

Chapter 7

How to follow old tracks and make new paths. The development of alternative interpretations, that point beyond the local community.

7.1 Introduction

Paulo Coelho (2006:17) describes in his book *The Alchemist* a conversation between a shepherd boy and an old man about a book the boy was reading. The old man commented that the book refers to the same topic most books in the worlds touch upon, and that the outcome of his book sustains the very same idea that almost everybody believes, although it remains the world's greatest lie:

“It’s a book that says the same thing almost all the other books in the world says,” continued the old man. “It describes people’s inability to choose their own destinies. And it ends up saying that everyone believes the world’s greatest lie.”

“What is the world’s greatest lie?” the boy asked, completely surprised.

“It’s this: that at a certain point in our lives, we lose control of what’s happening to us, and our lives become controlled by fate. That’s the world’s greatest lie.”

The purpose of this last chapter is to look at alternative interpretations of how to possibly understand the data collected. My intention is not to follow in the footsteps of the old man’s wisdom shared with the shepherd boy. It is not my intention to force an outcome of my choice on the research, neither to allow “fate” to determine the outcome of our research due to my Co-researchers or even the readers losing control. People often lose control of how data can be interpreted by following their own pre-determined opinions and discourses.

This intention to guide understanding does not imply that I will be in total control or determine the outcome of this research on my own. I must try to ensure that the Co-researchers’ voices are actually heard. Particularly those comments that were able to open new space in the process of understanding how caregivers were able to cope, must be heard. Listening to the self-interpretation of their own stories of coping, the Co-researchers were able to focus on potential alternative outcomes of understanding. In this chapter, the alternative and mutually pondered interpretations by the Co-researchers will be reflected upon. One of the vital questions that must be asked at the closure of a research process is to ask what conclusions, if any were reached during the research process. What contribution or value was added to existing knowledge through the specific research and its conclusions?

Both on an academic level as well as on an individual level these questions on conclusions must be asked as part of the research process in order to maintain its focus as an inexact science, as far as possible. However, before these questions could be answered or even considered, a moment must be spared to reconsider what constitutes “good” qualitative research. This must be asked to ensure that, however interesting (or not) the conversations may

be, they are interwoven with a literature study in an academically researched process on a continuous basis and documented in order to ensure that the results/conclusions carry with them the characteristic of academic credibility.

7.2 Guidelines for the Evaluation of Qualitative Research

Several authors have tried to identify academic criteria to determine the quality of qualitative research, for example, Henwood and Pidgeon (1992), Elliot (1999) as well as Reicher (2000) and Midali (2000). After Carla Willig (2001:140-142) had studied ideas from Henwood and Pidgeon (1992) as well as from Elliot (1999) she adapted some of these ideas to assist her in developing new guidelines for the evaluation of qualitative research reports.

Willig (2001:140-142) was of the opinion that there was an overlap in criteria and guidelines between the different approaches. Therefore, it was only a natural progression to refine the evaluation of qualitative research reports. Consequently, Willig's suggestions for the evaluation of qualitative research reports are as follows:

7.2.1 Owning One's Perspective

Researchers are obliged to disclose their own assumptions, viewpoints and values, to allow readers to understand and interpret the research analysis and thus be enabled to consider possible alternative interpretations of the research results, before discarding them outright without either considering or understanding the outcomes reached by the researcher and Co-researchers.

7.2.2 Providing Credibility Checks

Qualitative researchers should do cross-checks with participants, colleagues and other researchers to confirm that their accounts are credible. Credibility checks can also be done to compare the data with other qualitative perspectives and research within the same subject matter. I have tried to include my Co-researchers in the process - in particular regarding outcomes and conclusions to ensure that my co-researchers agree and confirm with the final accounts and conclusions of this research.

7.2.3 Grounding In Example

Qualitative researchers should use examples of their data to demonstrate the procedures used as well as the understanding generated through the process. This allows the reader to clearly see how the data and the researcher's own interpretation thereof follow the research process. It implies that the Co-

researchers' stories must be linked with the literature study and not be presented as two separate entities. The flow from theory to practice and back to theory occurs on a continuous basis.

7.2.4 Coherence

Researchers should strive to present analyses that are characterised by integrity and coherence, for instance, to present these within the framework of the underlying structure of a narrative story or a map.

7.2.5 Accomplishing General Versus Specific Research Tasks

At the outset of the research, qualitative researchers need to be clear about the research aims. If their original aim was to create a general understanding of a specific phenomenon, they must ensure that their study is based upon an appropriate range of instances. Similarly, if their aim was to provide a specific case or situation or occurrence, they ought to ensure that the subject was studied comprehensively and systematically.

Although we operate within a “not knowing framework”, this implies that we have not pre-determined what must be “proven”, what is “correct” and what is “wrong” and then set out to prove it. The framework of the research must be clear in its approach of what exactly is being researched. If the topic is too general or broad it runs the risk of becoming irrelevant. If the topic were too focused, it may equally become irrelevant.

7.2.6 Situating the Sample

Qualitative researchers must ensure that enough background detail about a participant's life circumstances is available in order to ensure that the reader trying to understand the research have adequate information available. This background knowledge of the participant's life is necessary to assist the reader to assess the relevance and applicability of the findings. This is especially important within the narrative approach due to the prominent role of the Co-researchers' own opinion.

7.2.7 Resonating With Readers

Qualitative researchers must also ensure that the manner in which the findings are documented ensures that it not only conveys the results of the research, but also stimulates resonance or at least some meaning and broader understanding with the reader. This implies that readers should feel that the research is presented in such a fashion that it clarifies or expands their own understanding and appreciation of the specific subject matter. It does not necessarily imply that the readers agree with all the conclusions

and/or the reasoning as explained in the research. However, it does imply that the readers are able to follow the logic of the process and how the conclusions were reached.

In this regard, readers are enabled to better their own understanding of the subject matter, to reconsider their own opinion as well as their position regarding the data process followed towards an eventual conclusion of the research.

Willig (2001:140) concludes the evaluation of qualitative research by stating that, good procedural practice within qualitative research requires the systematic and clear presentation of analyses, which are demonstrably grounded in the data while paying attention to reflexivity issues. In addition, it is characterised by an awareness of its theoretical and contextual specificity within the boundaries. This theoretical, contextual specificity in exact boundaries, limits its applicability and relevance. Qualitative research tends to be open-ended in the sense that the research process is not pre-determined or fixed in advance. It pays attention to exceptional cases and idiosyncrasies or even peculiarities as well as to abnormalities, all of which to gain a more complete understanding of a specific phenomenon.

Willig (2001:148) rightly stated that this kind of research does not provide the researcher with certainty. This research can identify with the previous statement. The one thing that I am certain about is that every Co-researcher coped with deployment in her own unique way. Due to differing personalities, and circumstances, it creates a vast option of outcomes. The consistency of certain aspects mentioned by all the Co-researchers, for instance comments about bad management and management's apparent lack of real concern, must also be noted as "shared" opinions by all Co-researchers. The lack of absolute certainty does not imply that the results are not valid or cannot be used to enhance understanding of how caregivers manage to cope with deployment. When working with people and how they feel, absolute certainty cannot be claimed.

Qualitative research tends to be concerned with complex psychological and social processes, which most probably would involve interpretation and even the negotiation of meaning amongst, not only, the participants and researcher but even by readers to determine what they are willing to accept as "correct". This was proven by the change of heart some of the Co-researchers experienced during the research development. People are not stagnant but are constantly changing. These changes include feelings and opinions. Therefore, what is "correct" or accepted as the "truth" may be a hundred percent correct at the time during which the accounts were shared, but time has an uncanny ability to change our perception and understanding of "truth".

The specific epistemological position of the particular research eventually determines how it should be evaluated because different studies operate from different positions. Although even the topic may be the same, the point of departure as well as the specific research aim may lead towards different interpretations and understanding. Additionally, alternative interpretations of the same data are always possible due to the individual's own academic and personal background. There is, of course no method or approach which does not have its own limitations.

The awareness of and subsequent acknowledgment of such limitations encourages a reflexive awareness of one's own limitations or boundaries of understanding and knowledge as well as other peoples' limitations and boundaries.

Cedric Cullingford (1999:21) voiced some concern about the validity of research in general; he feels that due to research often being funded by the same companies that are affected by the research, the researchers are often themselves funded, competed for and controlled by the companies, thus ensuring that the results of the research are the desired ones. Those who are in control of the funding, know exactly what they are looking for and anticipate specific results for their industry. It is possible that, if the results are different from what they have hoped for, they may either ignore or disown the results on grounds of methodological imperfection or any other excuse to discredit the findings. This is a definite risk where research is funded by companies expecting specific results. Even if the researcher might be willing to do ethical research, the impact of the findings may be limited if the outcome is not favourable to the company that provided the financing.

Another factor that must be considered when research is evaluated is the current broader academic environment, where the researcher is under increased expectations to produce results. It may be academic papers, the number of students completing a course, or simply to reach certain pre-determined goals as set by the academic institution.

Mishler (1986:68) commented on a potential danger that could be present during research. This is the danger that "The respondents' stories are suppressed in that their responses are limited to 'relevant' answers to narrowly specified questions." The narrative approach is more likely to succeed in inviting the Co-researchers to share their own stories in their own way. Cedric Cullingford (1999:21) points out that the research may be expected to come up with specific required answers, whatever the specifics may be, and in the process demonstrates the "cleverness" of the researcher. Therefore, the approach and methodology are very important to ensure academic "credibility", and that the research can be accepted. Even within the Theology Faculty, there are immense pressures to encourage narrative researchers to adhere to more traditional research methods. I was forced to change my research proposal to adhere to specific guidelines, which were not narrative in its approach.

History is full of stories of how specific dominant approaches of thought patterns have reacted towards "new" and different ideas. This fear was not restricted to the Middle Ages and every generation must be aware of the risk of discarding new alternative outcomes simply because they differ from the ones previously used. We tend to use methods and styles that we are familiar and comfortable with. We may even use methods to reinforce our own existing ideas and opinions.

Cullingford (2007:22) may be a bit cynical with the following observation: "If you tell me what you want to know, I'll find a sufficiently obscure and complex way of proving it, so no one will know whether the results are valid or not." Cullingford (1999:21) wrote that the phrase "research has shown" in conjunction with a personal opinion, unfortunately creates opportunities for misuse. The possibility of misuse is not only debated on a moral and ethical, level but, it also has very strong monetary and personal motivations

underlying the issue. Theological and Social studies are not exempt from it, even if merely to “prove” that *my* point of view is correct and *your* standpoint is wrong according to research.

This concern was experienced on a different level by me, where up to this moment, no effort at all was made from any level in the Defence Force to utilise or even to listen to any contribution I may have been able to make towards the way caregivers are coping with deployment. It is possible to look at it from two totally opposing positions. This lack of interest may be either from indifference towards the research from senior management, or it may be due to a comment made by me after the initial conversations with the Co-researchers was completed, that all of the “participants” experienced difficulty to cope and that all the preliminary data indicate a lack of support from management’s side. This apparent disinterest in the outcome of the research was noticeable from both the Office of the Chaplain General as well as the Air Force personnel involved with education and training. Notwithstanding my previous statement, there were specific individuals in senior positions who expressed unofficial interest in the findings.

It is also possible that they may have preferred not to be involved until the final research is presented. It may, therefore, be just as possible that they do not want to be accused of influencing the process and misusing their “position” until the research was concluded. In the light of Cullingford’s (2007:22) cynical comments regarding the validity of research, it must be respected that no attempt was made by management to influence the research process to reach any conclusion that would be more favourable to management or to “prove” specific aspects and issues that could strengthen their position.

The fact that the results were not tampered with or influenced by anybody in the Defence Force management cadre, increases the value of the outcome. My personal preference is definitely with the approach where I was not pre-described to and “forced” to prove certain pre-determined outcomes. This shows how easily a very simple issue with exactly the same facts and scenarios can be interpreted differently to sustain both opposing points of view.

The individual’s own emotional interpretation may eventually be the determining influencing factor of which interpretation will be chosen. My opinion is that it is most probably a combination of the two and it is, furthermore, difficult to utilise research that is not yet completed (published). Although we know that it is impossible to really conclude the research process, it adds to the value of its public acceptance if the research were already academically accepted. Equally, management may simply be either too arrogant or too ignorant to admit that they do not know everything. They may just be too scared to admit their mistakes and run the risk of having to try and correct mistakes they caused themselves.

It is a difficult task to accomplish for most people and probably even more so for those involved in management or positions of leadership. In big business, it is just as difficult for management to admit that they are on some level responsible for the eventual outcomes of their companies or organisations. One just has to follow the responses of the respective management of major companies such as General Motors, Chrysler and Ford after their imminent bankruptcy and dire financial position became known in the general media.

Most of these managers struggled to even admit that they may have missed something important somewhere! It is equally difficult for government officials to accept personal responsibility for their bad decisions. African government officials are notorious for their apparent unwillingness to even admit any mistakes and they are extremely reluctant to accept responsibility for those mistakes.

This research has its own limitations, partially due to the approach used and partially due to other external factors. These limitations were increased by the withdrawal of one of the Co-researchers from the process. The long time span between the initial deployments, to the time when the interviews were conducted and to the final document, with a constant flow of information, created its own problems. One of the “biggest problems” during the research process was that time has the ability to alter people’s perceptions of how they experienced their efforts to cope. On the other hand, it also showed the growth and development of the Co-researchers over time. It is the very same ability we have as humans to change and adapt over time that is both our strength and our potential weakness. How we change and into what we change seem to be the issue - not whether we change.

Before the final feedback loop was completed, one of the members was transferred to Cape Town, the feedback was done, but with considerable difficulty. The initial feedback was done on a one to one level; after distance made that impossible, it was done telephonically. During the research, one of the other Co-researchers withdrew from the research process due to the intensity of the emotional pain caused by recalling her experiences during deployment. As initially agreed, she had the right to withdraw without any pressure. During the research period, I relocated twice, first from Limpopo Province to Gauteng and then to KwaZulu Natal. This uprooting considerably disrupted the research process.

The disruption was not only on a personal level, but also impacted on the communication process with the Co-researchers. All the final feedback with the Co-researchers was done either electronically or telephonically depending on the preference of the co-researcher and which options were most practical. Part of the conclusion of the research is to honestly share the shortfalls and the difficulties experienced during the research process. The difficulties became not only a part of the research process itself, but also part of the outcome and eventual conclusions. Working within the narrative paradigm, we are not simply looking for conclusions or outcomes, but are also listening for alternative outcomes. We are following the story and are open for the effect it has on all parties involved in its reciprocal impact or influence - how little it may be.

7.3 Alternative Outcomes

The term “alternative outcomes” is almost synonymous with that of Gill Freedman and Gene Combs who developed the concept. Freedman and Combs (1993:291-293) recalled an interesting therapeutic incident which changed the way they approached narrative therapy and how they explored alternative possibilities, or as they prefer to use the term “alternative

outcomes". In short, it involves a 12-year-old girl who refused to attend school due to various fears she experienced. After five sessions, they realised that her parents' smoking habits greatly upsets her, and that she was terrified that they may actually die due to their smoking habits.

Freedman and Combs (1993:291-293) asked this 12-year-old the following question: "Would it help you to do something that seemed dangerous if you knew that it was really benefiting someone important to you?" She responded affirmatively. She answered that it would help to put things in perspective. She felt that things would no longer seem as dangerous as before. On the question: "Could you go back to school if you knew it might save your parents lives?" she immediately answered yes, without any hesitation!

Freedman and Combs (1993:291-293) also asked: "What would you do if you looked at someone and thought you might become like them?" Her response was: "Just concentrate on the work and being there". After some negotiations, her parents agreed to quit smoking if she was willing to go back to school; thus a deal was agreed upon.

Freedman and Combs (1993:291-293) recalled how shocked they were, when after two weeks, it became apparent that both parents were still smoking although the daughter has kept her word and went to school every day. This greatly puzzled Freedman and Combs because all previous repetitive behaviour was also stopped. About six months after the episode they realised that their questions directed the girl towards a different kind of being. She was able to experience herself as someone who can take risks and can handle being in dangerous situations by focusing on the task at hand rather than focusing on her fears or the danger involved.

Freedman and Combs (1993:291-293) feel that by answering their questions, the girl managed to enter a different reality than the one she normally accepted as the only reality. She was able to experience herself as someone who is able to go to school and therefore, she was able to go to school. It was not her parents' promise to stop smoking that motivated her. To assist her parents to stop smoking was only an additional goal she hoped to achieve. The moment was a turning point in the way Freedman and Combs thought about the narrative process and how the questions regarding the girl's situation were able to change her own narrative of understanding and coping. Friedman and Combs were unable to change her circumstances, (her parents continued smoking) but an alternative reality, an alternative outcome was created through the specific questions that were asked. These questions were able to open new avenues of thinking, and those new paths of thinking ended in new and alternative understanding.

This incident inspired Freedman and Combs towards thinking differently about questions, and how to use specific questions to lead people towards alternative realities. The big difference in their own understanding was when they began to think of questions as a way to generate experience rather than using questions only as a way of gathering data.

On a very simplistic level, it is almost as if by imagining herself going back to school enabled the girl to do so in practice, and to prepare her mentally for the actual event. This observation by Freedman and Combs was mirrored in the changes the Co-researchers experienced after answering questions about their coping skills and then re-thinking their own answers. They moved towards a point where they felt quite satisfied with their own coping skills. The

original situation was still difficult and often unpleasant. The narrative approach cannot change the past, it can only change and influence the way we think about the past. This alternative way of thinking often leads towards not only different emotions regarding the past, but towards new and innovative ways to cope with the present and the future.

The way the Co-researchers perceived the effectiveness of their own coping skills during the deployment, changed considerably between the initial interviews and the final feedback conversations. For me as researcher becoming involved with the different stories of coping and experiencing the initial pain of sharing difficult situations, it was wonderful to later experience the healing and comfort expressed by three of the four Co-researchers in that they are in a much better position after the process than before.

Unfortunately, I am unable to comment on the change of perception of the Co-researcher who pulled out of the research due to the pain she experienced during our interviews. I am of the opinion that if she continued with the research, she would have experienced the same feelings of being more satisfied with how she was able to cope with her difficult deployment. In fact, during a follow up interview prior to her withdrawal, she made comments which indicated the beginning of an alternative understanding, and potential alternative outcomes.

True to the proposed “not knowing position” in the narrative approach, the researcher has to wait and allow the research to develop and reach its own conclusions. As Müller (Müller et al, 2001:87) highlighted a very important aspect in research with the following comment:

“We are talking here of the curiosity and patience of the good researcher. He or she sets the scene in motion and waits anxiously for the climax to develop. The fake or quasi researcher on the other hand, is a propagandist who knows the answers to the questions and therefore doesn't really need to do research. Then the research document becomes propaganda material of an honest development of ‘character’ and ‘plot’. The person, who knows the outcome or climax before hand, hasn't even started the process of becoming a researcher.”

Müller's comment is answering the question of why there are so many totally contradicting “research” done, because they set out to “prove” a point or position that was already accepted as the “truth”, even before the researches started shedding any light on the topic. This is especially true in the medical and food industries where research must prove or disprove something to suit the initial viewpoint. One research will prove that butter is harmful and the next will prove that exactly the same thing is essential to sustain life. The fact that the results may differ is not my concern, the fact that they set out to prove their pre-determined standpoint compromises the integrity of the research.

This research consistently tried to focus on the individuals' personal experience during deployment without deliberately trying to change or influence their own personal understanding of those experiences. The reality is that the mere fact of sharing those experiences already has an impact on the individuals in opening themselves up in the sharing process. Thus, notwithstanding the researcher's best intentions not to deliberately change or influence the story-sharer's understanding of his or her experiences, the mere re-telling of their experiences immediately has an impact on the individual's own understanding and perception of the chain of events.

One of the definite distinctions between narrative therapy and narrative research is the deliberate effort made by the researcher in the research process not to unduly influence the unique outcomes by deliberately guiding the conversation in a direction, but rather to allow the research and the Co-researcher to find their own unique outcomes. Therefore, deliberate restraint is obviously not a normal circumstance during narrative therapy.

During the feedback loop, the Co-researchers were able to re-experience, and if willing at all, to re-express their own initial comments and feelings regarding those experiences. The researcher tried to understand how the Co-researchers' initial experiences were originally interpreted, and how after sharing their own stories of experiences, those same stories and experiences are then again re-interpreted by them. This re-interpretation has led towards alternative understanding by the Co-researchers alternative outcomes of how they were in fact coping by seeing things in a different light, by looking at the same events from a different angle.

