

AGGRESSION * WITHDRAWAL * DEPRESSION * DRINKING * BROODING * APATHY * ANGER * GUILT*

. . . these are symptoms of post traumatic stress disorder, a legacy of war that society underestimates at its peril. Our war in Angola and Namibia, which involved at least 50 000 South African troops, ended in April this year its emotional consequences could continue to haunt us for longer than we care to think. *Chris Barron* reports:

FUTURE SHOCK

One hundred and eighty miles inside Angola and a group of South African parabats are within sight of their target, a Swapo base camp. They've slogged through thick bush for two days to get there, and now whether they live or die depends on surprise. Silence has never been so desperately important and it blankets them as heavily as the heat. Each 'bat hears only one thing, and that is the remorseless ticking of h-hour as it creeps closer and closer. The tension is enough to make one scream - silently. Suddenly one of their number begins to - TALK! A medic doctor edges up to him and grabs his sleeve. 'I'm going to f... you up, NOW,' he hisses. Trouble is, though, that the conversational 'bat has a machine gun in his arms. Of course it is loaded. The safety catch is off. His finger trembles on the trigger. He pushes the muzzle under the doctor's chin. '... and I'm going to kill you, NOW', he hisses back.

At about the same time, in an air-conditioned hotel in Sandton, a group of psychiatrists and psychologists, army and civilian, are regaling each other with papers on the subject of 'Stress' and its consequences.

War and stress go together, of course. Anybody can tell you that. What surprisingly few people can tell you, though, is that when the war is over, the stress remains. The body may be at peace, but the psyche fights on in a variety of subtle and not so subtle ways and it is THIS war that hundreds of young South Africans will continue to wage long after Namibians have had their election and installed their government.

Those in South Africa who have not been directly affected by the conflict in Angola and Namibia may pooh-pooh the idea of post traumatic stress disorder, a generic term covering a range of symptoms such as irrational outbursts of aggression, emotional withdrawal, exaggerated startle responses' to everyday noises, frequent nightmares and 'flashbacks', apathy, depression and unfocused feelings of guilt. The reason is simple: they didn't really know, beyond an easily tolerable vagueness, that we were IN a war. Sure, they knew that their brothers, sons and husbands disappeared from time to time to some place called 'the border', but that expression, 'the border', has been around so long that it has become a permanent and acceptable part of our mental furniture. 'The border' is ... well, hell, it's almost like rugby, it's what all okes do when they leave school, it's part of growing up, part of manhood and probably a good jorl into the bargain - but it's not WAR. Who was there to tell us otherwise? Certainly not the kind of television coverage that left Americans in no doubt whatsoever that their lads so many thousands of miles away in Vietnam WERE fighting a war, and paying heavily for it. Certainly not the local newspapers which were restricted by the Defence Act to echoing official Government reports. And very definitely not these selfsame Government reports which, to take just one example, dismissed British press allegations that South Africans were fighting in Angola as: 'absurd, a hodge-podge of official statements, discredited Angolan allegations, speculative reports in newspapers, and other

inaccuracies. So far-fetched that the SADF is surprised it is given any credibility at all.' On the very same day four young South Africans were killed inside Angola.

There were occasional jolts. One's enjoyment of *Dallas* or certainly the first ten minutes of it might be kind of spoiled by the flash appearance on TV of a vaguely familiar statue which meant that Rifleman Somebody-or-other, 19, had been killed 'in the operational area'. But on the whole there was little that suggested a WAR. Few people other than his widowed mother Myrna, knew, for instance, that 22-year-old Peet Botha had had most of his face and half his brain blown away by an explosion on 'the border'. No TV statue went up for him - no mention was made of him at all, in fact, because he was not killed, and SADF policy since its first involvement in SWA-Namibia in 1972 has precluded any mention of those wounded (even now it is impossible to get the numbers of those wounded from the SADF). For Peet 'the border' meant more than an introduction to manhood. It meant an introduction to a pair of glass eyes, new cheek bones, a new nose, most of a new mouth and a whole new life. Ironically the term 'post traumatic stress' probably doesn't apply to him in any great sense, because he doesn't have the mental presence to register the symptoms. Certainly, apart from spells of total blankness every few minutes, he seems a very happy person. But then many children are, and Peet now has the mentality of a child.

Quite obviously the general haze of ignorance that has smothered our society like a thick smog for almost two decades has, by preventing the kind of mass anti-war psychosis that tore the States asunder in the late Sixties and early Seventies, been vitally necessary to a Government which until recently believed that our national survival was intimately entwined with the continued pursuit of the Angolan-Namibian conflict. ('People here just didn't KNOW what was happening up there,' says a former national serviceman. 'If mothers really KNEW the kind of things that happened, they would have put an end to it.')

