are the indirect consequences of being uprooted, losing one's house or property, family dissolution, poverty, and disease.

According to British psychologists Bisson, Churchill, and Wessely (2009), there is currently no proof that psychological debriefing aids in preventing post-traumatic stress disorder (PTSD). Due to their involuntary reliving of parts of the traumatic incident in a very unpleasant and vivid manner, people with PTSD require long-term psychosocial therapy. These include nightmares; recurrent and upsetting intrusive visions or other sensory impressions from the incident that cause severe anguish and physiological reactions; and flashbacks, in which the person behaves or feels as though the event were occurring. PTSD patients frequently attempt to erase memories of the incident and refrain from discussing or thinking about it in depth, especially when it comes to its most distressing parts. However, a lot of people obsess about concerns that keep them from accepting what happened, such as why it happened to them, how it might have been avoided, or how they may exact retribution (Moroz, 2005).

Children with conflict-related PTSD are more complicated and can be challenging to treat than adults. Since they were enlisted in the military during their early years, the children's recollections of the bloodshed are still clear as the years go by. Children are also far more susceptible to the effects of stressful occurrences. For instance, when their lives or the lives of those who care for them are in jeopardy, they are readily impacted (Bloom, 1999). The kind of trauma that Zimbabwe's former war veterans endure is determined by a number of criteria, including the recruiting and training methods used, the actions that were undertaken during the conflict, the age at which they were recruited, and the duration of their participation in the armed organization (Bloom, 1999).

Stigma and discrimination

When people or groups are negatively viewed by society because they are seen to have traits that set them apart from other members of the community, this is known as social stigma. Stigmatization is the process by which members of the general public physically and mentally segregate some people due to their identity, behavior, beliefs, or physical or psychological characteristics (Heatherton, 2000). A physical deformity, psychiatric disorder, or affiliation with a certain ethnicity, religion, belief, cult, or organization can all lead to stigmatization of a person or group, according to Golafshani (2003). Certain groups are stigmatized by society through unfavorable attitudes, stereotypes, and beliefs, according to Crocker and Major (1989). They contend further that stigmatized groups are undervalued not just by particular in-groups but also by society or culture as large, even if some of the dynamics of interactions between stigmatized and non-stigmatized persons are often traits of in-group–out-group connections.

Among the community members, the out-group, or group that is separated from the others, will feel inferior and excluded. In society, they will feel unworthy and rejected. The ideas of "in-group" and "out-group" were extended by Tajfel and Turner (1979).

They maintained that individuals naturally strive for positive self-image within a social group and

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social identity is enhanced by the process of categorizing people into in-groups and out-groups. In-group bias is the tendency for people to give preferential treatment to those they perceive to be in the same group and to be prejudiced against those outside their group or the "out-group". The in-group could be based on culture, gender, profession, etc. The basis of in-group identity, then, is socially constructed through arbitrary boundaries such as beliefs, rituals, social practices, and. In-group members view themselves as better, more informed and more varied compared to members of out-groups. These perceptions lead to feelings of prejudice, stigmatization and discrimination towards the members of the out-group (Teasdale and Engberg).

As was briefly noted above, some communities in Zimbabwe treated ex-combatants with suspicion and isolation because they still associate most of them with crimes committed against some members of these communities. The war veterans are, therefore, treated as "out-groups" by the very communities that are supposed to help them settle back into civilian life. Some ex-combatants may therefore feel stigmatized and discriminated with this type of treatment. The war veterans who face such stigmatization have a high likelihood of returning to military life or joining militias.

When discussing reintegration of former child soldiers, it is particularly important to consider how their families and the communities treat them upon reunification. In certain contexts, community members may be open to accepting a child back despite his or her war experiences. In other situations, community members may be scared or fearful of former child soldiers due to the atrocities these children may have perpetrated in their own communities. Patton, (2002) found that in Zimbabwe, former child soldiers who indicated that they were easily accepted back into their families and communities were less stigmatized compared to those who experienced rejection. Lack of acceptance was described by the former child soldiers as insults, blame, and lack of material support. Those who were insulted by the family and community were three times more likely to have negative social behaviours and high emotional distress.