These alternative outcomes may even have the additional bonus of the Co-researchers feeling better about the deployment experience, particularly about how they were able to cope with the difficulties during their deployment.

7.3.1 Co-researchers: Alternative Outcomes

One of the last comments made by Co-researcher D during an interview, was on how her experiences during her deployment enabled her to do her work better within her current situation. The “better work” is directly linked to her ability to understand people better, especially those who have suffered loss. She was also able to confront her own emotions and feelings and focused the new insights gained on her work.

AA32/D1: “Kom ek sê vir jou, dit het my baie, ... al my ondervinding as ek nou moet gaan meaning daaraan heg...

Het alles meaning ten opsigte van my werk! Ek kan aan soveel mense dink wat nou al verlies gely het.

So op die einde konfronteer ek ook baie van my eie gevoelens. Op die ou einde trek mens alles tog maar deur na jou werk toe!”

One of her coping systems after returning to South Africa was to utilise her personal experience to broaden her own ability to do her work better and more effectively. The fact that she was able to better understand, and relate with other people who have similar experiences Coping with Deployment Difficulties, made some of the pain she experienced more acceptable and tolerable. Thinking about the benefits she gained in the course of her own experience enabled her to provide a different perspective, an alternative meaning and purpose to her own experiences and difficulties that she was subjected to during her deployment spell.

It also enables her to perform better at work, her ability to excel in her therapeutic work is an added bonus for her in the healing process. This brings us to the second coping mechanism employed by Co-researcher D.

She concentrated on her efforts to support the current deployed soldiers and especially, the social workers on deployment in Africa. The reason that this is currently so important to her, is because she knows from personal experience how difficult it is to cope with deployment when effective support structures are lacking.

Interestingly, she tries to refrain from providing advice to those who plan to deploy, simply because she is aware that her advice may negatively influence prospective deploying personnel and thus contribute towards them deciding not to deploy at all. This provides an indication of Co-researcher D's professionalism as a caregiver (social worker) as well as her integrity and loyalty towards the system. Due to her own personal pain and bad experiences during her own external deployment, she is adamant not to give personal advice and run the risk of misusing her position to negatively influence other personnel against deployment. Co-researcher D also realises that there are numerous individuals who enjoyed the deployment experience and returned determined to redeploy as soon as possible. Their enthusiasm may range from the joy of the adventure and seeing new places, the pleasures of constant social interaction and camaraderie, or even the additional monetary benefit gained by deployment. This positive sentiment regarding deployment was not shared by any of the caregivers. I discussed the possibility of voluntary redeployment with them and not one of my Co-researchers considered it for the foreseeable future, at least, by any means, not voluntary. However, they acknowledged the possibility that in time it may be expected by the organisation.

(A64/D1): *Op hierdie stadium vermy ek dit om raad te gee, ek sal hulle baie negatief maak teen ontplooiing. My kollega het nou ontplooi en ek kan vir haar sê ek sal 'n punt daarvan maak om haar te ondersteun. Aangesien ek in die eerste plek geen ondesteuning van my eenheid af ontvang het nie. Ek is nooit gebel deur hulle nie, na ek terug is het meeste nie eers geweet waardeur ek is nie. My area bestuurder het my eers vermy vir 'n lang ruk en toe gesê: "Oh I am so sorry that I never contacted you while you were there", maar haar jammer beteken op die stadium in my woordeskat vir my niks".*

Co-researcher D is not positive at all about the simple acknowledgment of her area manager's admission that she was unable to contact Co-researcher D at all during her entire deployment. For Co-researcher D the area manager's apology after a long delay stating that she was "sorry" that she never contacted the social worker under her direct supervision, means absolutely nothing! The apology was too little too late. The additional suggestion that management "knew" prior to her deployment that she was not going to cope, added towards her pain and frustration with them. Co-researcher D even wondered whether management had not deliberately withheld their support in order to "prove" that their suspicions were indeed correct. She was able to answer her own question by stating that it was probably not a case of deliberate plotting, but rather a lack of work ethics and laziness which resulted in the absence of care and support provided in practice.

The coping mechanisms employed by Co-researcher D, for instance to utilise her personal experience to broaden her ability to do her work better and to concentrate on her efforts to support the current deployed soldiers, was unfortunately not enough to allow her to cope on her own. She realised that without professional help, she was unable to deal with the emotional scars of her deployment. She still needed external help and medication to assist her

in the process of coping. Even after her return to South Africa and getting professional help, she is still experiencing pain almost on a daily basis

It took an incredible amount of courage from Co-researcher D to engage in this research project, knowing very well that it will open wounds. Although she experienced pain during the initial interview as well as in follow-up conversations, notwithstanding her emotional duress, she decided to continue with the research process. She believed and hoped that being part of the research process will in its own way contribute towards helping her to deal with her own emotional trauma and pain. She was willing and motivated to become involved with the research believing that by sharing her story, she may be able to find healing, and even be able to assist others with similar experiences and caregivers who may find themselves in comparable positions during their deployments.

The hope of finding additional healing motivated her to continue with the research process. She is still receiving intensive psychological therapy and is gradually able to work through her deployment experiences. Her therapist approved her involvement in the research. The wounds she sustained during deployment are slowly healing, although the scars will definitely remain for the foreseeable future, if not forever.

According to Co-researcher D, she is gradually coming to terms with her deployment ordeal and she remains confident that she will eventually be able to think and talk about her deployment without any pain and without emotional disruption. The comment (A64/D1) by Co-researcher D that most of the members had no idea of what happened with her during the deployment, or are not aware of how the specific incidents affected her, discloses part of the key in understanding the problem.

On the one hand there are the specific individual's needs to be regarded, to be noticed, to be considered of value. Personal attention and real interest in the well-being of the person contributes towards addressing these needs. In difficult and stressful circumstances, these needs are proportionally higher. On the other hand, the growing pressures in society on individuals have led towards relationships becoming more superficial. People are so overwhelmed and besieged by the expectations of society, that as their own need for real support and understanding increases, they are less able to provide the same support to others. This is very noticeable in the response of her fellow deployed soldiers, including her superiors; all expected her to provide the "support" (their own need) without considering or grasping her personal need to be understood and supported.

"Society" has certain expectations of caregivers' abilities to cope with difficult circumstances and to take care of themselves. Caregivers are after all expected to be trained professionals, and therefore, must be able to cope with death and dying or whatever dreadful and horrible situation is demanding their specific skills. This assumption of "coping skills" is partially fuelled by other caregivers, because as long as the "rest" of society believes and accepts the discourse, it provides them with an esteemed position. Therefore, as long as society accepts caregivers' professionalism and capability unchallenged without having to consider how these individuals cope with the demands of their profession, they feel safer and better protected by the supposed ability of the caregivers to take care of them.

It is nevertheless still very interesting to note that she is adamant (A61/D) that she was able to cope with the deployment experience, notwithstanding the fact that she was emotionally injured during the episode. This insistence on maintaining her outward ability to cope, links up with the pressure and expectations of society that caregivers must be able to cope, notwithstanding her extensive therapeutic help, or the fact that she is still struggling to cope. The discourse remains unchallenged by most caregivers and feeds from society's expectations as well as from caregivers' own expectations that caregivers "can cope" on their own.

Over the past two decades, there was a rapid increase in the interest and research on the impact of emotional experiences at work (Brief & Weiss, 2002:279-307). Erez and Isen (2002:1055-1067) looked at the role of mood and emotions. Law, Wong, and Song (2004:463-496) investigated job performance and Weiss and Cropanzano (1996:1-74) looked at the impact of how workers' attitude towards their job affect them. There was also an interest in the role of emotions in the leadership domain, looking at the impact of different theories, for instance the difference in impact between transformational and charismatic leadership (Bass, 1985; Conger & Kanungo, 1998; House, 1977; Shamir, House, & Arthur, 1993).

There is extensive literature on workplace factors associated with employee well-being and stress (Danna & Griffin, 1999). But, there is little empirical research linking managers and their leadership behaviour to employees' emotional state. For instance, Bono and Ilies (2006:317-334) used simulated leaders and followers in their research. Although there are often comments over the emotional link between leaders and followers, the effects of supervisors and managers on employees' emotion in a work setting have only recently been studied in depth. Joyce Bono and Hannah Foldes, working with Gregory Vinson and John Muros from the University of Minnesota (2007:1357-1367) looked at the role that supervision and leadership plays in workplace emotion.

Bono's research results (EI, 2007:1357) pointed out that supervisors were associated with employee emotions in the following three ways:

1. Employees experienced less positive emotions when they are interacting with a superior than when they are interacting with customers or co-workers.
2. Employees working with supervisors high on transformational leadership indicated higher positive emotions throughout the day - this includes their interaction with customers and co-workers.
3. Employees who regulated their emotions experienced increased work-related stress and decreased job satisfaction, while those workers with supervisors practicing transformational leadership were less likely to experience decreased job satisfaction.

7.3.2 Emotional Regulation Impact on Alternative Outcomes

According to Little (2000:87-89) emotional regulation is harmful to employees because it involves acting without authenticity. This result fits closely with Gross's (1998:224) definition of emotional regulation, referring to emotional regulation as the process where individuals choose which emotion they express, relative to those they experience in either an automatic or a deliberately controlled fashion. This "deliberate control" of emotions is definitely present amongst soldiers, due to their general military discipline structure and operational systems.

The ability to be in control, to be disciplined, is also applicable to the way in which soldiers traditionally cope with their feelings (Gross, Richards & John, 2006:13-39). It is normal human behaviour for people to regulate their emotions and especially their emotional displays to conform to the expectations and norms of the workplace, organisation, social club or even the church, as the role expectation demands from them. In other words, emotional regulation means that negative emotions are deliberately hidden while positive emotions are faked to conform with the expectations of the group.

The need of humans to conform does not always imply that negative emotions will be hidden; it may equally be that all will express their negative emotions and that "positive" emotions are "out". Thus, it is easy to understand that if the whole group starts moaning and complaining, how it almost compels or coerces the rest into joining the same bandwagon. For instance, if a whole community constantly shares an opinion that crime is out of control, the actual crime statistics may simply be ignored due to the group's expectation that crime is in fact out of hand.

The perceived accepted "reality", although not necessarily the truth, will be accepted simply because the majority accepts it. This same principle is also noticeable in the markets, the Stock Exchange will go either up or down depending on how people feel about the value of the share and not necessarily based on the intrinsic value of the particular share. It is extremely difficult to change those discourses imbedded in people, those unchallenged, almost generally expected "facts" which are simply accepted as the "truth". Add to this our human tendency for emotional regulation, mix that with the existing role expectations of how a caregiver is supposed to be able to cope (group pressure), integrate it with the tendency amongst soldiers not to show their weaknesses and problems, and one has a recipe for "experiencing isolation".

Glomb and Tews (2004:1-23) focused on the importance of distinguishing between felt emotions on the one hand and the act of emotional regulation on the other. Faked emotions (expressing emotions they did not really feel) can easily distort managers' or leaders' perception creating an unrealistic picture of all is well when it is in fact not the whole truth. Understanding the possible impact of emotional regulation may assist us in understanding how caregivers are struggling to cope - or even to admit that they may be struggling to cope.

This may on the other hand also help to explain why it is so difficult for managers/leadership to even admit that they experienced difficulties to support the caregivers under their command during deployment. This is due

to the big difference between the expected behaviour of both the deployed caregivers and their superiors at home, and the actual behaviour and functioning of the specific individuals who are seldom able to support those expectations in order to achieve the expected outcome. This may explain why both groups, the caregivers deployed and their managers, were not entirely happy with the results and behaviour of the other.

Ashforth and Humphrey (1993:88-115) indicated that employees who identify with their work are generally feeling more authentic, even when conforming to role expectations such as demands for emotional regulation. The individual's ability to remain authentic in terms of what he or she is really experiencing plays a critical role in the person's eventual ability to cope. It is relatively easy for most people to "fake" or pretend "good" emotions and feelings in the short term, but almost totally impossible to do it on the long run. Zapf (2002:237-238) showed that managers who engage in transformational leadership may also lead towards bigger social support from their employees.

Bono (2007:1358) correctly mentioned the importance of the impact of social support on the employee's well-being. The better the support, the better the individual is able to cope with job stressors; it also increases their sense of control. Abraham (1998:229-246) commented that when employees experienced low social support, emotional labour negatively affected satisfaction. On the other hand, when high social support was provided to the person, it was interesting to note that absolutely no link, no association between emotional regulation and job satisfaction was found at all. Thus, the impact of high emotional support cannot be overstressed.

My personal opinion is that due to an over-eagerness to correct the racial inequities of the past and to comply with transformation at all cost, not enough thought was given to the ability of leadership to actually be able to do the work. This sentiment of transformation, as noble as it might be, not only harmed the organisation's ability to function effectively, but also harmed individuals in the process, sometimes the very people who were supposed to benefit from fast tracking and sometimes those who were not promoted at all. This is a particular problem in middle management where, due to all those candidates with potential who instead of being allowed to develop and mature, were fast tracked at such a rate that very little competent middle management remained intact.

7.3.3 Soldiers on Strike a Rare Phenomenon

Mutiny and insubordination are words that military leaders are not fond of. As far back in history as can be recollected by man, this behaviour was severely dealt with by all armies throughout the millennia.

De Selincourt (1960:159) translated Livius' recollection of insubordination in the Roman Army; the document is dated around 300BC. Soldiers were unexpectedly attacked from the rear, the confusion quickly spread until the whole army was in disorder. Commands were inaudible and the only thought was to save their own skin. Soldiers dropped their weapons and ran. After regrouping at a safe site, every single soldier who dropped his weapon and deserted the battlefield was personally asked by Appius Claudius to explain where their weapons were. They were then addressed in a speech and called

an army who had betrayed military discipline and deserted its standards. All the men who had abandoned their posts were first flogged and then beheaded.

Rolfe (1965:211) translated Roman history and referred to how Caesar Galba responded to soldiers who refused to return to a former position and demanded better posts and recognition. He first dispersed the protesting soldiers with a cavalry charge and thereafter all were decimated.

Although today the penalties for ill discipline are not as severe as it was in ancient times, it is still considered an ill omen when soldiers “strike”. The same harsh measure might not be applicable in our current standard operational procedures, but discipline within military ranks is still vital.

Soldiers must be disciplined, especially when under severe stress as is experienced during combat. It is not very effective to have a group meeting to discuss what must be done while under fire. The mere fact that soldiers in the South African Defence Force were striking in front of the Union Buildings in Pretoria at the beginning of September 2009, is almost impossible to comprehend - to all “real soldiers” and even to civilians.

Although in history soldiers were forced into a position where they felt that insubordination was the only option and their last resort was to strike. The fact that soldiers are even considering the option to strike, well knowing that they run a huge risk and that they can be dismissed for striking, is ample proof of the levels of unhappiness which are present amongst some members within the Defence Force. It should be a severe concern, not only for military commanders and leadership, but also for government in general. The military purpose is to stabilise a democracy and to ensure that all can live in peace and harmony.

The following article by Erika Gibson was published in *Beeld* (a prominent Afrikaans newspaper) on 04 September 2009:

Protes weermag se eie skuld – kenner

Die gevaarligte het verlede jaar al begin flikker vir gebeure soos dié onlangs toe die polisie op soldate geskiet het wat vakbondlede is. Dit het tydens ’n vergadering van die portefeuljekomitee oor verdediging in Maart verlede jaar aan die lig gekom dat meer as 4000 geregistreerde griewe in die weermag al langer as drie jaar onopgelos was.

Prof. Lindy Heinecken van die departement sosiologie aan die Universiteit van Stellenbosch het gister gesê die komitee het tóé reeds die weermag oor dié toedrag van sake gekritiseer. “Die komitee het gevoel die kwessies en griewe wat die SA Nasionale Weermagunie (Sanwu) geopper het, is geldig en die weermag moes dit dringend pak.” Die komitee het ook erken daar was ’n volslae verval in kommunikasie in die weermag. “Die rede daarvoor kan daaraan toegeskryf word dat die weermag – soos die tipiese weermag wêreldwyd – sy arbeidsverhoudinge vanuit ’n gesentraliseerde oogpunt bedryf.” Volgens Heinecken kan die gesentraliseerde benadering slaag mits soldate se griewe behoorlik opgelos kan word en waar almal as deel van ’n span gesien word.

Tans geld ’n gevoel van “ons” en “hulle” egter in die weermag. Die uiteinde daarvan is openlike konfrontasie – soos tans, waar me. Lindiwe Sisulu, minister van verdediging en militêre veterane, openlik verklaar daar is geen plek vir vakbonde in die weermag nie. Omdat die konstitusionele hof

in 1999 beveel het dat vakbonde toegelaat word, sou dit lynreg strydig met dié uitspraak wees as Sisulu of die weermag se topstruktuur die vakbonde verbied. Heinecken het gesê die weermag is self verantwoordelik vir die gemors waarin hy hom nou bevind.

Die grieweprosedure funksioneer nie, terwyl die militêre bedingingskamer én die militêre arbitrasieraad wanfunksioneel is. "Dit laat soldate geen opsie as protesoptrede nie."

This article confirms the fact that a year prior to the strike, the Portfolio committee of the Department of Defence issued a warning when they realised that more than 4000 registered grievances over a three year period had not been attended to by the Department of Defence. The committee admitted that the soldiers' complaints were legitimate and should have been addressed prior to the soldiers resorting to such drastic action. Although numerous warnings from different organisations and sectors alerted the SANDF of the growing possibility of unrest within its own ranks, it was mostly ignored. The Defence Force's response was to commence with procedures to fire the soldiers who participated in the illegal strike.

Fitness (2000:147-162) reported that unfair treatment by supervisors, which remained unresolved, was a key source of employee anger. Research by Milner, Glomb and Hulin (2005:171-193) revealed that employees rated only 20% of their interactions with their supervisors as negative and 80% positive! However, the impact of the 20% negative interactions on the employees' mood was in general five times more intense and stronger than the effects of the positive interactions. Although found at only 20%, this still implies that the overall impact of the negative interactions with their supervisors had a gigantic impact on employees. Tepper (2000:178-190) found that abusive supervisors are able to bring forth anxiety, frustration and even anger. In the wrong circumstances, it can be a dangerous combination, especially if negative emotions were building up over a period of time. The term "abusive" here implies emotional and psychological abuse correlated with the misuse of power and not to physical abuse.

Co-researcher D (AA19/D1) very clearly was not the only person who experienced difficulty during deployment. The unwillingness to immediately admit the difficulties and to yield to the pressures and strains by refusing to acknowledge that they struggle to cope (emotional regulation) with deployment, can eventually contribute towards "time" creating its own alternative outcomes.

The well known military phrase "vasbyt" (determination, doggedness. A direct translation would be to slam your teeth into something and not to let go – implying positive persistence), carries with it the promise that things will get better, circumstances will improve if one were able to just "hang in there". It is a given that time carries with it an amazing ability to heal, and if not able to heal, to lessen the extent of the original pain and hardship. Looking back at events that occurred in the past, it opens up opportunities of re-looking and thus in the process re-interpreting the original events by means of new insights and understanding. Narrative therapy tries to guide and assist the effect of this process in a more "deliberate" fashion in order to enhance and accelerate the process.

7.3.4 Leaders' Decisions Have a Direct Impact on People

Decisions taken by leaders have a direct impact on people. Empirical research is consistent with the belief that managers (leaders) may negatively influence employee emotions. Glaso and Einarsen (2006:49-50) found that the three negative factors which play a significant role in the relationship between subordinates and their supervisors/managers are frustration, violation and uncertainty. It is interesting to note that the literature is aligned with the Co-researchers' comments and experiences. Bono (2007:1359) reported that transformational leaders are typically characterized as empathic. This implies that the leaders are aware of and consider the individual needs of followers.

Thus, leaders may assist employees to cope with emotional regulation in more effective and less psychologically draining ways by making employees understand why and how positive emotional expressions contribute towards not only the organisational goal but enable the individual to be happy and content as well.

This is Co-researcher D's alternative interpretation of how she was able to cope despite bad decisions by leadership. In fact, her alternative interpretation opened the door to enable her to cope, even if only in retrospect:

“Ek en hy (die kapelaan) het nou nog as ons so praat, dan sê ons Burundi het almal geknak! Ek moet sê dit is eintlik baie sleg, en dit was nog daai tyd van die verkiesing ook gewees (in Burundi), en dit was baie moeilik gewees, en dan was die “Contingent Commander” ook nie die beste nie. Hy het baie aangejaag. So uhm ek weet dat almal wat daai tyd ontplooi was 'n slegte ontplooiing gehad. Dit was 'n slegte ontplooiing gewees!”