But the advantages of ignorance are usually short-lived; they have a price tag attached to them and sooner or later that price must be paid. Right now - and army psychologists at 1 Military Hospital in Pretoria are the first to admit it - that price is being paid by former soldiers struggling to overcome the effects of traumatic experiences suffered in the operational area. For a significant obstacle in their way, an obstacle making their re-integration with society that much more difficult, is precisely the fact that society doesn't know what it is they are battling to recover from, doesn't appreciate that that spell up on 'the border' was often bloody and fearful and inflicted wounds much deeper than an amputated arm or leg. And from ignorance comes carelessness - society, all too often, doesn't really care too much. 'The attitude we found in civvie street really pissed us off,' says 21 -year-old parabat Shaun Nicolopulos. 'Nobody cares, nobody knows. We're nothing.'

The very best form of psychological treatment, wrote Freud in a letter to Jung, was love. But for the balm of love to be really effective, it must be mingled with in understanding.

Understanding? It is important for those treating soldiers with post traumatic stress disorder, says the head of psychiatry at 1 Military Hospital, Major Johan Alberts, to realise that 'the man in the street generally does not have access to all the information available. The guy has been wounded and he needs support. He returns from a different world and gets the feeling: "Nobody knows what I went through up there".'

Certainly this is the feeling of 32-year-old Dominee Marthinus Bekker, now minus an arm and a buttock thanks to an explosion on 'the border'. His lungs collapsed, he stopped breathing and he 'felt like hell' as he hovered above his shattered body, knowing that he was dead. He spent eight months recuperating at 1 Mil and, while he seems to have been left remarkably unscarred psychologically, no doubt thanks to his age and relative maturity when he went into the army, he admits to a feeling of isolation when he returned to civvie life. He needed people to talk to who would understand what he had been through, but nobody really

did, and Dominee Bekker still feels that 'the guys who suffered so much have not got the recognition they deserved'.

In South Africa, of course, there is another, rather more sensitive, side to the same coin, and SADF personnel responsible for treating post traumatic stress are not shy to allude to it. This is the political aspect, an issue which more recently has tended to separate us from the Israeli experience- where returning soldiers, and especially wounded ones, are looked on and fated as heroes and brought us rather closer to the American experience where war veterans are still struggling to overcome the stigma attached to their wartime service in Vietnam by a major portion of the American population which, largely as a result of brutally explicit television footage, came to regard the war as morally indefensible. Before the April cease-fire in Angola and Namibia there was a rapidly growing body of opinion in South Africa - certainly it was spreading fast enough to worry the Government into banning the End Conscription Campaign, the movement most representative of this opinion - which perceived the war to be misguided and unjustifiable and looked on the efforts of our soldiers in a somewhat less than heroic light. One of the things about which psychologists and psychiatrists at 1 Military Hospital warned soldiers before they returned to civilian life was, in the words of Major Alberts, 'that there might be some people who might react negatively towards them, and how they should handle that'.

By the time our soldiers began re-emerging from the depths of Namibia this year, post traumatic stress disorder (PTSD) had become enough of an issue for the SADF to pay it serious attention. This is attested to by the fact that they co-sponsored the symposium on stress in Sandton in 1986 (the first of its kind held in South Africa), the fact that right now 1 Military Hospital boasts the largest collection of psychologists and psychiatrists within any hospital in the country, and the fact that by 1986 psychological treatment for soldiers beginning right up at the front and ending, five carefully-plotted stages later, at 1 Mil -- was being planned and put into effect on a scale completely unheard of in this country since the border conflict first began hotting up with our entry into Angola in 1974. 'The experience of the US showed us we MUST get involved in post traumatic stress treatment,' explains Major Alberts.

What puzzles though, is that it took 12 years for the SADF to wake up to the lessons of the American experience, not to mention the lessons of its own experiences on the battlefronts in Namibia and Angola. Examples of just two cases that cried out for informed psychological treatment will suffice to suggest the price many ex-soldiers and our society at large may yet have to pay for the neglect of these 12 years:

One involves a soldier who, after being in the operational area for a number of months, stalked into an officers' tent one evening and held its three or four occupants up for half an hour with a loaded rifle. Every time an officer tried to reason with him he screamed 'Don't move! Just don't f ... ing move!' Afterwards the episode was ascribed to just another temporary *bossies case* (*bossies* being the slang term used for those who lost their grip in 'the bush' and did peculiar things) and the soldier concerned was left to continue his normal duties. Three weeks later he was involved in a shooting incident which left one South African soldier dead and landed him in court on a murder charge.