Stigma has a gender dimension too. Putnam, (2001) have stated that the stigma facing girls and boys may differ and the outcomes are also quite varied. For example, stigma of girls often includes the label of being sexually ''loose'' or having being defiled. Burman and McKay (2007) claim that the consequences of such stigma often generate a compounded risk for girls and present obstacles to marriage and other markers of community acceptance. This is particularly common in post-conflict African societies where cultural beliefs regarding marriage are rigid and discriminatory against women. The patriarchal nature of the Zimbabwean community's ties has already been noted above.

Christensen, (2007), claim that stigma has many effects on the victims including feelings of low self-esteem, isolation, and hopelessness. Stigma, in any form, is a serious impediment to the well-being of those who experience it, especially when they are discriminated against on a daily basis. Perhaps one of the most serious dimensions of stigmatization is the inability of the victims to easily access basic services including jobs, education, training and healthcare because of discrimination. Those who stigmatize others prevent them from benefitting from the pool of common resources (Christensen, 2007). It is definitely important to investigate the extent to which stigmatization and discrimination of ex-combatants are part of the challenges that face the reintegration process in Zimbabwe. The extent to which the DDR programme recognizes and addresses such issues is also critical to the reintegration process and is worth investigating.

Research shows that populations which are at an increased risk for suicidal behaviour include veterans (Kaplan, 2007) as well as individuals who have a history of traumatic brain injury (TBI) (Simpson and Tate, 2007). Data suggests that U.S. male military veterans are at two times the risk for suicide as non-veteran American males (Kaplan et al., 2007), and individuals with a TBI history are between 2.7 and 4.0 times more likely than the general population to commit or attempt suicide (Teasdale, 2001). There exists a gap, however, in the research regarding suicide rates in veterans with a TBI, which is an increasingly important field of study considering data shows that the TBI rate within service members returning from OEF and OIF range from 15.2% to 23% (Hoge et al., 2019). This implies that the likelihood of suicide thought and attempt rises with the number of veterans returning from battle with a traumatic brain injury. According to Alison (2004), veterans who return with a traumatic brain injury may also have symptoms including headaches, sleep issues, and light and sound sensitivity.

They could exhibit cognitive abnormalities such as delayed problem-solving reaction times or issues with language, memory, or concentration. According to Alison (2004), they could even exhibit behavioral abnormalities such mood swings, anxiety, despair, impulsivity, emotional outbursts, or inappropriate laughing. Returning Veterans frequently suffer from both Post-Traumatic Stress Disorder and TBI, and some of their symptoms are similar. Any of these symptoms can significantly impair a person's capacity to operate in society as well as adapt and reintegrate into civilian life. There are three primary categories of issues that define PTSD. They fall under the categories of arousal, avoidance, and invasive symptoms.

Intrusive symptoms

PTSD sufferers may experience memories, pictures, sounds, scents, and emotions of the traumatic incident "intruding" into their life. It is possible for

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victims to become so engrossed in the recollection of previous terror that they find it impossible to focus on the present. Individuals who suffer from post-traumatic stress disorder may have painful recollections of the incident that they wish they had avoided. The incident or other terrible themes may recur in their dreams. These nightmares may include movement, profuse perspiration, and occasionally even enacting the dream while still asleep. This is known as "flashbacks" or "reliving" the incident; they occasionally feel as if it were occurring again. When events occur that remind them of the occurrence, they may get upset or exhibit physical symptoms including perspiration, tense muscles, and elevated heart rate. In general, these "intrusive" symptoms are caused by severe discomfort and might lead to additional feelings like fear, wrath, guilt, or sadness (World Bank 1996).