According to Co-researcher D, the total lack of support she experienced from the military health care organisation directly contributed to a large extent towards her negative and painful experiences during her deployment, but she was not the only one struggling to cope. Co-researcher D's comment referred not only towards the fact that nobody enquired after her personal wellbeing after the unpleasant experience of being blamed for the death of a soldier, but to the general circumstances of the deployment, including the uncertainty that was created by the election process in Burundi. According to Co-researcher D, an incapable Contingent Commander made the deployment difficult for all the deployed soldiers.

The shooting incident refers to a particular soldier who committed suicide after wounding two of his colleagues, and killing a third, neither then, or at any other time later on, was any real effort made to determine Co-researcher D's state of mind. It was simply assumed that she is coping due to her qualifications and professional background. This assumption is part of the problem when dealing with the question of how caregivers are coping.

Leaders' decisions to partake in a war contributed directly towards a tragic episode for both caregivers and the military worldwide! Major Hasan was a counsellor in the US Army at Fort Hood, who needed counselling. Gibbs (2009:17) reported that Major Hasan was a psychiatrist who on 5 November 2009 shot and killed 13 people and wounded 30 of his fellow soldiers whom he was supposed to protect. One victim was newly wed, one was three

months pregnant, and 19 children were left without parents. President Barack Obama (Gibbs, 2009:14), in his tribute to the fallen, referred to a “world of threats that knows no borders”.

Gibbs (2009:14) made the frightening comment: “Soldiers sacrifice to keep us safe; somehow we failed to keep them safe”. It would be grim news if they just missed all the warning signs. It would be even worse news if they saw the warning signs but chose to ignore them. Gibbs (2009:16) reported that the vital question for the military is whether political correctness - or the desire to protect diversity - prevented the Army from recognizing and dealing with a problem in their own midst. Apparently, people were afraid to come forward and express their concerns with his behaviour due to the risk of receiving an equal-opportunity complaint that can end careers. Why was action not taken earlier? It is always easy to recognise the signs in retrospect. According to Gibbs (2009:16), another answer could be the desperate need for mental health professionals due to the increase in post traumatic stress and military suicides.

The impact of leadership (management) (AA20/D1) on peoples’ ability to cope, remains critical and should not be overlooked, especially within a military peace-keeping deployment with all the political, military and individual risks involved. By leadership we not only refer to those making executive decisions, for instance whether the South African forces will deploy in a specific country, but we especially look at the impact of those in a leadership positions within the deployed country itself. Aisha Aboagye (2005:162) indicates that good leadership is equally fundamental to the successful mainstreaming of gender in peace operations. The leader determines the general mindset and attitudes of his or her subordinates

Due to their specific leadership position, those leaders have an ability to make an enormous impact on the lives of the soldiers under their command and thus have the ability to play a big role in their well-being through the decisions they make. Leadership played a very definite role within all the Co-researchers’ stories and all the Co-researchers commented on the immense impact leadership had on their lives and indirectly on their ability to cope. Bono’s (2007:1364) research results suggest that leadership may have broad, deep and long-lasting effects on individual employees and the organization as a whole.

What we know from existing literature is that, individuals who tend to regulate their emotions, are less happy with their jobs and more stressed. Bono’s (2007:1364) results indicate that episodes of emotional regulation are also associated with a decrease in job satisfaction and an increase in stress levels. This is also applicable to individuals who do not often regulate their emotions. Bono also determined that even a single episode of emotional regulation to fake false emotions is directly linked with increased stress, which may last several hours. As far back as 1983 Hochschild’s (1983:7) research indicated that individuals who frequently regulate their emotions at work will experience stress and depersonalization as a result of suppressing their true feelings.

The SO1 Psychology (a senior staff officer) did not really respond to Co-researcher D’s answer after his brief question regarding her well-being. Therefore, she had no choice but to presume that the initial question regarding her emotional state was not really intended to determine her state of mind and emotional well-being in the first place, but was just asked in

general. Almost in the same fashion, the question “how are you?” would be used as a greeting when people meet one another, without any real intention to expect an in-depth answer and definitely without any intention of listening to a story of pain and anguish for the next two hours.

Co-researcher D’s biggest concern relating to caregivers coping in deployment is that, according to her experiences, “nobody” cares whether the caregivers are really okay, and able to cope. With the term “nobody” she is not referring to friends or family, but specifically to the expected support from senior management in the military system. This includes the Officer Commanding in the deployment area and the senior personnel in the functional line at the home base as well as in the deployment area.

It must be considered that this lack of “caring” is the result of existing discourses regarding caregivers’ coping abilities. They simply expect “others” to cope while carefully protecting themselves from getting too personally involved - because the moment we expose our feelings, we run the risk of being hurt. There is an expectation that social workers must look after their own professional group, and senior chaplains must, similarly, look after their own deployed personnel. The complaint shared by all the co-researchers was that this expected support is not forthcoming. It is not happening in practice, it is only on paper and in Standard Working Procedures (SWPs). Nobody at all inquired about her well-being or even asked if she was “okay”:

O22/D1: Jy is nou baie naby aan dit waarmee ek besig is, so wat jy vir my sê is, niemand het jou gevra, “Is jy Okay nie?”

A22/D1: Nie EEN persoon het vir my gevra nie. (Baie ernstig)

The process of answering questions and later to be able to re-read those same answers, lead naturally towards a process of discussing and re-thinking those shared experiences through the answers. Similarities in how the different Co-researchers coped and struggled with deployment and through reading shared stories of others in similar circumstances, frequently led to new understanding and insights of alternative ways to cope with the comparable experiences other caregivers experienced. The purpose of sharing stories is to gain new understanding, and if possible, personal growth in the process.

The following recollection explains the impact of opening alternative outcomes on a different level, as well as the possible impact it can have on those surrounding the individual. Friedman (1985:295) recalled his personal trauma of taking care of his terminally ill mother. After her death, he called each relative and took advantage of the reminiscing - typical of such moments - to make notes of what was being said. At the funeral he shared a family “eulogy” that included his own thoughts and those of the other family members as they shared their thoughts with him. Friedman recalled that “after the funeral, I felt an increased sense of ability to deal with acutely anxious crises” and continued his story of an alternative outcome by stating that after a week he felt absolutely no residue of sadness. Friedman (1985:295) declared: “I was able to go back to work immediately, with enthusiasm and without depression”.

The interesting spin-off created by his new outlook was that several families that he had been counselling went into severe crisis. Friedman (1985:295)

recalls: “As I understood it, when I had learned to deal with the forces of anxiety that had made me “me”, I inadvertently had pulled away some of the supports with which I had been buttressing these families in my anxiety over their anxiety”. He managed not to let himself be re-triangled into their anxiety, and almost everyone made leaps of growth.

Prior to his own altered understanding and alternative outcome, Friedman experienced the initial collapse of some of the families engaged in counselling with him at that time, due to the inadvertent destruction of the support system that he initially provided to those he counselled. We must be aware that this entanglement can sometimes exist without us even being aware of its existence. This need to be supported can be added to the list of possible discourses. It also touches on the role played by therapists and caregivers - those people in society who provide the support.

The question that must be asked is whether the strong need for support, as expressed by all the Co-researchers, came from their own anxieties and problems. Almost in the same manner, the families in counselling with Friedman “needed” his support to sustain them. On the other hand, it must be asked whether their need is a legitimate need experienced by well adjusted humans suddenly confronted by new and challenging pressures, while working under severe pressure. Hoping for, and expecting support from fellow professional caregivers, who form part of an expected support system within the military functional lines, to simply do their work and thus ensure that the deployed caregivers remain capable of providing their much needed skills on an ongoing basis while maintaining their own coping skills.

The ideal would have been that all caregivers must be able to return to their work with enthusiasm and without depression after experiencing trauma and if possible, to assist others to cope in the process of coping, as Friedman was able to do after the death of his mother. These questions can be continued in an almost unending loop.

The balance between the caregiver’s own emotional wellbeing and ability to effectively support others is vital. It cannot be overstressed that without the ability to learn how to deal with the forces and anxiety added to the “normal” stress and strains of life created during deployment, caregivers will find themselves in difficulty to cope. Without the support provided by knowledgeable co-workers (fellow professionals who are supposed to understand the circumstances), the difficulty to cope will effectively increase exponentially. All Co-researchers were able to identify the main stressors and incidences which created their difficulties. However, to be aware of them and even to understand the severity of the impact, do not imply that we are automatically able to cope with them. Without the capability to understand the process and work through it, coping effectively will remain an unattainable dream. With the impact that trauma and unpleasant experiences during deployment may have on the individual caregiver, and added to that the lack of support from senior colleagues to guide caregivers towards alternative outcomes of coping, deployed caregivers will struggle to cope on their own.

This will also explain why the substantial support, in all cases, from friends and family was not able to prevent the emotional trauma experienced by the Co-researchers. The support provided by family and friends as necessary as can be, was unable to prevent the impact of the lack of support from the official structural level. Thus, the opportunity to grow and to cope with their

individual difficulties was not to be utilised in full due to the total lack of effective support from management.

In fact, the direct opposite may be achieved; capable, enthusiastic well adjusted people can return after deployment as broken shells struggling to maintain themselves. Due to the expectations of society that caregivers must be able to cope, they are often unwilling to admit that, on certain levels, they are not coping as effectively as they themselves would have hoped. While caregivers in deployment struggle to cope, it appears as if neither society nor their direct peers seems to care.

According to my perception, the current coping mechanism by management when confronted by complaints from caregivers (and it becomes impossible for them to simply ignore the complaints), is to call for a session/meeting and then to allow the invited participants to discuss the issue. After the session, management will continue as if nothing of any importance was said. They may even decide not to deploy a specific caregiver due to his/her inability to cope with deployment. No changes would be made to the standard working procedures nor would the alternative outcomes that may be generated by these sessions be taken seriously; these alternative ideas would simply be disregarded.

Management functions within the following discourse: they operate within the premise that if caregivers cannot cope with the stress of deployment, it implies that the caregivers are inadequate to perform the task at hand. Therefore, the caregiver her/himself is the problem and must be replaced with a different “body” capable of doing the work. Management perceives the individual as the problem, not the system or the way in which people are treated.

I have never heard of any person who received proper feedback on post-deployment reports which they submitted during deployment. This apparent lack of response and no personal feedback unfortunately add to the general feeling expressed by all the Co-researchers that management does not really care at all. There is a general accepted agreement that most of the current military leaders, and especially those working at CJOPS, function within the framework of “not really caring”. This idea is generally accepted by most junior soldiers; the feeling that senior leadership does not really care for their subordinates is applicable to both the individual’s logistical needs as well as their emotional needs. This feeling is enhanced by the lack of feedback and response. This apparent lack of response to any criticism, fits in with the discourse explained previously. The possibility that the system may be inadequate and inherently dysfunctional is apparently not an option, neither is it even an option to consider that senior management does not take proper care of those caregivers under their command.

As with almost all human endeavours, it is necessary from time to time to question the success or failure of such ventures. To evaluate the success or failure of peace-keeping missions is not the purpose of this research paper, but it is, notwithstanding, important to consider some aspects regarding this topic, particularly since the ability to cope with the deployment is linked with the perceived success of the mission.

7.3.5 Military Outcomes

Although the individual's alternative outcome differs considerably from the political and military outcome, the individual is directly affected by the perceived successes or failures of the peace-keeping mission. The successes of the mission play a considerable role in the individual's perception that the pain and suffering they experienced was worth it in the sense that it led towards making the world a better place. The positive impact on society and the positive outcome achieved by the operation is linked with the individual soldier's experience. Likewise, if the mission was a failure, it is proportionally more difficult to attach positive feelings to it, for instance that the deprivation and difficulties of the deployment were worth it.

Robert Egnell (2006:1041-1042) correctly stated that the results of military operations (peace-keeping missions) since the end of the Cold War and 9/11 have been mixed, at best. Powerful role-players have failed to achieve their objectives against weaker opponents, and at the operational as well as the tactical levels, the military across the globe found it difficult to adjust. The South African Defence Force's perceived success in Africa contributed towards the soldiers' feelings of achievement.

The fact that peace-keeping missions have not always achieved the desired goals, adds towards the deployed personnel's difficulty in coping. This is especially true of caregivers who have the motivation to make a difference and the urge to improve people's lives is considerably higher than in other soldiers. This need to make a difference in the country of deployment was mentioned by all Co-researchers.

Different Military strategists and scholars alike have sought explanations for these difficulties in achieving long-term peace-keeping objectives. During the last quarter of 2008, the situation in certain areas in the DRC has deteriorated dramatically. It must be kept in mind that this research is only looking at how these specific caregivers coped with their own deployment and is not intended as guidelines for all caregivers in every given deployment situation.

Although this research may provide guidelines for caregivers to understand how these specific caregivers were able to cope, it cannot be applicable to all, simply because individual caregivers not only differ greatly in their personal coping skills, but also because the circumstances in any deployed mission area may differ considerably and can just as quickly change without any prior warning from one moment to the next.

7.4 Evaluating Successful Peace-keeping Missions on Three Levels: Directly, Indirectly and Sub-directly

It may be necessary to think differently about peace-keeping missions when considering the nature of civil-military relationships since it is often an important variable to explain the successes of peace-keeping missions. Robert Egnell (2006:1042) elaborates on the successes and effectiveness of missions on two levels by breaking it up between directly and indirectly.

“Directly” refers to the chain of command where strategic aims and plans are implemented into operational plans and actions. The “indirect” level focuses on doctrine, funding, as well as providing the conceptual direction that is necessary to create an organisation which is able and ready to implement the directions of the political leadership. This is after all critical in the effectiveness rating to be able to achieve the goals set out to achieve a sustainable level of peacekeeping. The sustainability of the peace-keeping effort is directly linked with the eventual desired results achieved. The results are not one-sided, but multi-faceted relating to the country’s military, political and economic stability, as well as the sustainability of the military forces providing the peace necessary to implement the desired change in the region.

A third aspect that I would like to add when the success of a peace-keeping mission is evaluated, is the impact on the soldier’s personal life, the impact on the individual human beings who form part of the direct and indirect strategic plans; the people who were actually deployed during the peace-keeping operation and the loved ones who struggled at home to cope with a parent or a partner’s absence. They are the unknown heroes paying the price, not only by risking their lives, but also by being uprooted and separated from their own loved ones during the deployment. It is important to remember not only the short term price that the individual pays by being away from home, but to also consider the hidden emotional strain during the deployment. On the other hand, it would be wise to consider the long-term impact it may have on the deployed members.

It is only vital to look at the price that the individual pays in the short term regarding their separation from home - the increased risk. It is especially important to consider the long-term impact it may have on the individual. This impact may differ vastly from person to another, from direct physical injury sustained, to a possible psychological injury sustained. Soldiers may have been exposed to traumatic experiences leading towards knowledge that was acquired through their senses, and not through abstract reasoning during their deployment. This refers to any experience the individual was exposed to, involved in, or affected by something that happened, or could have happened.

This impact is not necessarily logical or reasonable or even true, but it still remains very real for the individual who is struggling to cope with it. These are the emotions that they either find very difficult to admit to, or they try to pretend that neither the circumstances nor their emotions affect them at all.

Although David Stanovský (2008:2654) uses the term “sub-directly” as a mathematical term used in algebra, I would like to use the term “sub-directly” to add a third level to Egnell’s proposed two. In this sense “sub-directly” would refer to the subconscious, the subliminal impact on the individual, referring to the combination of experiences of what happened with the deployed individual during her or his deployment.

Egnell (2006:1042) evaluates the success of peace-keeping missions on two levels - directly and indirectly. “Directly” refers to the strategic aims and how these strategies are implemented into operational plans and actions. An “indirect” level refers to doctrine, the funding which provides necessary direction to create an organisation that is able and ready to implement the politician’s strategy.

The third level currently receiving little attention in South Africa (sub-directly) refers to the human element involved. The term “sub” refers to the feelings, emotions and experiences which are not on the foreground and not immediately noticeable with any superficial investigation. However, it is nevertheless, a very real part of the deployed workforces’ life and may remain with soldiers for years to come. The emotional price that the individual soldier pays is currently very low on the agenda and is outbalanced by the bigger military and political goals at stake.

An aspect, which is apparently often overlooked by the decision makers, is the sustainability of the military men and women’s personal ability to cope with the circumstances linked to deployment. The individual soldier’s ability to cope is directly linked with the mission’s eventual success. Therefore, the combined impact of the individual member’s coping skills eventually either enables the mission with the opportunity and ability to maintain the desired presence in the peace-keeping area until all the other goals can be achieved, or if most of the deployed soldiers fail to function effectively, the whole mission can be jeopardised.

7.5 Motivation

James Conway (2000:26) draws upon the socioanalytic theory, based on two primary motives which drive human behaviour. The one is the desire to “get along” and the second the desire to “get ahead”. Getting ahead refers to the motivation to gain either power or to be in control of resources; getting along means feeling liked and supported. Conway feels that interactions at work can be seen as attempts to achieve one or both of these goals.

Currently, the main motivator driving soldiers to be deployed is monetary. This motive is to gain resources and to get ahead in their lives. Soldiers volunteer to be deployed to earn extra money. Madge (Catell, 1997:8) confirms the notion that peoples’ socio-economic position in society plays a definite role in their anxiety levels. This statement is especially applicable to lower-ranking groups and professional caregivers with inadequate salaries. Foot soldiers are generally more willing to deploy due to the economic incentive, and not due to their moral or social conscience. They are more willing to deploy in general due to the economic incentive.

However, this was not the case regarding the Co-researchers involved with my research. The caregivers’ main motivator was not monetary. Although money was not their main motivator, all were pleased with the added income. Though money was a small motivator, they were predominantly motivated by higher values and the hope to change the world, to make the world a better place. Going back to Conway’s (2000:26) socioanalytic theory of “getting along” or the desire to “get ahead”, caregivers’ motivation fell within the “getting along”.

The Co-researchers all expressed dreams of making the world a better place and were motivated by goals ranging from understanding deployment and broadening their own experiences, to seeing new, strange and beautiful places. The bonus of meeting foreign soldiers and interesting people was an additional motivator for Co-researcher A. The money gained in the process was just an added bonus, although all the caregivers made comments that the

eventual limited monetary gain was not really worth their while to deploy with all the personal disruption involved.

It is important to understand the role of motivation for the deployed soldier. If the only motivator was getting ahead, and to receive an extra handful of dollars he/she may be willing to “ignore” other unpleasantries. However, if the motivation was to add value to peoples’ lives, to be appreciated, to get along with all deployed members as well as management, but if no positive feedback is forthcoming, it is quite possible that the individual will experience trauma and a painful deployment. This may explain why all the caregivers within this research got hurt and struggled to cope because their underlying need of making a difference, of “getting along” with all, was not satisfied, and in some instances the exact opposite result was achieved. The higher the need of “getting along” the higher the level of satisfaction the Co-researchers experienced. Thus, the more the underlying motives were realised, the higher the individual will rate their eventual success in coping.

Costa and McCrae (1992:668) made the point that people with a low emotional stability have a common tendency to experience a negative emotional state. For instance, feelings like sadness, fear, anger, disgust and guilt create a negative emotional state. DeRue (2008:186) stated that these disruptive emotions intervene with individuals’ ability to adapt to change. Costa and McCrae (1992:668-678) suggested that individuals, who have a low emotional stability, are less able than people with a high emotional stability to adapt to change. In comparison, those with a high emotional stability are usually even-tempered, calm, and able to face stressful situations without becoming upset.

7.6 Alternative Thinking Regarding Loneliness and Isolation

Barry Hancock (1986:7) made a very important statement when he commented that we have to formulate different ways of thinking about loneliness. We also have to reconsider the use of the broader terminology normally used to describe our feelings of isolation. Hancock (1986:7) pointed out that the level of loneliness fluctuates with social change. therefore, we must first understand the social changes and how they influence us, before we will be able to understand loneliness and feelings of isolation.

It is very difficult to determine how lonely a person really is, or how isolated he or she may feel. We can make deductions from the social setup, the general background of the individual, as well as the geographical and social circumstances of the person, to determine the level of isolation or loneliness. But, there is no foolproof loneliness gadget (loneliness meter) available to accurately determine loneliness.