The second example concerns a soldier who was involved in a sweep into Angola in 1985, just before his national service period expired. He had been moving along on foot with three men a short distance in front of him, when they sustained a direct hit from a mortar bomb. The men in front simply disappeared. One second they were there, the next they were gone. 'There was nothing,' the soldier repeated over and over again when he eventually underwent psychological treatment much later. 'Nothing, just nothing ... just nothing'. He ran back for cover behind a stationary Buffel, the tyres of which had been filled with water to absorb

landmine explosions. A bullet hit one tyre and it exploded over him. The soldier was convinced he'd been blown up. He soiled himself and collapsed in a semi-comatose state of shock. Some time after returning home he began experiencing strange and uncharacteristic patterns of behaviour without realising these were typical symptoms of post traumatic stress disorder. He had nightmares in which he relived his wartime experience. He became withdrawn and aggressive and spent a lot of time brooding. His marriage started folding like a pack of cards. During one of his annual army camps at the end of last year he approached a psychologist who had been sent up to conduct group sessions with men in the operational area, because a lot of what the psychologist had been telling them reminded him of his own experiences. The psychologist immediately recognised an advanced case of PTSD and referred the man to a civilian psychologist back home where he is now receiving regular treatment.

The dangers of untreated PTSD should never be underestimated. 'Either you fight stress,' says a Johannesburg psychiatrist, 'or you run from it, or you stay still and face it. Armies teach men to face stress, but not how to move away from it.' And here lies the danger, both for society and the individual. For come what may, that stress MUST come out, and if it doesn't do so in a controlled situation, under proper treatment for instance, then the chances are that it will emerge in the form of irrational emotional outbursts or withdrawal, inexplicable acts of violence and prolonged drinking or drug-taking bouts.

The notorious Mai Lai massacre in Vietnam has been ascribed to a constant build-up of stress which triggered off a sudden massive explosion of mindless violence by people who had no history of violent behaviour. In our own experience, to take just one example from hundreds, we have the case of a patrol of SADF soldiers which arrived at a homestead in Ovamboland in 1985 and, for no apparent rhyme or reason, allegedly proceeded to assault a 45-year-old migrant worker who was visiting his family. By the time they left, the man's skull had been battered, he had been partially strangled with a rope, his neck had been broken along with nine of his ribs and his spleen ruptured.

Prolonged exposure to the abnormal stresses of a war situation undoubtedly brings out the monster in many men, or, as Major Alberts more delicately puts it, 'A normal guy going into an abnormal situation WILL lead to abnormal reactions which seem normal within that context'. Okay, so how abnormal is 'abnormal', one may ask? Surely the grossly abnormal is confined to but a few lesser souls, leaving the majority guilty of only trivial abnormalities which they then slough off when the war is over. What's the problem?

The problem is, as one former national service infantryman who spent 14 months at a stretch in the operational area 10 years ago will tell you, that the victims of gross abnormality are not only those directly responsible for it, but also those who unavoidably witness such abnormality.

Richard was at his base just behind the 'cut-line' between Angola and Namibia when a chopper landed dead Swapo members from a recent contact. They were lined up on the ground, some with lips stretched in macabre 'grins' of death, when a young soldier walked past and ground his boot into one of the faces, asking, '*Wat lag jy, kaffir?*'

On another occasion more 'kills' were brought in. One had half his head blown away and his brains were protruding. Two soldiers rushed from the kitchen, one of them with a knife and fork. He stuck his fork into the man's brains and posed, smiling, while his friend took a picture.

These incidents 'spun me out completely,' says Richard, who was 17 at the time. 'I felt party to this behaviour just by virtue of having stood by and witnessed it. By proxy. Every time you witness something like this you dehumanise yourself, consciously or subconsciously. But eventually all this must take its toll.'

It took its toll on Richard when he left the army. 'I just went on a heavy rave. I began drinking and smoking heavily and was pissed or stoned 80 per cent of every day for about five years. I worked only to get money to keep drinking.' The psychological explanation for this behaviour is post traumatic stress: Richard trying to block his traumatic experiences and the feelings of guilt they spawned by numbing the senses with alcohol. That a blocking mechanism was at play here is further borne out by an experience Richard had six years after his army service. He went to see *Streamers*, a film about American youths in a barracks on the eve of their departure for Vietnam, and blacked out during the performance. 'I just remember saying to a friend, "This is too real, it's too real . . ." and the next thing I was in the foyer with people bending over me.' A medical check-up revealed no physical reason for the black-out, 'so I can only assume it was a reaction to my own experiences. I just couldn't bear living through them again.'

Richard's explanation for his compulsive drinking points to another typical traumatic stress reaction: 'I realised later it was probably to recreate the "don't-give-a-f. . ." feeling I developed after being in the operational area for about seven months. Up there your concerns become minimal and your needs immediate. NOW is all that counts, there is no future. You're alive now and that's all you care about. On the border you were going to die every day. You learn to live with the fact that you're going to die, and you develop a "couldn't-care-a-f. . ." attitude to life.'