Intrusive symptoms of PTSD:

- Distressing memories or images of the incident
- Nightmares of the event or other frightening themes
- Flashbacks (reliving the event)
- Becoming upset when reminded of the incident
- Physical symptoms, such as sweating, increased heart rate, or muscle tension when reminded of the event

Avoidance/numbing symptoms

Werner (1995) asserts that traumatic event memories and reminders are extremely disagreeable and typically cause significant discomfort. As a result, those who suffer from PTSD frequently steer clear of circumstances, persons, or activities that might bring up the trauma. They frequently make an effort to distance themselves from the unpleasant emotions connected to the memories and avoid thinking about or discussing what occurred. They frequently distance themselves from friends, family, and society in an effort to do this, and they start to do less and less. They may be able to block out the unpleasant memories in this way, but they may also stop participating in things they formerly enjoyed and feel as though they don't belong to the rest of society. In this approach, the individual may become "numb" to their environment and lose the ability to feel commonplace feelings like joy and love, even for individuals who are near to them. Depression, loneliness, and issues within the family might result from such responses. They can also result in serious motivational issues; individuals with PTSD frequently struggle to decide what to do and get started. They could find it difficult to put in the effort to assist oneself or even to perform tasks that they used to find simple or pleasurable. For friends and family, who sometimes assume that the suffering is simply being tough or lethargic, this may be quite challenging.

PTSD avoidance/numbing symptoms:

- Trying to avoid any reminders of the trauma, such as thoughts, feelings, conversations activities, places and people
- Gaps in memory
- Forgetting parts of the experience
- Losing interest in normal activities
- Feeling cut-off or detached from loved ones
- Feeling flat or numb
- Difficulty imagining a future

Alcohol and drugs

Many use alcohol or other drugs as a coping mechanism for the unpleasant effects. Approximately 25% of women and 50% of men with persistent PTSD suffer from significant alcohol and drug use; the percentages for Veterans are substantially higher (UNESCO 2007). Though many people also abuse prescription pharmaceuticals or other illegal substances, including marijuana, alcohol is the most prevalent problem drug. Abuse of drugs or alcohol affects a person's capacity to relate to others and perform efficiently. In addition to causing aggressive behavior, it can lead to significant challenges in areas like relationships, employment, and income.

Impact on relationships and work

People who have experienced trauma may feel "consumed" or overtaken by their emotions. When they feel a threat, they could become obsessed with surviving. This might give the impression to others that people with PTSD are self-centered and self-centered. Together with PTSD symptoms, this "egocentric" behavior can affect a person's capacity to perform at job, in their hobbies, or in other spheres of their lives, as well as their relationships with friends and family.

Family functioning

There are several ways that PTSD may have a direct impact on family life. The incapacity or difficulty to feel and express emotions (such as love and excitement) is a typical symptom of post-traumatic stress disorder. Friends, family, and lovers may feel "pushed away" and rejected as a result of this. The victim may then feel alone and unwanted as a result. Traumatized persons may become sexually demanding in an effort to convince themselves that they are normal, yet they still struggle with emotional intimacy. A total loss of interest in sex and trouble becoming aroused, on the other hand, might be caused by fear, melancholy, and feelings of worthlessness. Their spouse may become resentful and wounded as a result, and feelings of guilt or inadequacy are often exacerbated.

Those who have experienced trauma frequently feel more detached and "cut-off" from other people. As a result, people frequently engage in less of the pastimes and activities they formerly enjoyed before to the trauma.

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It is challenging to maintain a typical family life when there are no pleasurable activities to share. The whole responsibility of managing the family is frequently placed on the partner. Sometimes, the needs of the partner are neglected in favor of spending a lot of time on the Veteran's issues. Traumatized persons might become grumpy and irritable, and they are frequently exhausted from depression and sleep disturbances. The difficulty to sleep well often indicates that the individual has less energy to contribute to the relationship. They could utter offensive things without giving their words any thought (UNESCO 2007).

In an attempt to make up for their emotions of vulnerability and dread, traumatized persons may use rage to anticipate any imagined threat. According to a veteran, "attack is the best form of defense." In an effort to shield their loved ones from alleged threats, traumatized individuals may also be motivated by this anxiety to behave in domineering ways toward them. These issues with friends and family have the potential to seriously undermine closeness and trust over time. For people who are close to the person, it could eventually become too much. Separation and divorce are far more likely to occur after trauma.