Normally, the only way to determine anxiety is through a clinical interview done by a professional. As Elizabeth Madge, who adapted the Institute of Personality and Ability Testing (IPAT) psychometric test for South Africa (Catell, 1997:1) correctly points out, there are numerous reasons why an accurate measurement cannot be obtained through interviews. For instance, a lack of honesty, differences regarding word usage, a lack of standardised

procedures and cultural differences are just some of the reasons why accurate measurement is so difficult. Cattell and Scheier developed the original test in 1968 for IPAT.; it was originally developed to determine anxiety levels. This test was adapted to South African conditions and translated in Afrikaans by Elizabeth Madge for the Human Sciences Research Council in 1997.

We don't have the luxury of a loneliness thermometer to determine in half a minute whether the situation is critical or still within "normal" parameters. The closest we can come is either to accept the individual's word that he /she is experiencing these emotions, similar to a doctor who accepts a patient's word that he or she experiences pain, or to utilize psychometric testing with the purpose to provide an indication of the individual's loneliness on a pre-determined scale. To ignore or disregard comments from another human being that he/she is lonely, is either very arrogant or dim-witted.

The changes suggested by Barry Hancock (1986:7) incorporate an almost constant change of our understanding of isolation and loneliness. This change is partially due to a better comprehension of the reality that we construct. This implies that if caregivers have a better understanding of what is meant with terms like isolation, loneliness, to be alone, aloneness, and alienation, they would immediately be in a better position to cope with those feelings - simply by understanding themselves better. These terms were discussed in Chapter Six with the purpose of determining the differences between these terminologies, however slight it may be.

Human beings accept that we as social creatures are not only constantly interacting with other human beings, but are also looking for specific inputs and responses from them. Whenever this expected behaviour from other humans is not forthcoming in the way it was expected or preferred, people find themselves under pressure and unsure of how to respond. The moment our expectations are not met, it immediately puts us under stress and strain. This includes our expectations of how other people are supposed to act and respond. Uncertainty produced by unfamiliar and unpredictable circumstances and unclear communication messages can increase our stress levels. The ability to cope is linked with emotional intelligence and social intelligence.

Although these terms are as important during deployment as anywhere else in society, the specific circumstances during deployment play an undeniable role in peoples' ability to adapt and to cope. The less predictable our circumstances are and the more variables in the scenario, the higher the strain and the lower the person's ability to adapt and cope.

Changes in the way we think about, and understand not only isolation and loneliness, but how we understand life in general are due to better comprehension of the reality that we construct for ourselves. This different understanding must be extended to include the discourses surrounding the terms used to indicate isolation and loneliness. It implies that if caregivers have a better understanding of what is meant with terms such as isolation, loneliness, to be alone, aloneness, and alienation; they would immediately be in a better position to cope with those feelings, simply by better understanding what is really meant and understood by these terms, including the hidden meanings and nuances. These terms were already discussed in depth in

Chapter Six with the purpose to determine the differences between these terminologies, however slight it may be.

Situations like these not only makes as uncomfortable because we don't fit in, but also because it is clashing with our values of what we have accepted as right or wrong. Our expectations play an important role in the way we respond to specific situations. If we expected it to be unbearable and it is just moderately unpleasant, we will be much happier than in exactly the same circumstances where we initially expected an absolutely phenomenal super experience - then we will not be happy at all.

Feelings of isolation as expressed by the Co-researchers may have absolutely nothing to do with any deliberate, planned effort or behaviour from the rest of the group to isolate the specific individual. But, those feelings of isolation are not only a hundred percent understandable in the light of his or her own experience as their anticipated expectations towards that specific groups behaviour led them to believe. It is a hundred percent real to them, whether the isolation was intentional or not. Even though they may accept and acknowledge the rest of the peoples' right to choose their own behaviour, these feelings are deeply submerged in their subconscious.

The following comment made to the social worker after the debriefing where she was very sarcastically thanked for the shooting incident, implying that somebody must first be shot before she was willing to do her work. Co-researcher D referred to the following exchange as a particularly painful episode, which contributed considerably towards her feelings of total isolation and loneliness:

Co-researcher D stressed her total isolation (A41/D1). She stated that it was intensified by the fact that nobody was willing to stand up and explain to the troops that she arrived just before the shooting incident and can therefore not be blamed for it. As far as I am concerned, even if the shooting incident happened at the end of her deployment, she should still not be held responsible for a murder committed by somebody else. Her own thought patterns are part of the accepted discourse, implying that caregivers are responsible for the deeds and actions of others; this is especially "true" after a client/patient visited a caregiver. The responsibility for any act is then, according to the discourse, the responsibility of the caregiver.

7.7 The Bridge of Responsibility

Friedman (1990:9-16) used a fable as metaphor to deal with this responsibility question. In my own words the story is summarised as follows:

"There was a man, who deeply considered life's questions. He had several experiences and experienced numerous moods in the process. He experimented with different lifestyles and can give testimony regarding both successes and failures. Eventually he decided on a specific destination and grasping the opportunity, made the decision and his journey commenced. While in excellent spirits, full of vigour and energy, he arrived at a bridge crossing an enormous river. The bridge was constructed high above the flood line to protect it from the storms. While he was crossing it from the one side

he saw a man walking from the other end. After he had greeted the man he saw a rope fastened around the man's middle."

"Before he even had a chance to wonder what the purpose could be, the man pressed the other end of the rope in his hands and asked him very politely to please hold on to the rope! Baffled by the polite request he accepted the rope. While thanking him the man requested him to use both hands to hold on to the rope!"

"The very next moment he jumped over the side of the bridge! His free-falling body quickly unrolled the rope and when it ran out of rope, it almost dragged the man on the bridge over the side! It was with extreme effort that he was able to hang on to the rope. Immediately after recovering his wits he shouted to the man on the rope: 'What are you doing?' The only answer he received was: "Just hang on!"

"While thinking that this whole situation is madness, the man on the bridge desperately tried to drag the man up without any success. Why did he do it? What must be done? He tried to engage the man in explaining his actions. The only response he received was a reminder that if he let the rope go it would be the death of the man on the rope. Trying to explain that it is impossible to drag him up without help from the man on the rope, the hanging man just kept on insisting that it is his responsibility to save him! The only response after his retort that he was simply crossing the bridge and did not ask for this situation was an insistence that if he let go of the rope, the man on the bridge would be directly responsible for his death."

"There was nobody else on the bridge to ask for help, neither was there any suitable place to fasten the rope. He was getting desperate, his arms were becoming tired and he was almost at the point of being dragged over the side of the bridge due to the weight of the person and the severe strain on his arms and shoulders. Struggling with the question of what to do, he quickly considered his options. If he let go of the rope, he ran the risk of all the accumulated guilt of being directly responsible for a person's death."

"He may very well be guilty for not trying hard enough to save the person and in failing to implement some ingenious plan to actually save the poor bloke's life. On the other hand, if he 'hung on' to the rope indefinitely, he ran a very real risk of being dragged to his own death in the process. What an impossible decision. All his efforts to encourage the person to start climbing back, and to assist in saving himself were fruitless. Warning the person that he is running out of steam and that he will not be able to hang on to the rope much longer, the hanging man replied: 'You must save me, if not, I will die!'"

"The point of no return arrived and a decision had to be made. 'Please listen carefully; I am not willing or able to accept the responsibility for your life, only for my own. I return to you, your own choice, your own responsibility, I return your life to you,' (free will). 'What?' the man on the rope cried out in shock. The man on the bridge explained that it is a choice that must be made by all, accepting responsibility for your own choices. He confirmed his willingness to assist but stressed the fact that he needed the co-operation from the man on the rope in aiding him to climb back to a safe place! 'You can't be serious!' the rope-man cried out exasperated. He cried out in anguish and asked why the man on the bridge was so selfish, what can be so important that you are willing to let someone die?"

“After waiting a few moments and still not detecting any movement or effort from the man tied to the rope to assist in saving himself, the man on the bridge responded by saying: ‘I accept your choice.’ At that moment he let the rope go!”

Julian Müller (1996:203) wrote that, notwithstanding our human imperfection and frailty, we remain responsible human beings who must be called upon to accept responsibility for ourselves. In the Holy Scriptures people are constantly called upon to accept responsibility. In Rom Chapter 12 there is an example of such a call (Rom 12:21), it even ends with the call:

“Do not be overcome by evil, but overcome evil with good” (NIV:1999).

It became quite obvious to me that a large portion of the current Defence Force members are often eager to insert the rope in a caregiver’s hand and pass all their personal responsibility on to somebody else! If that person is reluctant to accept that responsibility unconditionally, the people in need can be very quick to be offended and proclaim to all who may be interested of how they have been “wronged”.

The reality is that even after the “traveller” realised that he had no choice but to let go, he will still be affected by the person’s demise! We are not impervious to the feelings attached to making difficult decisions. Officers Commanding also carry with them the burden of responsibility not only for the well being of people, but their very survival is in her or his hands.

The following verbatim refers to a sarcastic comment made by a troop that the positive effect of the shooting incident was that now they are aware that there is in fact a social worker with them on deployment. She describes how the comment hurt her and how upset she was. The fact that nobody stood up for her and explained to them that she only arrived recently aggravated her pain. Her desire to “get along” was not met:

A39/D1: *Nee, een ou het selfs gesê “Thank you for this incident, because now we know there is a social worker”. Natuurlik is ek in ’n toestand daar weg.*

A40/D1: *Pyn, ek het baie seer gehad. Baie hartseer en ongelukkig, ... ook teleurstelling, teleurstelling dat daar niemand is om vir jou op te staan nie, jou by te staan nie, daar was absoluut geen persoon wat bereid was om op te staan en my by te staan in daai opsig nie.*

A41/D1: *Absoluut totaal geïsoleerd!*

Anderson (1998:77) prefers the image of a canoe on a lake as metaphor to explain the nuance within a marriage. I would also like to apply his metaphor to soldiers on deployment. Picture the soldiers sitting in a canoe while they are paddling on a lake. Although all the occupants may be paddling conscientiously, they are not exactly equal in their position to yield power, because the individual sitting in the stern, just by virtue of being in the position to use the rudder has direct power over the direction of the boat. Although he can direct the boat’s direction, the person sitting in the bow can stop paddling or suddenly shift weight and the others must somehow adapt, willingly or not, if the boat was to be kept upright. This metaphor of the canoe captures the notion that behaviour is a relational dynamic. Something its members constantly negotiate either with small subtle shifts, or sometimes through big

dramatic moves in order to keep the balance. The problem occurs when only one person is responsible for stabilising the boat without co-operation from the rest of the “crew”. Then it would become an impossible task. All the people in the boat are responsible for its safe passage, although the individual positions may differ, depending on their position and the influence they can bear.

Hiltner (1972:195) made a comment in 1972 which is still applicable: “A theology of life guidance mainly concerned with teaching people to obey rules, rather than to become responsible, is faulty. It is also ineffective, for it invites non-conformity as soon as the protective conditions fostering conformity have changed”.

This statement is also applicable to the military, although the military is notorious for its ability to enforce discipline; it is definitely more effective when the soldiers buy into the “rules” and “regulations”. When soldiers understand the principles of why discipline is so important, they are more likely to stick to the basic principles than if these were merely externally forced upon them. When our environment and external locus of control change dramatically, the truth of Hiltner’s comment is often noticeable. It is applicable to all walks of life and definitely not exclusive to the military.

7.8 Accepting Responsibility: “When we were young, and you were upset, your mother gave you the bottle!”

It is a significant moment when humans accept that we are constantly changing beings. These changes may be due to different inputs from external information and internal thoughts as well as the inputs from the surroundings we may find ourselves in. Add to this our nature as social creatures to almost constantly interact with other human beings and to look for specific inputs and responses from them in the process.

Whenever this expected behaviour from either other humans or from our environment is not forthcoming, it demands a change in our approach and expectations. The moment our expectations are not met, it immediately puts us under pressure and creates nervous tension in the process. This can be a normal part of being human, but the moment it moves out of the person’s ability to cope with the inputs and constant change, it may lead towards a totally new set of problems.

Therefore, it is vital to understand that we construct our own ideas of reality or what we expect reality to be. If we expect people not to drink excessively or maybe to be teetotalers and they then do drink even a little, it clashes with our expectations of their drinking habits. On the other hand, if you expect a group of men to really go wild and they “only” drink two beers without any hard liquor at a feast, one might be pleasantly surprised by their restrained and “good” behaviour.

Similarly, if we have strongly ingrained principles regarding sexual conduct, for instance that sex should be restricted to within a marriage relationship or at least to within a permanent partnership and within a heterosexual

relationship, the moment that even the perception exist that informal, or “lose”; sexual behaviour is present and generally accepted by the group, it immediately creates numerous feelings.

These feelings may range from anger to shock, from fear to revulsion and even to feelings of being isolated and feelings of alienation. Consequently it is understandable why the perceived sexual “immorality” and alcohol abuse accusations made by the Co-researchers and by other members of the contingent during their own deployment phase immediately resulted in feelings of unease, of being uncomfortable with the alleged sexual behaviour.

The volume intensity of the feedback as well as Co-researcher D’s one unfortunate incident with alcohol misuse resulted in her stress levels being pushed out of the normal paradigm. This added to my opinion that the current use/misuse of alcohol in the deployed South African contingent, is directly and definitely indirectly, responsible for numerous problems management is struggling with. Problems due to alcohol misuse may vary from shooting incidences, sexual misconduct to “dronkverdriet” or alcoholic remorse.

After asking a question regarding the impact of alcohol or the possible prohibition thereof, Co-researcher D commented (AO27/D1) that part of the reason for the culture of alcohol use and misuse is the lack of adequate Leisure Time Equipment (LTU). Drinking becomes a diversion, a pastime to basically kill time. She added that it would most probably be impossible to prohibit the use of alcohol if the local communities have access to any alcoholic beverages, because a black market would immediately be created with obvious additional security risks involved.

Co-researcher D made the following observation and refers to a Contingent Commander’s comment to prove the extent of the problem:

“Maar alkohol misbruik was baie, BAIE groot! (AA21/D1). Hulle sal dit in die hande kry. Maar ek weet nie wat mens regtig daaraan kan doen nie. Nou moet ek sommer die Contingent Commander se opmerking die een dag gee, nadat hy ’n Moerse tantrum gegooi het, toe sê hy:

‘When we were young and you were upset, your mother gave you the bottle. How can you expect a forty-seven year old man to stop drinking now! In South Africa we are killing each other, in South Africa we are shooting each other, in South Africa we are making accidents, why do you want it to be different in Burundi?’ (AA22/D1).”

This comment, as brutal as it may be, is closely linked with the system theory of recurring patterns. Whether alcohol abuse can really be blamed on mothers who gave their babies a bottle, is probably an argument that can be debated in a bar after a few drinks. Although there are some obvious holes in the Contingent Commander’s argument, he is trying to say that it is unrealistic to expect different behaviour from people during deployment than could be expected of them in South Africa. He also states that those soldiers are simply reflecting the same social patterns and behaviour which are present in the rest of the community in South Africa. The sad part is that he seems convinced that it cannot be different in Burundi amongst the deployed soldiers.

The more permanent camps in the Deployment area represent a micro cosmos of the broader society in South Africa as represented by its deployed members. Thus it can almost be assumed that a camp full of South African

citizens in a foreign country may well represent a micro cosmos of the broader community of their homeland on certain levels.

The Contingent Commander (AA22/D1) is apparently not somebody who has great faith in people's ability to change their dominant stories to new and better ones. If a unique outcome is not even an option, and one believes that a person's behaviour was predetermined by "fate", it is almost impossible and extremely difficult to open up space to create a possibility of any alternative outcomes. His statement made in (AA22/D1) is saying more about his own loss of hope and lack of faith in both South Africa and in the quality of soldiers than about the actual reason why a forty seven year old man cannot stop drinking.

This comment stresses the importance to find fresh alternative outcomes. The role that professional caregivers play within this process cannot be overstressed. But whenever the caregivers themselves are unable to find alternative outcomes to enable them to cope with their own circumstances, they are also running the risk of not performing at their maximum capacity. The Co-researchers' interviews gave ample proof of how they were able to continue to provide a professional service notwithstanding their own issues. Management's focus on results and service delivery has blinded them into the illusion that because most caregivers can still function and provide a service, according to management it implies that all is well. They are either unable or unwilling to consider the long term impact that the lack of support is causing caregivers.

7.9 The Moses Complaint and Over-Functioning

Numbers 11:10-11 (NIV 1999) states:

"Moses heard the people of every family wailing, each at the entrance to his tent... he asked the Lord: "Why have you brought this trouble on your servant? What have I done to displease you that you put the burden of all these people on me? Did I conceive all these people? Did I give them birth? Why do you tell me to carry them in my arms as a nurse carries an infant?"

Friedman (1985:211) pointed out that one of the universal complaints from clergy of all faiths is the feeling of being stuck with all the responsibility. The focus on trying to get the "other" to take responsibility has a recognisable ring to it. It can be picked up in over-functioning parents or spouses and the results in a congregational (military chaplain) are comparable. On the one hand the caregiver tries to work harder and more "effective" in order to cope with the workload. On the other hand, he or she may try and force people to accept responsibility for their own wellbeing. Friedman (1985:211) therefore correctly stated: "It is never possible to make others responsible by trying to make them responsible, because the very act of trying to make others responsible is pre-empting their responsibility."

What may occur within an over-functioning situation is that the rest of the system may be under-functioning as an adaptive reaction. In other words, it has become a homeostatic correction to an extreme position. No one really cares for the "responsible one's" wellbeing. For example, their birthdays will

not be remembered. On the other hand, if he or she made a mistake, it is not likely to be easily forgiven. This led towards the well-known comment that whenever you want something done, give it to the person who is already very busy.

I am not making the assumption based on Friedman's reasoning that all caregivers are over-functioning and thus the creators of their own pain! I am only pointing out that the responsibility question might be more problematic than meets the eye at the first glance. Thus caregivers run a real risk of either falling into the trap of over functioning, or getting accused of being lazy if their efforts to encourage people to accept responsibility for their own well-being are not successful.

Friedman's (1985:212) comment points out that one of the most subtle, yet most fundamental effects of over functioning is spiritual. Over functioning destroys the spiritual quality of the over functioner. This trend was evident amongst Christian and Jewish ministers and rabbis. When spiritual leaders are in an over functioning position, their own spiritual quality is threatened in the process of simply being too busy to really pray and read the Scriptures for the sake of reading and enjoying them.

Although the SAAF chaplains' motto of "Taking Care of Our People" is still in general terms the main aim of most caregivers, it would be wise to consider the whole question of responsibility, and to what extent you are your brother's keeper. On the other side of the coin, caregivers themselves also need to be included within the group that must be taken care of. One of the aspects that must be "taken care of" is how to cope with anxiety. This process of taking care of our people and coping must be a mutually beneficial and joint operation between all parties involved. It cannot be a responsibility stuffed into a person's hands similar to the traveller on the bridge without any cooperation from the other parties involved.

Such a situation is sure to create not only extreme tension for the person hanging on the rope whose life is at stake, but it is almost as traumatic for the person hanging on to the rope trying to prevent the person hanging on the rope from dying. Such a situation will create anxiety for all evolved and unless a different approach is followed in order to solve the problem; it will probably end in misery, despair and anxiety for all parties involved.

7.10 An Electric Circuit and Anxiety

Friedman (1985:208-209) uses a metaphor of an electric circuit to explain anxiety. He sees the members of the clergy as the transformers in an electric circuit. Transformers are essential for high voltage power transmissions. By appropriate selection of the ratio of turns, a transformer allows an alternating current (AC) voltage to be "stepped up", in other words to be increased, or "stepped down" to decrease the voltage.

If the tension and stress levels experienced by people can be seen as the voltage flow in an electric circuit, then the caregivers' role is to assist in the process of getting the voltage at the most effective level, by either increasing or decreasing the levels.

When anxiety in the “congregation” or the working community saturates our being, it becomes potentiated and feeds back into the congregational family at a higher voltage. This metaphor is just as applicable towards the deployment situation. Caregivers can be seen as the transformers in the electric circuit. The moment that the transformer is not working effectively, the rest of the system is also in jeopardy. As with transformers, the current practice is to replace faulty units, not to repair them. The moment caregivers get caught in the loop of increased voltage in the situation, the anxiety levels of all parties involved will also increase. Therefore, it is necessary for caregivers to understand that, to the extent that they can recognise and contain their own anxiety, they can function as step-down transformers, or circuit breakers.

In that situation, the caregivers’ presence instead of escalating the emotional tension in the particular situation, actually serves to diminish the effect of the tension. Friedman’s metaphor is not only applicable to clergy, but is just as applicable to caregivers. Anxiety is often triggered by an event, discussion, or thoughts.