A close variation of this attitude is the tendency to self-nihilation. 'Up there you feel nothing,' says parabat Shaun. 'You have a feeling of nothingness. You are nothing. You're just alive, that's all you know. Nothing matters. You're not responsible for anyone and nobody is responsible for you.'

Back in civilian life this attitude commonly manifests itself as emotional withdrawal, apathy and varying degrees of callousness. 'You develop this hard exterior,' says Shaun, whose experiences included carrying the body of a close friend back to base - 'Three days before, you're sitting joking and chowing and going mal with him round a campfire. Then you never see him again' - and seeing another friend get his eye blown out 'I told him to take his hand away, and when he did there was nothing there. Just pulp. I said, "Don't worry, China, I'll get you out of this".'

'I've become hard, emotionless,' Shaun continues. 'The emotion is there, but I can't let it out. Inside I'm crying. I've lost my compassion, my ability to feel. I've treated a lot of people like dirt. I can't let anybody get too close to me, and when they try I block them. I just don't want to lose anyone I'm close to.'

Living dangerously is another commonly experienced symptom of PTSD, the hidden motive being, says Lloyd Vogelmann, lecturer in Psychology and Director of the Project for the Study of Violence at Wits, 'to deal with one's newly felt sense of vulnerability by putting oneself in hazardous situations to show oneself that one is NOT vulnerable'.

When Shaun left the army, not quite two years ago, he went 'totally berserk. I lived life at incredible speed. I think I must have had a subliminal desire to see how far I could push myself. I rode my motorbike to extremes, for example. I was living on a razor's edge and I knew it.'

Alex Gorman, now 27, was blown up in 1982 by a landmine which killed two of his companions and left two critically wounded. He himself had his arm badly fractured, his pelvis reduced to powder and his hopes of a professional golf career terminated. His return to civilian life, after seven months in traction at 1 Military Hospital, was heralded by a mixture of heavy drinking and uncharacteristic aggression, and his determined and violent domicile in the pubs of Johannesburg only ended when he all but killed himself on his motorbike. His

wife, Lindsay, whom he married two years after his national service, says that even then he had 'lots of built-up aggression in him, which flared up very easily.'

With the help of unusually understanding parents, parabat Shaun Nicolopulos came to realise that he needed help. He underwent psychological in therapy for five months, but it is still an uphill battle all the way: 'While sleeping I will suddenly wake up in a cold sweat. While wide awake I will suddenly feel terror again - where is my arc of fire, where is the nearest shelter? Then it suddenly subsides and this depression hits you, and you just go off and look for a beer ... you see some despicable things happening up there . . .'

While there are obvious parallels between South Africa's conflict in Namibia-Angola and the American conflict in Vietnam, it would be an exaggeration to suggest that PTSD here is anything like the problem it is in the US - for a start, our war was neither as prolonged nor, barring isolated exceptions, as sustainedly vicious. It would be equally wrong, however, to pretend that we don't HAVE a PTSD problem at all. Psychologists and psychiatrists - both civilian and military - emphasise that war-related PTSD in South Africa is indeed 'a problem, but is not recognised as such'.

'Lots of guys out there,' says a civilian psychologist with nine months service at 1 Military Hospital under his belt, 'have PTSD, but they don't recognise their symptoms for what they are. They may go to general practitioners, but THEY often don't recognise their symptoms.'

Another inhibiting factor is the 'macho-fixation' so many young South Africans inherit at school and then have reinforced in the army. It comes as a severe dent to a young man's masculine self-image to experience PTSD symptoms and the last thing he wants is to draw attention to the fact that he is suffering these symptoms by seeking help.

'One shouldn't underestimate the feelings of despair in a guy going through post traumatic stress,' says Major Alberts. 'Here you are, you've matriculated, been a prefect, first team rugby player and so on - you're quite a guy. And suddenly you're terribly scared all the time, cringing at every loud bang, not being able to sleep, flying off the handle at the slightest provocation. These are very frightening symptoms to experience.'

Non-treatment of PTSD often means an entrenchment of abnormal stress-related characteristics aggression, withdrawal and so on - and the results range from difficulty in adapting to civilian life and establishing or maintaining personal relationships to indigence, suicide and varying degrees of crime.

Often these effects fake years to surface 'Look at America,' says a psychologist. 'When a guy with a gun goes berserk in a supermarket or a street, you usually find he's a Vietnam veteran.'

Post traumatic stress disorder is as much a reality as the wars that spawn it and, agree psychologists and psychiatrists, 'It is high time we faced up to it'

[The following items appeared as 'sidelines' to the main text:]

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Reference: From South African Publication; 'Sunday Star' 5/11/1989 pp. 12-18.