Coping

The black-and-white, all-or-nothing approach to "curing" PTSD is not particularly beneficial. Trauma will have a distinct impact on each individual. Positive changes might include the survivors being stronger in certain areas and possibly more sympathetic and understanding of the suffering of others. Their ability to handle stress in the future may have improved as a result of the experience. Unfortunately, there will be some unfavorable effects, particularly in PTSD instances, and dealing with even minor disappointments and challenges becomes quite tough. Certain individuals who have PTSD appear to fully heal, leaving them with minimal or no residual suffering and disability. Others may experience persistent symptoms, in which case they must acquire coping mechanisms to lessen the impact on their life. PTSD sufferers have a lot of options for managing their condition (Watson 2010).

Techniques for coping

UNESCO (2007) states that the following is a collection of suggestions that have proven helpful to others. Despite the fact that many of them are common sense, they are nevertheless significant. Conversely, you will be much closer to effectively controlling your PTSD symptoms if you can perform the fundamentals, which is not simple. You could locate local programs that might help with some of these areas, but don't attempt to accomplish everything at once. These easy coping mechanisms might assist you:

- Do not use your PTSD or your war experiences as an excuse for hurting yourself or others.
- Eat healthy meals and exercise regularly
- Establish a daily routine and get lots of rest
- Identify priorities and set realistic goals
- Allow yourself a little time each day to reflect on the trauma
- Educate yourself about PTSD and ask for support
- Care for your partner and your children
- Acknowledge unresolved issues
- Focus on your strengths, take responsibility for your illness and remember you are not alone.

Treatment

According to Putnam A (2001), getting the right PTSD therapy is not always as simple as it may seem. Initially, the individual must acknowledge that anything is amiss and recognize the advantages of getting assistance. For many people, asking for help might be daunting since it's a big step into the unknown, but without it, development is impossible. Second, it might be challenging to locate a professional that can connect to you, understands PTSD, and you can trust. It might be essential to test a few various sources of assistance before you locate the one that works best for you. The majority need the assistance of a qualified mental health practitioner. It is crucial to keep in mind that receiving therapy might be difficult and uncomfortable. Sadly, there is no simple solution to erase the memories or lessen their anguish. Both a magic wand and a "miracle cure" are absent. However, there may be significant long-term benefits: a successful course of therapy can significantly speed up your recuperation and enable you to resume your regular life. PTSD treatment frequently consists of the following phases:

- Crisis stabilization and engagement;
- Education about PTSD and related conditions;
- Strategies to manage the symptoms;
- Trauma-focused therapy (confronting the painful memories and feared situations);
- Cognitive restructuring (learning to think more realistically and re-evaluating the meaning of the event); and
- Relapse prevention and ongoing support.

CONCLUSION

Even after receiving therapy, PTSD may persist in certain people and occasionally recur. It's critical for Veterans with PTSD to avoid reoccurring symptoms (Olson, 2010). Some people experience a repeat of symptoms during stressful times (such as challenges at work or in their families, bereavements, or financial issues). When this occurs, you should not feel like you are starting again and instead keep in mind that it was anticipated. It is something you can manage as long as it is not too severe or prolonged. Giving targeted assistance aimed at preserving the progress achieved during therapy and, to the greatest extent feasible, preventing relapse is a frequent component of treatment. In order to reduce the

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sources of stress and its severity, the coping mechanisms mentioned above are incorporated into every aspect of the individual's life.

The earlier you realize that anything is off, the more likely you are to take action (Munive and Jakobsen 2012). This is why education and conversation are crucial in recognizing the early warning signals of a relapse. Recurrence of symptoms can then be managed with skills learned throughout therapy. Various complementary and alternative therapies, such as homeopathy and hypnotherapy, might be beneficial for certain individuals, even if they are not "standard." Sometimes, these alternative approaches are only employed as a supplement to more conventional treatments when they have failed or as a last resort. Everybody responds to therapy differently, and sometimes, especially when administered by unskilled professionals, certain therapies may cause more harm than help. You should talk about the options with a qualified mental health specialist who is familiar with all of the resources available for treating PTSD before starting these therapies.

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