Friedman (1985:208-209) stresses that anxiety is always content-oriented, and its major antidote is playfulness, especially to those people for whom we feel very responsible. This is obvious in parent-child relationships and even more crucial when the responsibility is for another’s salvation, or the survival of an entire group! Friedman (1985:208-209) stresses that clergy’s tendency to be over-serious, adds towards the increase in tension levels. To lighten up and be less serious may be effective antidotes, but is not so easy to implement in practice. This tendency to be over serious may also explain why people in a position that expects above-average levels of responsibility from them, for instance senior management and caregivers in general responsible for the spiritual, social or emotional well-being, may experience higher stress levels.

Anxieties have the ability to overload an electric circuit if the tension is either gradually increased to unbearable levels or sudden severe increases in tension are experienced. When severe overloading is suddenly experienced, a circuit breaker will trip, or the whole system may even “black out”! If the circuit breaker is not able to trip, the system will overload and self-destruct. Humans often follow the same patterns - if we cannot cope with the increased load, we either trip or self-destruct. The question is not whether we as people in general - and caregivers in particular - experience stress, but rather how we cope with it.

Interestingly, Friedman (1985:208-209) feels that the capacity of the clergy to be paradoxical, challenging, earthly, even sometimes crazy by acting in an unconventional unexpected manner, can do more to loosen the knots in a relationship system than the most well-meaning serious efforts can accomplish. This is by no means reverse psychology, but simply that the mere act of playfulness emancipates people by forcing them out of their own “serious games”.

This may be why “grown-ups” within the deployment area tend to use alcohol to enable them to cheer up and act “crazy”. Unfortunately, as effective as laughter and gaiety might be, the morning after the big “drink”, all the previous issues will not only remain in place, but will in fact return with a vengeance with the distinct possibility that new ones may be added to complicate matters even more.

Co-researcher D experienced this unfortunate situation first-hand after her evening of celebrating led towards charges for “conduct unbecoming of an officer” as well as charges for non-attendance of role call. An evening of supposed fun very quickly robbed her of her “fun” as was originally intended by her friends. The eventual results were quite different from those originally planned for the evening of celebrations. The spin off added severe strain to an already intolerable situation. Therefore, instead of the intended evening of “fun”, it resulted in an extreme added burden of stress and anxiety. Thus alcohol induced “joy” is definitely not the answer and may contribute towards aggravating an often already stressful situation. Unfortunately, the use of alcohol is imbedded within current military practices.

Friedman points out (1985:208-209) that the exact opposite of playful thinking and action, which would probably aggravate the situation, is diagnostic thinking. Diagnostic thinking tends to increase polarisation, directing all thoughts on the personality of someone with whom one had a close relationship, tends to hinder objectivity and make the system paranoid. Therefore, to be to clinical and objective and to act without understanding how specific decisions will impact on people, can be just as destructive.

The problem for caregivers on deployment is that they have few alternative options within their social circle. The same people you socialise, work and live with, are the same ones who influence decisions and one’s objectivity. Diagnostic thinking intensifies anxiety and the more serious one is, the higher the voltage feedback in the system becomes. The question that remains is “is the caregiver able to maintain subjective integrity and to distance him/herself emotionally from the electric circuit. On the short-term it is relatively easy to maintain that distance, but to do so after months of deployment is not so simple and straightforward.

Boyd (Willows & Swinton, 2000:82) mentions the fact that a measure of detachment is not more necessary than when the individual is himself or herself suffering and are also experiencing emotional pain. How effective we are in remaining non-anxious, can be measured by the extent of playfulness presented by the individual, or over-diagnosis of our own behaviour. Friedman states (1985:210) that as long as we are able to steer clear of content issues, especially the content of charges focussed against you, there is a considerable possibility that you are doing well. However, the moment you find yourself in diagnostic thinking patterns, is an indication that you are not coping successfully.

As anxiety is often triggered by a specific event, it may range from a neighbour who died, to swine flu, being shot at, intense false accusations by an individual, or being ostracised from the group. Whatever the specific occurrence or the compilation of successive incidences may be, it eventually all adds up to a hostile or at least a perceived hostile environment. It may even be a small incident that triggers the process. One of the results of extreme stress is the affected individual’s loss of his or her ability to rationalise and objectively consider their own feeling as well as the behaviour and or reasoning of the other parties involved.

If the stress and anxiety levels increase to such an extent that the person can no longer cope with it, humans can follow similar behaviour as within an electric circuit when overloading lets the system “trip”. How humans “trip” and

to either prevent it in totality or to cope with it effectively, is of vital concern to all caregivers.

7.11 Hostile Environments

Friedman states (1985:210) that hostile environments never victimise automatically; the response of the clergy to their environment is most of the time the main factor which determines how harmful a personal attack would be. This statement by Friedman is not only applicable to clergy, but equally applicable to all people, especially to caregivers. A personal attack is not referring to a physical attack, often associated with military action, but refers to a personal, emotional, a more psychological attack.

This statement implies that the environment is not directly responsible for the end results. How the specific individual responds to the situation is the determining factor of the eventual outcome. In other words, it is the individual's lack of response or improper stimuli which is responsible for the harmful impact that the incident will eventually leave in its wake - not necessarily the incident itself. Thus, it is vital to understand how the lowering of our own anxiety levels and our own response and thought patterns, will influence our anxiety levels and is important in the process of coping. Likewise, by understanding the possibility that one might over-react either to the one extreme of prematurely capitulating, victim-like or on the other hand over-reacting to the other side into "auto-immune", may assist in minimising the impact of the self-destructive response and help to manage the individual's anxiety levels.

Friedman(1985:210) points out an important difference between family systems and work systems. Families tend to reduce anxiety by dealing only with process and totally avoiding content issues; even if it makes other members very upset in the short term, it will generally lead to deep-seated change. In a work system, one can lose one's job before the necessary changes take place. Therefore, in a work system, it is often essential to touch upon content to some extent so as not to lose one's job. In other words, the manner in which families are structured ensures a longer-term relationship between them by focusing on the process and not the content.

The better the process to handle anxiety, the better the long-term coping ability of the system seems to be.

Due to the working relationship, internal differences and short-term approach, people tend to focus on the specific content which caused the anxiety in the first place. My opinion is that within the military system as experienced within a deployed mission area, they do not have the inclination to address specific content issues that cause unhappiness. The only time active steps to deal with unhappiness amongst members will be openly addressed, is when either the specific incidents or events may result in an international crisis, or a potential security risk, which may be a distinct possibility due to the unpleasant incident.

A ministerial inquest and huge media exposure can also motivate leadership to address the problem. The experiences of the Co-researcher involved in this study falls within this scenario. The vehicle accident where a local

member was injured by a deployed soldier while driving a military vehicle, the murder of a young girl by a soldier after alleged sexual interaction, and an internal shooting incident that led to the loss of life and severe trauma to colleagues. It seems as if the severity of the problem will force management to address the issue, even if done a bit reluctantly.

7.12 Questions Regarding Peace-keeping

Before moving forward to any conclusions, it is important to ask a few questions relating to the definition of the scope and nature of peace-building as reflected in the White Paper of defence:

“Peace-building may occur at any stage in the conflict cycle, but it is critical in the aftermath of the conflict. Peace-building includes activities such as the identification and support of measures and structures which will promote peace and build trust, and the facilitation of interaction amongst former enemies in order to prevent a relapse into conflict.”

Williams (Cilliers & Mills, 1999:169) correctly spelled out that these parameters are broad enough to include developmental, preventative, diplomatic, peacemaking and general reconstruction activities into its orbit. What is not clear is the following to which I have added some questions:

1. What is the real aim of the peacebuilding?
2. What are the means utilised in the peace-building endeavours?
3. What are the timeframes involved?
4. Who are the actors involved?
5. What are the sub-processes involved?
6. How are the peace-building initiatives co-ordinated and organised?
7. What is the exact role a soldier is expected to play in the process?
8. What resources will be made available
9. What is the exit mechanism? It is “relatively” easy to enter a country with a peace-keeping/peace-building contingent, but to conclude the operation and leave the country without the situation deteriorating is a different ballgame.

These are some of the questions that should not only be answered by those planning the missions, but the answers must definitely be shared with senior personnel if not with all the deployed soldiers. The principle of “on a need to know basis” is unfortunately often misused to hide ineffective communication, or simply a lack of real caring about members’ welfare and own concerns and questions. Rosebush (1998:562) stated that the de-briefing intervention model has many critics who have singled out the lack of evaluative data and the absence of scientific control studies on the subject. The danger of creating even further psychological damage and the potential of having the intervention lead to secondary trauma, have also been suggested.

7.13 Feedback - Loop - Feedback

The remaining two co-researchers expressed strong feelings of sympathy with Co-researcher D after they had read her story. They expressed their anguish over the way she was treated and felt that she was wrongly accused in the first place and that “management” and the “system” should have done more, not only to protect her from such accusations, but also to ensure that the false perceptions and accusations were corrected. They also expressed their fear of how quickly such false accusations can “destroy” one’s world. They referred to double standards and that they are now convinced that caregivers are not supported at all, and that it is just too easy to blame them for problems often caused by management.

The caregiver needs a personal “deployment plan” in order to determine his or her specific focus areas, logistical, social, moral and spiritual support and very importantly, expectations which include the expectations of the Officer Commanding, the deployed members, colleagues as well as their own expectations.

7.14 The Development of Rules

Smith’s (1997:143) observations of children in playgrounds reveal how two very important activities are developed – socialising and the learning of rules. Cullingford (2007:68) states that schools are microcosms of society and central to the development of relationships, understanding of authority and learning what is acceptable and unacceptable behaviour. Similarly, soldiers deployed represent microcosms of society.

All the behavioural tendencies present in the rest of society will also be present within the military. Cullingford (2007:69) made an interesting comment regarding gender by stating that girls in particular spend more time working on their relationships in terms of both friendships and enemies.

Burnham (1986:10) describes that during the developmental phase of a relationship, the participants negotiate, explicitly and implicitly, a style or definition of that relationship. They then interact as if certain rules are governing the way in which they relate to each another. These rules apply to everyday matters such as who makes the coffee, to complex aspects such as how affection is demonstrated in social situations.

According to Burnham (1986:10-11), these rules will depend on many different aspects including the following:

1. The reasons why people live together, for example love, ethnic custom or out of habit, expediency, necessity, monetary motives or even military deployment in a foreign country.
2. The belief systems of the participants influencing these rules. No human relationship will start off with a “blank sheet”. Each of the participants will bring their own values, standards, and especially expectations of how life should be lived, of how the ‘rules’ of life as they perceive them should be applied, and how people should behave towards each other. Reiss (1981:10-21) shows in a study how partners adopt various aspects of one another’s functioning and beliefs. In inter-ethnic marriages, the effect of contrasting belief systems can be seen most strikingly. During deployment, members are acutely aware

- of the different belief and value systems and the same set of culturally acceptable rules does not always apply.
3. The environmental circumstances within which the people in the relationship exist, such as material and financial constraints, for example the size of the accommodation, the availability of work and recreation, the availability of friends, family, companions or possible spouses.
 4. Public opinion and attitudes displayed in cultural traditions and morals, which influence our choices in a number of factors, referring to issues such as whether to get married or cohabit, to have children or not and if, how many. According to McGoldrick (1982:3) “ethnicity is a major determinant of family patterns and belief systems”. As Burnham (1986:11) points out, “a couple may be affected by taboos about a black person living with a white person, or a working-class boy marrying a middle-class girl”.
 5. Ideas, which are often experienced as cultural truths and never questioned. A frequent reaction is to criticise the belief systems that differ from one’s own without even questioning one’s own beliefs and values. The reason for not questioning them is that it is so obvious to one that these beliefs are “right” and therefore, not to be questioned.

Some of these “rules” may be debated and deliberately and openly determined. Other “rules” and precedents of co-existence are implicit and therefore, taken for granted. These unquestioned “rules” or “facts” are very closely linked with discourses, especially in the sense that they are often not questioned at all.

In traditionally ethnic groups, the existing rules are not challenged or queried and are normally accepted by all members of the group. Very little or no room for any negotiations may be available in these traditional, structured groups. It may produce stability and continuity, but also frustrate certain individuals with its rigid approach.

This is the reason why in rural areas, social change is often slower than in an urban environment where traditional, ethnic groups are unable to minimize the impact of new ideas and thoughts and eventual behaviour. In contrast, in societies where old structures, rituals and principles are breaking down, people are free to be innovative in how they organise their relationships.

The following reference made by Co-researcher D refers to rules that were not adhered to, whatever the reason may have been. After confirming a comment made that the soldier who was involved in the shooting incident should not have been deployed in the first instance, the Co-researcher responded as follows:

A14: Hy moes nie! Hy moes nie ontplooi het nie! Hy is 'n vorige keer uit Burundi ge-RTU (Return to Unit) omdat hy betrokke was by 'n skietery!

She confirmed that according to her professional opinion, the specific soldier responsible for the shooting incident should not have been deployed at all. She added that this individual, due to his unstable behaviour, was returned to his home unit during a previous deployment. He was apparently involved in a separate shooting incident during his previous deployment spell. This

research did not try to determine the reasons why a soldier with a history of violent behaviour was returned to the operational theatre after a previous shooting incident, neither am I in a position to comment on the motive behind the story. However, I have no option but to deeply regret the decision that was made to redeploy that specific individual.

The seriousness and impact on peoples' lives when wrong decisions are made, especially when working with soldiers carrying automatic weapons and live ammunition, cannot be stressed enough. These decisions can make the difference between life and death. This research is also dreadfully aware of how easily blame can be placed on a scapegoat. Co-researcher D was an easy target to blame for the incident after a single conversation the day before the shooting. She was not informed of the soldier's full background. It, nevertheless, remains very scary that someone with such a history in the military could be redeployed without very good reason and psychological scrutiny. This sad incident was primarily responsible, not only for the loss of life and physical injury, but Co-researcher D will also carry emotional scars for the rest of her life due to the same incident.

The term "burnout" is often used to explain the state of exhaustion a well-intentional individual can find him or herself in when they lose their drive, energy and ability to function effectively. Friedman (1985:216) points out that burnout is more likely to occur to people whose job involves an enormous amount of nurturing. Burnout is thus quite likely to occur amongst those in taking care of others. Friedman (1985:216) states that the worst possible combination of work conditions occurs when the person has very little control over the situation, but an extremely high-performance level is still expected. This definition is absolutely applicable to caregivers and even more so during deployment.

It is important to re-think the "rules" of previously acceptable management perspectives. The general viewpoints and stance regarding burnout and coping may need a different approach.

7.15 A "New" Theory of Management

Employee Relations Ethics are always a good principle to invite new thinking about old ways of doing things. Often, by just thinking about a new option, is difficult, and learning new ways of doing things is an uncomfortable process. People prefer stability, predictability and most people prefer security to "strange" and new ways of doing things.

Sikula (2001:4) explained that, historically speaking, organizations have been defined as a group of people working together towards a common goal. This common goal has changed over the years from survival to profit with change as the pendulum swinging between two extreme positions. Sikula (2001:4) feels that the over-emphasis on profit and the customer-centeredness must swing back towards employee emphasis. Emphasizing employee centeredness may seem to be a new way of thinking, but it is really part of an old idea of an organisation with a group of people working together.

7.15.1 Employee Relation Ethics (ERE)

Andrew Sikula (2001:4) explains Employee Relation Ethics (ERE) in terms of five belief systems:

1. All Work and labour involve and deserve human respect and dignity.
2. Human resources are the most important and valuable organisational assets.
3. People initiate and control organisations, not vice versa.
4. Employees should be empowered and treated as entrepreneurs, and should not be overly supervised and evaluated.
5. Individual wellness and personal wholeness demand integrating personal, private and professional or public lives.

7.15.1.1 Human Respect and Dignity

Sikula uses a metaphor to illustrate that, in the same way that sabotage and the lack of maintenance can destroy machinery and buildings, abuse and neglect can destroy a person. Beer (1997:49-56) states that one of the principles of human dignity and worth is that all human beings have both extrinsic and intrinsic value and should be treated with respect and courtesy. Sikula (2001:4) added that all individuals have qualities which make that person special and important in his or her own valuable and useful way. The character of human beings is seen as noble and honourable and *that* excellence is inherently part of being human, although it is quite obvious that in some people, these qualities are latent to the extent of being invisible or simply underdeveloped. All people should be treated courteously with dignity, care and respect. Respect in this context refers to that from others rather than self-esteem.

Although the military is obviously not an organization focused on making profit, the underlying principles regarding budget control and sound financial management still remain relevant due to the government's and treasury's (correctly so) focus on managing the country's limited resources correctly. It was a political decision to dramatically reduce the Defence Force budget. The unfortunate result of the drastic budget cuts has become a constant focus, not only on how to try to make ends meet within the budgetary constraints, but an almost overwhelming focus on monetary policy above all else, which led to the neglect of the human component. The budget was even more important than transformation as far as I am concerned.

This led to an organization which is as focused, if not more so, on monetary concerns, than any other company is for business purposes. In the process the military's most valuable asset, the employees who are supposed to work towards a specific goal, were alienated. The goal changed from protecting the sovereignty of our country and our people to saving money at all cost. In this process, they managed to alienate a huge portion of the employees. The Defence Force is currently not predominantly a calling and a passion, but a job with poor pay for junior ranks.

Markovitz (1999:34) commented that the days of management by fear and intimidation are fast fading, and those managers/leaders, who cannot or will not adapt to this new reality, run the risk of becoming obsolete. Even soldiers must be aware of the fact that different rules apply today than at any other previous time in history. It is the top management who sets the tone; they determine whether an organization views its employees as treasured assets forming part of a bigger family or whether they are disposable liabilities. It is important that even under the most hostile and difficult conditions, organisations should still treat their people with respect and dignity. If you expect of them to be willing to die in the execution of their duties, it is of even greater importance to treat them with dignity and reverence.

To treat people with courtesy and respect is as applicable to strangers in a foreign land as it is vital to treat your own colleagues in arms in the very same fashion. It may be possible that a lack of simple, straight-forward, good manners might be close to the root of the problem.

Good manners linked with courtesy and respect will go a long way in improving the general well-being, not only of caregivers and soldiers, but of society as a whole. Schneder (1997:2) felt that in the long run, real interest in human beings can pay far greater dividends than can be gained from the interest on capital. He added that human dignity is far more important than high technology in order to determine productivity.

This is just as applicable to the relationships with the local inhabitants of the country where “peace” is not only being managed, but also nurtured. If the local population is negatively inclined against the deployed soldiers, it proportionately increases the level of difficulty of the mission as a whole.

To work with the local population, co-operation is very important; the rude behaviour towards civilians by a small number of soldiers can jeopardise an entire mission. Although the concepts of human dignity are old, they were predominantly used in South Africa within the recent past with a racial undertone. It is becoming more and more important to be reminded of the importance which these concepts really represent - even if civility training is needed to rekindle concepts such as courtesy and how to treat people with respect. All work and labour involve and deserve human respect and dignity.

In writing this study under the umbrella of Practical Theology, it cannot be emphasised enough that the summary of the Ten Commandments implies exactly this kind of positive behaviour. To love thy neighbour like thyself implies without question that people should be treated with human dignity, courtesy and respect. Underlying religious and moral motivators play a huge role in motivating Christians to become involved in peace-keeping operations and to motivate them to walk the extra mile. Bearing discomfort with dignity while they experience feelings of satisfaction, even pride, convinced them that they are making the world a better place. This brings us to the second belief system under the Employee Relation Ethics.

7.15.1.2 Human Beings are the Most Important and Valuable Organisational Asset

The second principle in Employee Relation Ethics is that people are the most valuable organisational asset. Sikula (2001:5) stated that manpower, not money, is the main asset of all institutions. Humanity and not hardware is every endeavour's highest investment and it is people, not property which is every organisation's most important prerequisite. For a long period of time gold, property, cash and physical assets were deemed to be more important than people - in the past it was relatively easy to replace workers (slaves). Most people today (at least in theory) will admit to the importance of human resources and capital, although their track record may not share their apparent willingness to comply with basic human dignity.

The better people are educated and the longer the periods of time spent on training them, the more difficult it becomes to replace them. There exists a direct relation between how easy or difficult it may be to replace people and the initial time spent on training them.

The higher the intrinsic value of the particular individual, the more effort will be put in retaining the individual to the company or organisation. In other words, the easier it is to replace a person, the lower the scarcity value. To replace a security guard at the gate checking gate passes and identification is definitely cheaper than replacing a fighter pilot, medical doctor or trained caregiver.

Sikula (2001:6) feels that another way to envision the importance of people is to take a look at an organisation in terms of purpose, process and product. People determine the effectiveness and value of all three. He continues by pointing out that individuals have both intrinsic and extrinsic worth. When human potential is enacted, intrinsic value becomes extrinsic worth. Fenn (1996:97) summarises this by stating that manpower is still the critical factor and not the means or methods. Sikula (2001:6) wrote that "humans have extrinsic worth because their physical and mental labours can produce products and services that bring about social good." In short, the value of an individual human life is inestimable, the combined worth of human undertaking has immeasurable potential and opportunities.

A question that is being asked more frequently, and not only by philosophers, academics or users of alcoholic beverages, is: "Where did we go wrong?" Is the end really more important than the means? Since the late 1970s until recently, there was a big push for "Management by Objectives" (MBO) or "Management by Result" (MBR). The basic principle of MBO is to focus on a specific objective or result which is pre-identified as the goal.

The goal is all important and one should not worry about procedures, mechanics, or the ethics needed in order to achieve the objective. The emphasis is on the objective and not on the "means" or methodology. The result was that ethics and morality were often ignored. Andrew Sikula (2001:15) stresses that however important the end result may be, it is equally important how that result was accomplished - at what cost to the individual and the environment? Currently, the new focus in most organisations is "Total Quality Management" (TQM).

According to Sikula (2001:15-16) success and happiness are found on the road to achievement rather than at the terminal of destination. How you play the game is as important as whether you win or lose. Good men and women do not necessarily finish last (or first). There often is a very thin margin between victory and defeat (end).

7.15.1.3 People Initiate and Control Organisations, Not Vice Versa

The third principle in Employee Relation Ethics is very important; if the organisation is too rigidly structured it becomes almost impossible to adapt and change the very existence of that organisation. Finney (1997:70) stated that institutions were created to serve individuals, and not the other way around. Galpin & Murray (1997:99) added that the employees working in the organisation ought to change and adapt the organisation much more than an organisation is supposed to change and adapt the people. The idea is not that every individual can change and do exactly as they see fit, but that people form and shape and adapt the organisation to fulfil their personal needs.

The theory of scientific management as conjured by Frederick Taylor (1947) and Max Weber's (1964) theory of bureaucracy, laid down the foundation for organisational control. Taylor's focus on management's control and achieving more output with fewer employees, ever since, continues to influence the discourse on organisational control. Sikula (2001:6) is correct when pointing out that although the current controls of today's corporations are infinitely more subtle and more refined than the original ones, defined by human relationists in the 1920s, it reaches the very core of each employee's sense of identity and self-esteem (selfhood), defining the individual's very being.

Current management trends include Management by Objective, Total Quality Control, Restructuring, Re-engineering, Downsizing, Outsourcing, Just-in-time, Surveillance Technology and New Employment Contracts. All of these have been interpreted as ways and means to increase organisational control over workers (Gabriel, 1999; Maguire, 1999). Deci, Connell & Ryan (1999:580-590) summarised organisational control as being noticeable by the lack of initiative, an absence of opportunities to provide meaningful input, a lack of options and choice for the employee to make his or her own decisions, an obligation to perform work that is not really meaningful and adds no real value to either the organisation or the individual, but the task must be done simply because it is expected by the organisation.

These types of control mechanisms deny individual personal growth and autonomy, it deprives the organisation of an opportunity to share its own goals with the individual's goals; ultimately, it undermines the person's self-worth. Pruzan (1998:1379) sees self-worth as dependent on the use of virtue, which grows from valuing one's judgments about doing what is right and good.

Pruzan feels that it is irresponsible to attempt to plan and control what cannot be controlled without destroying vital qualities within the employee who seeks personal growth and development, responsibility, to motivate an individual to use his or her talents and creativity, thus leading towards a sense of identity and pride.

I have always made the comment that the Air Force is one of the few, if not only Government Department that people really feel proud to be part of. Unfortunately, that sense of belonging and feeling proud of being part of the organisation is not a given any more! As explained previously, the budget constraints linked with an over-eagerness to reach transformational goals at all costs, and a lack of political will, all contributed towards the current situation. Add to that the lack of self-control by employees, leads towards learned helplessness, the direct result being that people do not even bother to seek solutions because they already “know” that no solution exists. This will also explain the frustration outsiders will experience due to a seemingly unwillingness to “do something” about the problems and concerns.

Sikula (2001:8) adds that feeling helpless not only prevents people from solving the problems, but that the feeling of helplessness affects the ability to reason, to think logically. It is almost as if some of the employees become “mindless.” Lee (1998:9-10) wrote that without people having the ability to exercise judgement and to make their own decisions, they feel as if they have lost control over their work.

This led to a downward spiral of even poorer judgement and decision making abilities, an even greater sense of helplessness and even more mindlessness. It may explain to a great extent some of the frustrations that civilians experience with some government departments. If the senior leadership is unable to attract bright, responsible, independent, creative people and manage to retain, at least a portion of them as motivated loyal employees who are able to control the organisation, the organisation is at risk.

Huselid (1997:171-188) agreed with Sikula’s (2001:9) concern with the exorbitant amount of time companies spend on assessing employees, to the extent that time left to actually do the work is dramatically limited by quarterly, monthly, weekly reports and evaluations of people checking on other people and maybe more people to check on those who were supposed to do the checking in the first place. Such continuous assessments hamper and often handicaps productivity.

Huselid (1997:187-188) commented that the best strategy is to hire the best people and then to get out of their way. Supervisors should be resource finders and facilitators rather than assessors, evaluators and critics. Unfortunately, work ethics are currently under pressure in the post-modern world, and the Defence Force is not exempt from peer pressure. On the contrary, the current trend in the Defence Force is not in a direction of less control and more personal responsibility; it is moving towards more control and more paperwork and assessments to try to determine what work was supposed to be done during the time the evaluations took place.

7.15.1.4 Employees Should be Empowered and Treated as Entrepreneurs, and Should Not Be Overly Supervised and Evaluated

Johnson (1999:20-22) describes the shift from old assumptions where the emphasis was to do things for and to employees to get them to be productive, to a better serve to customers and thus to ensure profit (success). Therefore, the new and fourth aspect falling under Employee Relation Ethics, is the shift towards empowerment of employees and to move away from over-regulation.

The belief is that to really empower people, they will voluntarily work towards achieving the organisational goals. Unfortunately, this enthusiasm for the cause and for the employee feeling part of a family, rapidly, changed within recent years in the Defence Force due to the urgency with which management pursued different goals.

Quinn and Spreitzer (1997:2) identified four empowering qualities that employees seem to share:

1. Empowered people share a sense of self-determination. They feel free to choose how to do their work. They are not micro managed.
2. Empowered people share a sense of meaning and accomplishment. Their work is important to them and they care about what they are doing.
3. Empowered people share confidence in their ability to do their work properly. They know they can do the work and are willing, even eager to do it.
4. Empowered people share a sense of making a difference. They believe that their work has influence, and that others are willing to listen to them.

Thus, empowerment is not something management does to employees, but it is a specific mindset that employees have about their role in the organisation.

Quinn and Spreitzer (1997:37-40) stated that the responsibility to be empowered is not only vested in management, but also in a willingness to be empowered by employees. Employees must see themselves as having freedom of choice, use their own discretion and they must feel personally connected to the organisation and confident about their ability to make an impact in the system that they form part of.

Caregivers are professional people and should be empowered to reach a point where their true potential can be unleashed to the benefit of all. Sikula (2001:9) refers to the huge amount of time, effort and money that is spent on assessing employees, so much so that it affects the time left to actually do the work. From personal experience, I state that the SADF spends enormous amounts of energy in evaluating employees and micro management without the desired result! The whole roll-call incident with Co-researcher D proves how counterproductive over-management can be.

7.15.1.5 The Last Principle in Employee Relation Ethics is Individual Wellness and Personal Wholeness

Individual wellness and personal wholeness demand an integrating process between personal, private, professional and/or public lives. Langdon & Whiteside (1996: 97-101) explain that one of the unhealthy “lessons” taught in the past (and even today) is the belief that people should not “bring their personal problems to work” or “take work related problems home”. The principle was that one should try to separate work and home issues. On the surface, it may sound like a good idea, but in reality it is not effective or even possible for most people. In fact, it can reach a point where it can even be destructive to try to separate the two concepts. Modern system theory confirms that all systems, which include individuals and organisations,

function as a holistic entity. Being deployed for months, make it quite obvious why it is impossible to completely segregate the two worlds. Does this imply that one cannot think of your loved ones for months or that all reference to a personal life is simply ignored throughout the duration of the deployment time?

The alternative does not imply that one can manage a household from a distance while on deployment in a foreign country, but it acknowledges the fact that certain emotional and personal links are in place between the two worlds. The urgency to understand and manage human assets effectively is growing daily. Sikula (2001:10) felt that the solution differs from what was recommended in the past as a healthy perspective. He recommends that private and public morals must be integrated as much as professional and personal values must be amalgamated. It is vital not to have two sets of values, but only one set of ethics and values. It is the ideal that the same set of common beliefs and values must be active at work and at home. I am not referring to cultural individuality, but to the same basic set of values.

Peterson (2007:264) refers to the fact that coaching across cultural diversity magnifies the challenge. It is also applicable to care-givers working across cultural lines. Peterson points out that a good cross cultural coach not only recognises that people look at the world through different lenses, but that they sometimes may not even know what that lens looks like, and, therefore, will scan for important dimensions of which they may not fully understand or appreciate the importance.

It is important to assume that there is always more going on than meets the eye. If women are regarded as equals at work, but not at home, it creates enormous difficulties for the individual to function within different ethical and moral values. Sikula (2001:10-11) concludes his argument by pointing out that the healthiest people are physically, mentally and spiritually those with the biggest overlap between private or personal values and their public or professional values. Sikula (2001:18) stated:

“We must learn to hold ethical values firmly and economic values loosely. Also, we must never do the right thing for the wrong reason, or even worse, the wrong thing for the right reason. This is because nothing that is morally or ethically wrong can ever be culturally, economically, educationally, politically, socially or technologically right.”

According to Torres-Stanovik (1990:11) caregivers’ desire not to care anymore and to give up somebody as a lost case, is often swiftly followed up by feelings of severe guilt. All of these feelings and emotions can be felt, and then in turn are denied because these emotions seem unacceptable. The person providing the care needs to be assured that, in fact, these feelings are common, even though they may not be expressed (or at least not openly expressed) to those who must be taken care of. There are measures that can assist caregivers to cope, such as better understanding of the caregiver’s position as well as those who must be cared for in a specific position.

The caregiver must be aware of his/her own limitations and certain boundaries must be in place to ensure that he/she is not victim of burnout or other mental or physical ailments. To become part of a caregiver support group, is a definite option that can be considered. Above all, in order to take care of oneself as care-giver, one must have a care plan, not only a plan in terms of how one intends to take care of those in one’s charge, but also a

plan of how one intends to take care of oneself. In a similar fashion, successful sportsmen have a pre-prepared game plan. This game plan is utilised as a guide during the actual game, although it is still possible and often even necessary to change and adapt the plan according to different and unforeseen circumstances.

7.16 Creating a Care Plan

The first step in organizing a rational care plan is to honestly answer some questions. These answers will guide the individual in the process of developing a personal care plan. The purpose of the questions is not to be used as a checklist, but rather to open “space” for new ideas, for new insight into their circumstances and to prepare the caregiver for possible expected and unexpected challenges that may arise before, during or after deployment. Several possible questions present themselves; here are a few possibilities:

1. What is the caregiver’s primarily objective? Is the main task during deployment clear? Why are you being deployed?
2. What function/role does the organisation, your Officer Commanding, your home unit, and by your functional superiors expect from you? Are these expectations the same? Are these expectations similar to your own expectations of what your role and function should be during deployment?
3. What is the caregiver’s own personal motive to deploy? Is it voluntary? Did he/she ask to be deployed and is he/she eagerly looking forward to the deployment? Is it “compulsory” (the sooner it is done the better), or is it somewhere in-between with different emotions at work?
4. It is important to determine the motivation behind the deployment, from both the organisational side as well as from the individual’s side. If an individual struggles to cope in his work environment at his home base, it is quite possible that he or she will experience the same difficulties during deployment. Similarly, if a known trouble-maker is deployed with the hope that a new environment may assist in curing the troubled individual, it is quite possible that the exact opposite may occur and that even more trouble may be created in the process. Deployment is not a game to be experimented with trial and error.
5. Is it a first deployment or one of many similar trips?
6. How do you plan to set about achieving your primary objective?
7. What type of support and resources are needed to accomplish the primary objective?
8. Who is able to assist and/or support you and in what manner will the assistance or support be given? Is this support automatically supplied or must it first be requested?

These are some of the questions the individual caregiver who is about to be deployed must first answer. If a chaplain deploys with the primary task to evangelise the local population at every possible opportunity, his focus will be very different from that of the chaplain whose primary focus is to spiritually take care of the deployed personnel. Similarly, the chaplain who decides to deploy with the purpose to catch up on his/her reading material and who is more focused on personal goals, his or her outlook will differ from the first two

examples. Thus the original motivation plays a vital role. The higher the expectations, the higher the chances of disappointment and frustration may be.

A chaplain whose primary objective and focus are aid and charity work amongst the local population, may differ vastly in approach from one trying to prevent the spread of HIV/AIDS amongst soldiers. The answers to these questions may indicate why people volunteered in the first place. If they were motivated by the dream of an African Renaissance, they would try to make contact with local ministers and thus help to build the dream. Those who deployed in order to assist own personnel will be less enthusiastic about a local outreach, and will focus their efforts on supporting their own members. Those who deployed because the organisation expects it from them may be less inclined to walk the extra mile and may be more focused on their own personal goals.

The different motives were also noticeable in the stories of the Co-researchers. Three of the four volunteered to do their bit for the country and in support of our people during deployment. The answers, however, indicate their different expectations, Co-researcher A and D were solely focused on own forces, and not interested in starting feeding schemes or outreach programs amongst the local population. Co-researcher C was extremely concerned with the well-being of the injured patient and risked violating a direct order to help the individual. She was motivated by her predetermined decision to help people in need of medical assistance. Although she was annoyed with the bureaucratic red tape and the apparent contradicting orders, her personal belief system motivated her behaviour. She was willing to sacrifice her own position to be true to her calling.

Similarly, Co-researcher B focused on the plight of the women of Burundi. She acted as an ambassador for South Africa and felt proud to be invited to address an international symposium on women's rights. Although she also focused on caring for the deployed soldiers, she was in fact very angry that a lack of resources prevented her from doing her work in the manner that she would have preferred.

Co-researcher B had a wider vision of her task, but also retained her drive to provide the best possible care she could provide within the given circumstances. It may be possible that her Officer Commanding in Burundi and her superiors at CJOPS did not share her dream - at least not with the same enthusiasm.

That may explain some of the complaints and tension between them. It is also quite possible that they shared different expectations of what the job of a caregiver entails. Their differences in viewpoint were reflected, on the one hand, by the deliberate withholding of resources from management's side, and, on the other hand, by constant criticism and complaints.

Unfortunately, both responses were detrimental to the organisation, SANDF members on deployment and the individuals involved. It may be necessary to spend time, money and effort in trying to get the Officer Commanding and their respective caregivers on the same page concerning their core business.

Co-researcher B's involvement with the local community, and especially the plight of women in Burundi, was much more intense and focused than any of

her fellow Co-researchers and fellow caregivers in the deployment area. One of Co-researcher B's personal goals was not only to improve the lives of the women, but to share the positive change many South African women experienced within their own lives during the last couple of years as a inspiration with the women of Burundi. She hoped to inspire them to hang on to their own dreams and to cling to the hope of a better life for women, even in difficult circumstances. She dreamed of a lasting impression on them.

In Co-researcher B's own words (RB/1-13) is the following explanation of how she saw her primary objective. It also explains how her goal inspired her to keep on going and to "cope" with apparent resistance from her Officer Commanding. An interesting comment she made was the deliberate decision not to dwell too much on things she cannot change, but rather to focus on the things that she was empowered to do, and to do them to the best of her ability:

"That was my motivation, and also...looking and hearing all the stories that they are like this and they are like this... I like to be involved in a community project and I knew that my presence, even if it won't be for a long period, but my presence will leave some legacy for the women, especially in Burundi".

"I didn't want to see myself just sitting around, I was not running away from the actual problem, but I wanted to keep myself busy, so that I don't dwell too much on what is happening around, I would go out and do the feeding schemes, go out to do this and that, at the local churches and that, for me was a motivation, it was keeping me busy, it was helping me to cope and I also realized as time goes on I cannot rely on the fact ... I do not have transport, because people were looking up at me, I was even invited to the international women's conference, for the Great Lakes region and I felt proud that I am there and I am making a mark, and was able to talk to the women on that International Conference just to say we in South Africa this is the steps we have taken. This is how far we are. So at least there were positive things that kept me going (RB/1-14)."

This emphasises the different focus areas that individual soldiers may have within their own understanding of the task at hand and what motivates them personally to keep on doing their work under sometimes very difficult circumstances. Therefore, it must be noted that it is not only leadership's interpretation of policy that may differ, but the manner in which individual soldiers, especially caregivers, understand their given task. The specific manner of understanding may fluctuate from how their superiors interpret the same task. An important aspect that remains critical in the coping process is the individual's own decision on what he or she deems important and noteworthy, and what he/she decides to do and how he/she responds towards their specific circumstances.

There exists a distinct possibility that there may have been different opinions between Co-researcher B and her superior officers as well as the chaplains from CJOPS in what her focus areas should be. I gained the impression from Co-researcher B that, on the one hand, the local Officer Commanding preferred his chaplains (caregivers) to be available on site and focus all their attention on the deployed soldiers as their primary function, but, on the other hand, due to political gain and international exposure, the attendance of an International Women's Conference had value for the operation as a whole.

Contact with local churches and community leaders, from one perspective, may be seen as a potential security threat and something which should be avoided. On the other hand, the very same actions may be seen as beneficial to build better relationships with the local community. These relationships and influence on the local leaders may hopefully even contribute towards lasting peace building. If positive media coverage could be gained from such contact, it would be an added bonus to the deployed soldiers in their peace-keeping operation. This is just a small example to prove how the very same action can be interpreted totally differently, depending on the premise and basic point of departure of the beholder.

This very same principle is often responsible for difference of opinion between caregivers and military commanders. For the one, the individual's well-being and the personal situation must be addressed; for the other, a bigger picture, focusing on military objectives and peace-keeping objectives may weigh more than the individual's needs at that particular stage, which may lead to a difference of opinion. Some military commanders are less interested and focussed on matters relating to human nature and may even struggle to understand how it may impact on the bigger deployment scenario.

Although caregivers working within the military are a part of the military machinery and are, therefore, seldom willing to directly confront an Officer Commander, an underlying tension and differences of opinions were present in all four Co-researchers' descriptions of the relationship between the caregivers and the officer in command in the actual mission area. This underlying tension and sometimes open conflict between caregivers and their Officer Commanding, is responsible for considerable additional stress within the deployment situation. In my opinion, that should not even be present in such a relationship, and definitely not to the extent as was experienced by the Co-researchers who participated in this research. It is detrimental to all parties involved and should be better managed to prevent misunderstanding and conflict.

The position of caregivers is often more determined by respect and the value that the Officer Commanding is willing to allocate to his/her caregivers and not necessarily by the rank that the "lieutenant" (social worker) represents. The caregiver is not in a very strong position to enforce any idea if the Officer Commanding is not open to, and willing to listen and accept the value of the suggestion. Even chaplains with a ceremonial rank of full colonels are often in a position of an advisor and are often not taken seriously. The relationship between the caregiver and the Officer Commanding is built on trust and mutual respect. It can, therefore, become unbearable if the Officer Commanding is not willing or able to work with his/her caregivers in a professional manner. The relationship between them can become very unpleasant if the caregiver's primary objective and intrinsic values are not understood.

The general discourse regarding women and the unease some men may still experience regarding women in specific positions, especially as clergy, may also have contributed towards comments made and the manner in which the Co-researchers were treated. The manner in which men behave declares more of their true beliefs regarding the role and position of women, than the fancy speeches they make and the big words they utter.

Notwithstanding government policy, I have no other option than to state that there remains a big portion of males who do not really share the government's enthusiasm for women's rights on an equal level. Due to political pressure, most men are very careful not to openly express their actual views and opinions regarding women's rights. It is also evident in the high statistics of rape and violence against women in South Africa, that some men still have very high levels of anger and frustration against women.

Therefore, it is even possible that some of the men may have been jealous of her success. The possibility exists that with the current policy focusing on gender equity and trying to erase the inequities of the past, she was already earmarked for rapid promotion. This possibility of rapid promotion notwithstanding her age, was not met by all with equal joy. Nevertheless, it is important to determine one's own primary objective and the mission's objective. The reality is that to issue orders not to get involved in any local dispute or interaction with local residents, is often easier to instruct clinically than to enforce in practice.

The previous questions and perspectives are ample proof of how important it is to not only ask specific questions, but also to ensure that those who are deployed should share the same purpose and general viewpoint. Regarding caregivers and commanders, both must have the same understanding of the different angles of approach and mutual respect should be present. The caregivers must also determine what their role and purpose within the organisation ought to be. If the dominant answer is caring for the deployed soldier, more questions can be asked. If the dominant answer is monetary gain, different questions may be required!

After the initial answers have been clarified, the following questions can be asked:

1. What kind of care is needed to allow the deployed person to remain effective for the duration of his/her deployment?
2. Who is going to provide the care that is needed to keep a caregiver as a professional person effective in her or his field of expertise?
3. When is this care going to be provided to the caregiver, before deployment, during deployment, as a once of extensive training, or as continuation training or continuation support?
4. How is this care going to be provided? Is this care formal or informal? Is it in the form of formal training sessions or provided in a mentorship capacity format? Is the care the responsibility of the organisation, the individual or a combination of the two?
5. Is the multi-professional team functioning? How can one refer soldiers or family members when they require caring services? What procedures must be followed? Is the manpower available to provide the services as promised and expected from the organisation? Is effective communication in place?
6. How can care be provided to the soldier in need while support is provided at home to the spouse or children by a different caregiver? Can this process be managed over a long distance, with the necessary feedback loops in place?
7. Questions regarding the specific training needed to provide care for caregivers must be asked. Is the general academic training provided by universities and colleges sufficient to enable caregivers to provide in the need of fellow caregivers during a deployment situation? The

- question that must be asked here is whether the particular military environment during deployment necessitates more focused training?
8. What can be done to improve the living arrangements and general atmosphere without disrupting the functioning ability of the peace-keeping force?
 9. It is important to ask from time to time “do you as the caregiver feel tired or frustrated due to caring for the deployed soldiers?”
 10. What are his/her personal needs and expectations?
 11. Who is taking care of the caregiver? Has a specific person been indicated who shares the responsibility to assist the deployed caregiver in his or her efforts to cope?

Currently there are apparently huge grey areas if the individual is not privileged with a strong personal coping ability, or a good support base from both family and friends and or his/her home unit. He or she may find him/herself totally isolated and without any, or very limited and inadequate support at best.

In answering these questions, one develops an important List of Needs and a broadened perspective and understanding of how the individual really feels about what has been achieved. It also creates better understanding concerning what is happening and what may happen in future. Bringing into perspective the caregiver's own needs, motives and feelings, opens understanding of those needs and allows time to plan possible actions and responses that may be successful.

These questions do not have easy answers and the answers and possible solutions may vary in different situations and different individuals. It is important to realise that numerous continuously changing factors play an enormous role in the outcome of these questions. The individual's own ability to adapt and cope, and the specific circumstances are equally important.

Taking care of a deployed soldier can create stress for the caregiver which in turn affects the ability of that caregiver to continue providing the necessary expected levels of care to the deployed personnel. The stress experienced by the caregiver can be physical, emotional, personal, financial, environmental and even spiritual in nature. Although “normal” levels of stress are to be expected during a deployment phase, and although a measure of stress may even enhance the performance of the individual, it is just as clear that unnecessarily high stress levels are not advisable. It is detrimental towards the caregiver's wellbeing, the deployed soldiers who may need the caregiver's skills and eventually may even affect the stability and effectiveness of the Peace-keeping Operation.

7.17 Physical Stress

Providing care in a constant unrelenting manner can cause physical stress. It may vary from headaches and stomach ailments to muscle spasms. The nursing profession runs an added risk of infections that can include the total spectrum of infectious diseases. Personal care required for the supervision of medications and the maintenance of hygiene can also be stressful, and may even result in injury to the caregiver, for instance in assisting with manoeuvring a heavy person.

Torres-Stanovik (1990:9-10) compiled a short checklist for the caregiver. It was developed with the focus on caregivers in a residential setup who provided care for elderly or physically impaired people. Although there may seemingly be huge differences from that of the caregiver in a peace-keeping operation, there are also specific similarities. If the absolute basic essentials are neglected, it will undermine the effectiveness of the caregiver, whatever the external circumstances may be. It is often a problem, which arises in a position of “providing care” when feeling responsible for the well-being of others to the extent that they often tend to neglect their own basic needs. This list is focusing on some of the bare essentials, and tries to provide a very general guideline that may assist both the caregiver and those who are responsible for the caregiver.

7.18 Checklist For Care-givers

1. Exercise at least once a week - a healthy body can endure more strain (soldiers are supposed to do that much more often).
2. Get at least seven to nine restful hours of sleep a night. (Sleep-deprivation as well as sleeping too much are warning signs that something may be wrong).
3. Talk/communicate with up to three friends or relatives on a weekly basis. (This communication is not work related and is focused on maintaining the individual’s social equilibrium. Included, would be contact with loved ones at home. Although modern technology made contact over a long distance considerably easier, certain limitations during deployment still exist).
4. Update medical and dental appointments. (In the military context a Concurrent Health Assessment must be in place before deployment is even possible). However, the day-to-day up-keep of health and the prevention of pain and worry is important. There are numerous strange and exotic diseases in Central Africa and proper health care is vital to ease the mind of the caregiver.
5. Utilise medications as prescribed for the upkeep of health by the medical profession and do not self-diagnose. The moment when additional self medication is utilised to either assist in increasing energy, sleeping or relaxing, there is immediately reason to be concerned.
6. Personal issues at home must be in place. Legal documentation, financial papers, wills and all aspects of life must be in order and in

- capable hands prior to the deployment. It is very difficult to assist someone if your personal issues are in shambles.
7. Eat three balanced meals a day to maintain own strength. This is just the basics of healthy eating habits. Don't start to skip meals or suddenly eat either nothing or then again to over-indulge.
 8. Get out of the daily routine and feelings of "imprisonment". I can very clearly recall my own experience when we were confined to base and no one was allowed exit from the camp. It demands a strong inner character to keep on supporting others while essentially struggling with the very same frustrations.
 9. It is essential to look at the caregivers' recreational time in order to keep up their spirits. This may include access to either television or the internet.
 10. Create quiet time and time to be alone and recuperate; this is important. It may be more important to introverts than to extroverts, but caregivers are constantly working with people and thus may need to be alone from time to time. This is not always so easy to accomplish "private space" within the military deployment setup, especially where sleeping facilities and ablution facilities are shared. The operational setup is based on a communal system. Individuals differ in how they respond to this closeness to other people. It is also quite possible that cultural differences also play a part in how individuals cope with the lack of privacy. Not all caregivers are allocated the luxury of office space during a deployment.
 11. Proper mental preparation is important prior to the actual deployment. This can be done on a personal level but additional training may be needed. Currently, caregivers are not trained, or do not receive any extra training to prepare them for deployment.

7.19 Training

During my research, I stumbled (POTI, 8/9/2008) upon a training organisation that was previously known as UNITAR POCL. It recently (2008) changed its name to be more applicable and relevant and it is now the Peace Operations Training Institute. The Peace Operations Training Institute made an impact in Africa with the specialised training they provide in the field of preparing people for peace operations. They provide extensive training to all people who are involved in peace operations, especially civilians who are working for NGOs. In their civilian capacity they become involved with peace-keeping operations. These civilian operations can either be short-term, for instance directly after a natural disaster, or the operation can be on a long-term basis - even spread over decades. The Peace Operations Training Institute provides deployment training and a program with the objective to prepare the students for the unexpected.

The organisation has been involved in training for the last fifteen years and has recently been welcomed by the United Nations Special Committee on Peace-keeping Operations (C34). It is focusing on a specific situation in need of peacekeeping on the local level and also focuses on specific community needs at grass-roots level. Various courses are presented to assist people from different backgrounds to be trained in performing a prominent role in

their country of origin in order to enable them to assist the military peace-keeping efforts. Without the community's buy-in and active participation in the goal of peace, peace-keeping missions cannot be successful. Some of the relevant courses presented by ELAP and UNITAR, which stand out as possibly the most appropriate for civil society are: Conflict Resolution; Gender Perspectives in (UN) Peacekeeping; and Ethics in Peacekeeping.

The Peace Operations Training Institute (POTI, 8/9/2008) is convinced that the absence of civil education, partially or even primarily, is the cause of perpetual conflicts in Africa. Therefore, reaching civil society (community groups, through NGOs) directly and reaching local-level government (through NGOs) may also allow the behavioural, attitudinal and paradigm changes, which are needed to sustain efforts in building peace.

POTI provides distance learning on peacekeeping which is easily available worldwide, if one has access to the Internet. This distance training is available to civilian peacekeepers, police, humanitarian relief workers, local community leaders as well as military personnel. Due to the different academic and literacy levels of candidate students, courses have to include limited theory. The courses must have a big pragmatic component and include as many diagrams and pictures as possible to ensure maximum effect to be easily understandable.

One of the technical factors would be to ensure that learning materials are available in both self-learning text and other distance formats (contextualised for the specific country) which could include DVDs, closed circuit TV, radio, CD-ROMs, audio tapes, etc. If we decide to pursue this, it would be useful for us to work in a country where there already is some form of training for peacekeepers.

Due to the growing need to not only "make peace" on the short term, but to ensure a lasting and sustainable peaceful environment, especially after the peace-keeping soldiers have withdrawn, is absolutely essential. Sustainable peace-keeping operations are worldwide very important, but especially in Africa, they are of critical importance due to the specific challenges and historic track record of the continent. Therefore, it is without a doubt that peace-keeping soldiers on their own - how capable they may be - cannot ensure long-term stability in a country without the involvement of the local community, and especially the participation of the local leadership. Therefore, relevant training remains vital for proper military preparation as well as the training to prepare caregivers to optimise people's performance. But, it is just as important to train the local leadership and NGO's to enhance the long-term peace efforts.

Markey (Anderson, 1989:109-110) wrote in connection with improved training for marriage preparation that all clergy agrees on the importance of pre-marital counselling and proper preparation, but that they sometimes become "burned out" and are not prepared to do it as effectively as may be required by the couples' situation. The same principle applies to "good" peacekeeping as well as to pre-deployment training. All role players agree on the importance of proper preparation before and even during deployment, but most of the time the practical reality differs from the ideal as in so many other aspects of life. The planned post-deployment training is almost as ineffective as the debriefings which are supposed to occur after the deployment which unfortunately neither succeeds in always achieving the expected and planned

results. This is evident in Co-researcher C's direct request, on more than one occasion, for additional help during "debriefing sessions", which were simply ignored and until now have not yet been addressed.

7.20 Conclusion

Demasure and Müller (2006:418) correctly stated that the concept of local wisdom is vital in the narrative approach as well as in pastoral conversations, which follows the narrative approach as a guideline. The principle is simply that the individual knows his or her own "story", the circumstances, hopes, dreams, aches and pains better than anybody else. Therefore, the expert knowledge is based within the person and not with the pastor and certainly not in the researcher. The researcher does not attempt to provide any new or alternative outcomes without the help and concurrence of the Co-researchers. Demasure and Müller (2006:418) mentioned that within the post-foundationalist approach, contextuality is a very important concept. All experience is situated within a specific context and experiences are always interpreted.

This research endeavoured to listen to the stories of four Co-researchers who are four caregivers, four deployed soldiers, four women, the stories of four individuals of how they tried, with more or less success, to cope with the stress and strain of deployment. Their original conversations were re-listened to by themselves as Co-researchers and then re-interpreted. Demasure and Müller (2006:418) pointed out that the interest is not general, but focused on the person's interpreted experiences of the context; this can only be done by listening to the stories and re-listening to them and then to reflect on what had been heard is in fact what was intended to be heard.

This in context local understanding is what I was trying to find in my research, not a vague general understanding, but a specific understanding of real people and their own experiences and re-interpretations thereof. In order to come even close to understanding their original local context, the path to that understanding through their own local wisdom was through the specific Co-researcher. Only if they acknowledge an interpretation as true or exact, can one move closer towards understanding their local context. Wenzel van Huyssteen (2006:25) said that a post-foundationalist approach helps us to understand that we are not prisoners of our traditions, neither from the specific milieu, nor the context. He is convinced that through epistemology, we are provided with the power to cross cultural, contextual and disciplinary borders to explore the theories and beliefs that we use to critically construct our own worlds.

Baron and Byrne (2000:553) commented that people who are able to exert control over what they think, how they feel, what they do, and where they direct their attention to, are able to guide their activities over time and across situations. I would like to link the conclusion of this research to this comment, implying that we are able to control what we think and how we feel and how we chose to direct our energy. We cannot change our experiences, but we can direct how they are going to affect us; that choice is still our own!

This research focused on the stories of four professional caregivers reflecting on their experiences before during and after deployment, and trying to determine not only how they experienced their deployment but especially how they were able to cope with the challenges they experienced. The purpose was initially just to listen to the stories, then to find stories of experiences that the others were able to relate to. This opened new stories of understanding and, unfortunately, also new pain of wounds not yet healed. The recurrence of pain was not equally acceptable to all the Co-researchers, resulting in one who chose to withdraw from the process. The rest eventually assisted me in reflecting on the process and even finding mutually acceptable guidelines that may assist other caregivers in coping with their own stories of deployment.

A number of conclusions made by the researcher and Co-researchers may succeed in opening even more questions than it possibly will be able to provide answers to:

1. There is absolutely no doubt that providing care almost constantly over a long period of time during a deployment, is difficult and demands a lot from the individual caregiver.
2. Caregivers struggle to cope and are not well supported by the SANDF.
3. This conclusion is based on this particular research and other research may come to different conclusions.
4. The necessity of more research regarding the topic remains extremely important to all parties involved with peace-keeping operations and is not only applicable to the SANDF, but applicable to all countries that are involved with peace-keeping operations. It is important from the politicians to the foot soldiers, from the local population to loved ones at home, from the NGOs to Officers Commanding and caregivers deployed in the operational area. All are working together and contributing in a special way to the dream of success; thus all can benefit from additional research and different perspectives.
5. This research focused predominantly on the plight of female caregivers. It must still be determined if their male counterparts experienced similar strong feelings of being let down by senior management.
6. This research predominantly focused on caregivers working for the South African Military Health services and to a lesser extent on the South African Air Force. The reason is that the SAMHS, with the exception of chaplains, are all health-care professionals, who are working within the framework of the SAMHS. Chaplains are an embedded part of all four Arms of Service and thus will wear the uniform of the particular arm of service that they are part of. All other professional caregivers will only wear the uniform of the SAMHS.
7. It must be stressed that during deployment all personnel sort under the CJOPS. This is a combined operational effort of all four arms of service. In practical reality, it is dominated by the Army in terms of management style and culture due to the size and historic dominance of the Army. Officers Commanding within the mission area can, therefore, be appointed from all arms of service, depending on the expertise that is needed. This again contributes to the majority of the Officers Commanding having an Army background.
8. There is a distinct difference in leadership style between the Air Force and that of the Army. The way in which people are managed differs dramatically between the various arms of service.

9. The ways in which caregivers are treated also differ considerably. The Navy and the Air Force are closer to one another in their approach. On the other hand, the Army and the SAMHS share similar managerial styles.
10. According to the experiences and opinions of all the Co-researchers as well as my own opinion, caregivers within the Air Force, Navy and, to a lesser extent, the SAMHS, are allocated much more say and are treated on an equal footing by the Officers Commanding. However, within the Army's management style, caregivers (chaplains) are not treated in the same manner and their professional capabilities are not always valued and respected in the same manner as in the other arms of service. They are predominantly seen as people with a job to do - "so do it".
11. This different approach in leadership style is partially responsible for some of the difficulties caregivers experienced during deployment. It is my opinion that similar research focussed predominantly on chaplains from an Army background, may not express the same high levels of frustration due to the fact that most of these Army chaplains accept the Army's leadership style as a given, with no expectation of being treated more professionally.
12. This difference in approach also explains the frustration that Army Officers Commanding often experience with Air Force chaplains' seeming arrogance and their insistence on "special" treatment. The same reasoning may shed light on the way the leadership at CJOPS, including the Army chaplains who are situated there, were unable to grasp the frustrations and complaints from the deployed Air Force chaplains. Similar difficulties in understanding "complaints" at the Chaplain General's Office were also evident. All of these can be related to different perceptions and existing discourses of what is "the correct viewpoint" of the position of caregivers.
13. Relevant training remains vital, not only for proper military preparation and the training to prepare caregivers to optimise peoples' performance, but an extra effort must be made to clarify the role that caregivers are expected to fulfil.
14. Army Officers Commanding in particular must be made aware, prior to deployment, that different leadership styles exist between the various Arms of Service. Unfortunately, the reality is that, even within the Chaplaincy itself, the Army style of management is the dominant style, and there is a reluctance to even admit that these differences in leadership styles exist. Therefore, it is unlikely that the current leadership will even consider that they may be at fault due to the strength of their existing perceptions and discourses regarding what is considered "good" leadership.

Kobus Neethling (Finesse, 2009:48) likes to use a story to explain this phenomenon:

"A psychologist working with five apes attached a bunch of bananas to the roof of their enclosure. He also put a ladder in the cage to enable the apes to reach the bananas easily. The moment the first ape stepped on the ladder, the psychologist sprayed the ape with cold water. The ape immediately let go of the ladder. This process was repeated with the second ape and the third, until all were sprayed with the cold water. The psychologist then replaced one of the apes with an ape from a different cage. The moment when the new

ape headed towards the ladder, his fellow apes prevented him from doing so. Eventually all the original apes were replaced with new apes. All the new apes were also prevented from climbing the ladder although none of the original apes remained in the enclosure. Even though none of the new apes were part of the initial unpleasant cold water shower, all the new apes worked diligently towards a goal of stopping new “inmates” from climbing the ladder without any understanding of why they are doing it!

It may be necessary to spend time, money and effort in trying to get the Officer Commanding and their respective caregivers on the same page concerning their core business. Officers Commanding, in particular, must understand the role and function that caregivers play and not only how to support the caregiver, but also how to utilise their specific skills to enhance the effectiveness and eventual success of the entire Peace-Keeping Operation.

Therefore, in the short term, the individual caregiver must be aware and mentally prepared to cope with deployment without any expectation of bona fide substantial support from management or leadership. The Officer Commanding may utter the right words, but whether it would be put into practice is debatable.

Due to the personal relationship between the Officers Commanding and caregivers, it is very difficult to teach an infantry colonel the finer subtleties of working with professional caregivers to the benefit of all, not because they lack intelligence, but probably because they don't agree with the need or relevance of such an endeavour. The rapid pace of fast-tracking of some Officers Commanding prevented them from gradually growing a working relationship with caregivers. They are often uncertain how to handle the caregivers and then may opt for the dominant “I am in charge” style.

The continuous caring output by caregivers can easily lead to various forms of stress for the individual, manifesting in different feelings, ranging from anger and frustration to feelings of uselessness and isolation.

How the individual caregivers who were deployed for periods of three months and longer managed to cope, without any real support from the military structures (Officers Commanding, managers, CJOPS), was documented and reflected upon by the different Co-researchers.

The Co-researchers agreed with Torres-Stanovik's comments (1990:6-7) on the impact that anger, resentment and bitterness experienced by caregivers due to the constant pressure of being responsible for the emotional well-being of others. As far as chaplains are concerned, they are also responsible for the spiritual well-being of the whole contingent. Neither of these are easy tasks to be burdened with, especially without proper support. The stress can easily be aggravated by feelings of deprivation and isolation, even resulting in negative thought patterns gaining influence over the caregiver's state of mind and thus potentially affecting not only the specific caregiver, but potentially the whole contingent's state of mind.

Deployment is also a time when many previously unresolved issues within the individual may re-emerge. These unresolved issues from their pre-deployment existence may cause heightened levels of anxiety and frustration within the individual.

Their ability to cope with the already existing pressures of deployment may be placed under more stress by adding additional unresolved pre-existing problems. Torres-Stanovik (1990:6-7) indicated that , at times, there may even be an unspoken desire to be relieved of the burden of “caring”. This was also the experience of Co-researcher D, who requested in writing to be returned home.

This request to be returned to South Africa and to be relieved from her duties in the mission area was directly linked with her feelings of inadequacy and the hurt she experienced after management was unable to either protect or even support her during her ordeal of false accusations after an internal shooting incident, as if she was responsible for the death of a fellow soldier.

7.20.1 Leadership and Peacekeeping Will Determine Africa’s Future

Promising comments made by President George Bush (Bush, 2008) reflect the changing attitudes towards Africa:

“Stop coming to Africa feeling guilty. Come with love and feeling confident for its future.” “When we see hunger we feed them, not to spread our influence, but because they’re hungry”. “U.S. solutions should not be imposed on African leaders”. “Africa has changed since I became President. Not because of me, but because of African leaders”.

Neethling (Cilliers & Mills, 1999:31) summarises peacekeeping and the future of Africa as follows:

“There is no higher goal, no deeper commitment and no greater ambition than preventing armed conflict. The UN is clearly aware of the fact that the international community’s perception of peace-keeping operations has been greatly shaped by the experience of the UN in African countries. Countries have begun to make economic and political progress in recent years, but in some parts of the continent progress remains threatened or impeded by conflict. In this regard, Africa is arguably the most important regional setting for UN peace-keeping challenges.”

Caregivers will in the future, as in the past, continue to contribute towards the mutual goal of preventing conflict. Not only armed conflict on a military level, but also conflict on an inter-personal and intra-personal level; caregivers will notwithstanding their own pain and efforts to cope, continue to work towards combating conflict on all levels, including their own inner demons.

After all was considered regarding this research effort, the question of how caregivers cope with deployment will continue to be relevant as long as peace-keeping missions continue. This question should receive attention from all concerned parties involved and should be considered from a military perspective as well as from the respective viewpoints of any professional caregiver involved in foreign deployment operations.

Ultimately, in my personal opinion, the individual caregiver is predominantly responsible for his or her personal well-being. But having said that, the necessary support and structures must also be in place to enable caregivers to cope with the stress and strain experienced during deployment! The stakes

are simply too high to continue with Peace-keeping Operations without protecting one's caregivers.

Milan Kundera in his book *Identity* (Kundera, 1998:134) wrote the following:

"Freedom? As you live out your desolation, you can be either happy or unhappy. Having that choice is what compromises your freedom."

Similarly, I believe that we have a choice whether we want to be happy or unhappy. We have a choice whether we want to cope with life or not!

Chapter 8

We must each find our own heart.

A critical reflection.

“If there is to be peace in the world, the nations must live in peace. If there is to be peace among nations, the cities must not rise up against each other. If there is to be peace in the cities, neighbours must understand each other. If there is to be peace amongst neighbours, there must be harmony in the house. If there is to be peace in the home, we must each find our own heart.”

- Lao Tsu, China (sixth century BC) Coelho (2007:230)

Within the research process, it is essential to be able to stand back at the end and to critically reflect on the process itself. If there is to be peace, we must each find our own heart. I would like to approach the critical reflection in the same manner in which I was drawn into this research, which is to critically share my story from the beginning. The urge to study and to gain new insights is and will remain a noble one, but it is also important to the individual involved in the research process to honestly reflect upon his/her own motivation. Critical reflection is honest self-evaluation of the research and the research process.

1. Why did I venture into the research process?
2. Why did I choose this specific topic?
3. What part of the research can be deemed successful?
4. What part could have been approached from a better angle?

Initially, after completing my Masters degree, which I thoroughly enjoyed, I declined the invitation to continue with my PhD. My reasons were that I was the only chaplain on a remote Air Force base and working very hard, trying to take care of almost a thousand members and their dependants, while also managing a congregation with the added responsibility of a family and spending time with my spouse and our two young daughters. This research indicated that my actions were not dissimilar to the patterns followed by clergy who tend to be over-responsible for the well-being of others.

It was during my endeavours of caring for the people within my field of responsibility that the comments and complaints referring to “isolation” were often made as the reason or the excuse of why people are struggling to cope. My interest in the effects of isolation was born from working on a daily basis with people living and coping with more or less success with their isolated circumstances. My initial question was why one person was able to cope with the “isolation” and specific challenges that living on a remote Military base demands from them, while others were simply unable to cope with the very same demands. These demands include a huge number of people living in

very close proximity to one another, while being geographically isolated from the nearest town. At least one adult member of the family would be working for the same organisation, wearing the same uniform and living in houses provided by the organisation.

Therefore, it is easy to understand why my initial theme for my research was: *A narrative perspective of coping with isolation on remote SAAF bases*. The narrative approach was due to my Masters studies and the interest I developed in the narrative approach while listening to people's stories of struggling and coping. It was a natural development to be interested in how these soldiers and their families were able to cope while living in isolation on a remote SAAF base. Due to the fact that I was sharing the very same experience, it would not only increase my level of understanding, but also allow me access to many co-researchers.

An enormous personal crisis occurred during in the research process just after I had finalised my research proposal when I started with my literature studies. I was informed by my superiors from the Office of the Chaplain General that I was to be transferred back to Pretoria. Although I requested to remain at the base for an additional two years in order to complete my studies, and to assist with the relocation of two squadrons, it was not to be. I was notified in September and moved to Pretoria in December.

The transfer disrupted my research process on all levels. The main problem was that, suddenly, I was almost 400km from my area of focus and all my Co-researchers. Those who were already willing to co-operate and participate in the research were no longer in easy range to conduct consecutive interviews. Secondly, since no conversations or discussions were completed before my transfer, all interviews and follow-up interviews were yet to be completed. This created enormous problems and the research process was severely disrupted.

I had to inform all the people whom I had already verbally contracted to assist me in my research, that due to the practical challenges, I would not be able to conduct the research interviews. Due to the fact that I was their chaplain (pastor) it also created difficulties if the relationship was continued over a long distance. In my opinion, pastors must be able to cut the ties with a congregation (chaplains with a unit) when they leave. It is not fair to the new pastor or chaplain if a previous chaplain keeps on interfering. Thus, it was not only a practical difficulty, but also an ethical one.

The research must be realistic in terms of the practical and economic feasibility within the research process, as well as the convenient impact of my position and geographic location in relation to the co-researchers. It is not cost effective to travel nearly 800km for an interview. Unfortunately, my experience of the senior management within the Defence Force in connection with the research project, was not supportive at all. Although I received excellent support from specific individuals, it was almost as if the majority of senior personnel were not, if truth be told, interested in my research. Not negative - simply not interested.

An additional dilemma, created by the sudden information of an imminent transfer, had a further negative impact on me. Not only was my own personal life disrupted at that stage, but it unfortunately also affected me emotionally to such an extent that I was becoming de-motivated in my studies. My personal enthusiasm was severely affected. I cannot stress the importance of personal

motivation enough. The moment a researcher is compromised in his or her personal motivation regarding the research process, everything related to the research is also under severe strain. From working very hard in Louis Trichardt with an extremely active program, I was suddenly transferred to a training unit with limited access to the new students (troops) and a very strict pre-determined program. I was extremely frustrated.

Because I had time on my hands and was based in relative close proximity to the University of Pretoria, it should have been the ideal setup to focus on my studies. Unfortunately, it had the exact opposite effect on me. Without an attainable topic and co-researchers, I was momentarily lost. In fact, it was the closest I ever came to being depressed in my life. I had to make some serious decisions regarding the continuation of my studies, as well as decisions in my personal and professional life regarding adapting and coping with new challenges.

I even experienced anger at the way in which the small PhD groups functioned, only to realise later that it was not the groups that did not function properly, it was I who did not function properly. On a PhD level the expectation is that the student must be focused and committed and be able to work independently. If the PhD student is totally uncertain of what is expected of him or her and has no idea of how to put ideas into practice, it is probably the most difficult time in the research process of any student just to get orientated and started - or in my case, to become restarted.

I think that the number of students who are unable to complete their studies is due to this feeling of uncertainty and almost a lack of inner direction. The openness and the way creative thinking and new ideas are encouraged from the University's side are absolutely fantastic, but it sometimes creates more questions than answers. This openness in approach is partially the difficulty of working within a narrative research paradigm especially working from a *not knowing* position. I often found myself in the not knowing position regarding what, where and how, which at times was rather nerve-wrecking.

What is important is to do critical self-reflection, to stop and consider what is happening and why it is happening. The decision to act on something is vital. To decide what needs to be done is the first big step. I decided that I needed a new topic. I struggled to re-motivate myself and to find a suitable topic that I am interested in; a topic that was simultaneously relevant to the organisation was critical. The Defence Force must not only grant further studies, but such studies must also be applicable to the effective functioning of the organisation.

On the one hand, I was struggling with the option to entirely withdraw from the research process and to discontinue my studies. On the other hand, I was struggling with the practical reality that if I was to continue my studies, I would have no option but to shift my research focus to a more attainable and realistic topic. In order to accomplish that, implied that I had to change my entire aim and focus of the original intention of research away from "a narrative perspective of coping with isolation on remote SAAF bases", to something which is still related to the military as well as with coping with isolation, but hopefully easier to accomplish in terms of the availability and co-operation of co-researchers.

It was very important to me at that stage that the change in direction must be in such a manner that all the work already done was not wasted. I think that the mere option of having to start from scratch was absolutely daunting and

the idea of restarting was eventually more frightening than the reality. Today, I realise that by doing so, I limited my choices and options considerably and that it was not a very well-considered decision from my side. By doing so, I at least enabled myself to continue with my studies.

The reason I was looking for a topic in a similar field was twofold; on the one hand, it remained a passion for me to try and determine why some people are able to cope with their circumstances while others in similar circumstances are unable to do so. In being practical, I would also prefer to be able to utilise my research and time already spent on studying isolation and its effects on people.

After moving to Pretoria from Air Force Base Makado, and a second transfer from the Air Force Gymnasium to the Air Force Mobile Deployment Wing within eighteen months, I was at last able to re-focus on my studies. I managed to change the topic of my research to be more attainable within my new working environment. I was looking for a topic that was linked with the original subject matter of how military communities manage to cope with the difficulties of living in isolated circumstances. Working at a Unit that often deployed internally within the borders of South Africa, only inspired me to learn more about deployment and how different people cope with deployment.

In retrospect, I realise that my motivation to choose a subject partially due to the number of documents I have read and the unwillingness to “waste” all the time and effort already spent, is a very poor reason to choose a research topic. I am also aware of how difficult it was to change the topic due to circumstances completely out of my control. I really struggled to remain motivated and focused and was very close to discontinuing my studies. The fact that I received a bursary from the University, which I had to reimburse if the studies were not completed as well as my personal reluctance to admit failure, added greatly towards my reluctance to give up. I am grateful to admit that I found better reasons to focus on the new topic.

I am really interested in the new topic and how different caregivers are able to cope with their own stress during deployment, while simultaneously trying to assist others in coping. I am still very interested in isolation and was fascinated with the different aspects of isolation and how people can be isolated while in the midst of others. Interestingly, the outlying bases are becoming more and more popular in the military, contrary to previous notions held in the past. It may be due to the high cost of living and that military accommodation is still more affordable than urban accommodation. Another possibility could be the considerable lower crime rate at military bases. Any of a number of reasons may be valid. The interesting fact is that my current topic is considerably more important in the bigger picture than the initial one.

If I am totally honest in my effort of a critical reflection, I must admit that I might have been influenced by the whole transformation process to motivate me to continue my studies. Today I realise that, due to the sword of rationalisation and uncertainty hanging over all white men in the new post-apartheid South Africa, as well as job uncertainty, the fear of losing my job was definitely one of my initial driving forces that motivated me to initiate and eventually to continue with my research.

The following comment made to me by a senior official left no question as to what my position was in the new South Africa: “*Until the discrepancies of the past are not corrected, you will never be promoted*”. I was aware of the

discrepancies and the efforts made to correct them. As a dedicated soldier and committed South African citizen, I decided that my best insurance and response in the new South African Defence Force would be to add value to the organisation. To add value one must be able to do one's work better than expected and in order to do that, I was convinced that additional studies would be the answer. Studies would not only provide better training, but would hopefully also increase the value of a specific individual within the organisation.

Research in a field where knowledge was needed, would definitely enable one to add value. To make myself an asset to the organisation, I endeavoured not only to gain a degree, but also to actually focus on a topic which is relevant, and of critical importance, not only to the South African Defence Force, but potentially to all countries where peace-keeping operations may take place. I even dreamed of assisting in a small way to help the African continent to become more stable and a better place for all her inhabitants.

If I critically reflect on the process now, I am able to see the flaw in my own reasoning. On the one hand, my motivation was selfish and a bit immature in trying to ensure my own job security; on the other hand it; was very naive to believe that my research could even slightly change the way in which peace-keeping operations take care of their own caregivers. It is totally naive to dream of an African continent where positive change can actually take place due to the impact of my research.

I am now convinced that, with the exception of maybe the Co-researchers, I am the only person who was really changed by the research done. The irony is that, currently, I am no longer in the employment of the Defence Force. After an intense personal struggle, linked with the issue of personal growth and opportunities, I applied for a severance package and it was granted as part of the effort to transform the chaplaincy and to correct the '*discrepancies of the past*'. Although one of my initial motives was to protect my job security, I eventually voluntarily applied to leave the organisation!

Regarding the Co-researchers, I am aware and saddened by the way the research re-opened wounds, but I am simultaneously delighted in how new and alternative endings were found by at least seventy five percent of the Co-researchers. One co-researcher decided to withdraw from the research before the research process was finalised. When I honestly consider her withdrawal, I have no option but to admit that I was disappointed by her decision. After considering why I felt that way, I realised that I partially held myself responsible for the pain she experienced during our interviews while she was still part of the research process. I was also hoping that I would be able to assist her indirectly by including her in the research process. Eventually, a part of me was rationally aware that I was not responsible for her pain or the fact that she decided to withdraw from the research process.

The story of the rope is very applicable here and should be put into practice. But, even after the rope had been released, there remained the lingering question of why the person hanging from the rope did not try to save her own life? I was aware of the fact that my focus was on research and the questions that must be asked during the interviews with the different co-researchers - not on therapy. The purpose of the questions and interviews was to gain knowledge and understanding of how they coped with deployment. I am

rationally aware that the purpose of the interviews was not to provide therapy. However, if therapeutic value was found in the process, it would be a bonus. In this, the importance of understanding the difference between narrative research and narrative therapy is once again highlighted.

While I was rationally aware of these facts and respected her decision to eventually withdraw from the research process, I would have preferred her involvement right to the end of the process. I am convinced that by withdrawing, she deprived herself of an opportunity to find alternative outcomes and most probably weakened the impact of the research results due to additional inputs that could have been made by her. I am quite convinced that by withdrawing, she also deprived herself of the opportunity that may have enabled her to cope more effectively and provided her with a better understanding of her own experience during her deployment. Looking back at her story from my perspective and in order to retain my subjective integrity, I must make the following comments. It must be considered that due to the huge emphasis on her gender and colour within the context of the New South Africa, she was often in a privileged position, from overseas trips to special invitations to attend seminars. This was done to correct the discrepancies of the past and to show the political correctness. Although it is easy to understand one of the possible consequences of this trend was that she became used to a relatively easy path in her career. During her deployment to Burundi she met her first OC that did not immediately supply her with all her demands. It must be understood that it must have been very difficult for her after being accustomed to unconditional support to meet an OC who did not unconditionally grant all her wishes. It must be considered that she was in almost the same boat as children that are spoiled by their parents and then become very upset and hurt if that special treatment is not automatically provided by all. She was also a victim of her circumstances and I feel empathy for her.

Going back to how I decided on the new topic, I must consider how I coped with my own experiences during external deployments on the Namibia/Angola border, the South African National Antarctic Expedition and in Lesotho. Numerous internal deployments led me to conclude that they are considerably more difficult due to a lack of infrastructure, considerable difference in financial benefit and without any military or social status of the individual soldier.

After several conversations with fellow chaplains, social workers, psychologists and nursing personnel regarding their experiences and the support they had during their respective external deployments, I grasped a number of things. I realised that due to the enormous increase of the South African Defence Force's role in Africa and the impact that deployments already had on caregivers, it would be an almost natural development to shift the aim from how to cope with isolation on remote SAAF bases to the question of how caregivers cope with deployment during peace-keeping operations.

“Coping with Deployment during Peace-Keeping operations, a Narrative perspective by caregivers in the SANDF”. Considering the title now, I realise that I should not have chosen the word “during”. The reason is that the research was done after the caregivers have already returned home; thus, the research was not done during their deployment and I questioned and tried to interpret, in retrospect, how the caregivers were able to cope with their

specific experiences during and after their deployment. I would have preferred to visit the mission area during their actual deployment. However, all interviews were conducted after their return to South Africa. I was unable to arrange a visit to assist me in conducting any interviews during the actual deployment phase which indicates the lack of any real interest in my research from the Department of Defence.

I still would have preferred to visit the mission area, at least to reflect on the results of my research with other caregivers while they were deployed in the actual situation. This was never done due to the difficulty in getting authority to do so. Personally, I think not visiting the actual deployment area and reflecting on the results of the research may be one of the drawbacks and deficiencies within the research process.

I believe that nobody was really prepared to accept responsibility for such a visit. It is not that they deliberately prevented me from going; it was just not their priority to assist or enable me to make such a visit to the mission area. Apparently the Air Force had no jurisdiction in sending me, because external deployments apparently fall under the authority of CJOPS. Even though specific individuals promised me assistance, it never materialised, neither from the office of the chaplain General nor from CJOPS.

It is theoretically possible that they prefer the research not to take place at all, but my opinion is that they were simply not that interested in the outcome of the research. Arranging authority was either simply too much work, or perceived not to be my responsibility. The reason for the apparent lack of interest may be on different levels at which I can only speculate. The lack of interest may range from an inability to grasp that caregivers may “actually” struggle to cope and the importance thereof to being too busy with other important concerns to even bother about seemingly irrelevant studies. This lack of interest may be due to the fact that my focus was not on the Army, but predominantly on the South African Military Health Services and the South African Air Force. I am convinced that the discourses between the arms of services are stronger than most are willing to admit. Informal verbal feedback to senior members in the Chaplain General’s office indicated that the Air Force always complains when they are not pampered and allowed to do things their way.

Additionally, I am saddened to say that the lack of interest may be due to the fact that my research was focused on women, but if I honestly consider the emphasis on women and gender equity and the efforts made to deploy women, I am not able to provide arguments that it may be a lack of interest in women. If I consider the bigger picture, the possibility remains that they are simply not that interested in supporting research or in really caring about how caregivers are able to cope. Although the office of the Chaplain General is aware of my studies, I was never asked to become involved in any forum or planning which was remotely relevant to my field of study. This may be due to the problem of trying to reach race and gender equity and representivity.

In fact, I experienced an almost deliberate effort not to utilise my knowledge or consider my inputs. It may be possible that they are waiting for me to finish my research with the intention of then deciding whether it could be useful. On the other hand, it is quite possible that they are not even remotely aware of the impact that their apparent indifference in their approach made to my research. In retrospect, I realise that I should have been more demanding

and insisted on visiting the mission area; I am partially responsible for not going by accepting their decisions and not demanding more support.

If I was more insistent, authority would probably have been granted to allow me to visit the mission area. My decision to apply for a severance package, and to leave the full-time employment of the Defence Force, created additional problems and time constraints on me.

Referring to time and time management, I have no illusions that I was wrong to drag out the research over such an extended time frame. It not only added towards my struggle to remain motivated, but also created practical problems. During my registration period, I was transferred four times between work stations and four times my whole household was relocated to a new residence. This severely disrupted my ability to focus on my research and created practical problems ranging from missing books and documentation, to lost writing time. In addition, during this long time frame, one of the Co-researchers was also transferred to Cape Town. Auspiciously all interviews and feedback sessions were already completed at that stage.

On a practical level, while writing my last chapter, I experienced difficulty in recalling what I wrote in Chapter Two! This resulted in numerous pieces of work as well as articles having to be re-read, simply to recall previous arguments. If I experienced difficulty with recalling my own writing, I can only assume that my study leader in all probability experienced similar difficulties and frustration with my research being spread over such a long time frame. It is definitely not the ideal and I created unnecessary difficulties for myself in the process. I rationally understand why it was dragged out over a long time, but realise that I was predominantly responsible for my own misery and difficulty in not deliberately trying to conclude the research process. I can recall the words of Ann Lamont (1995:19) who made one of the best explanations of how research is conducted in practice, with the following story:

“... thirty years ago my older brother, who was ten years old at the time, was trying to get a report on birds written that he’d three months to write, which was due the next day. We were out at our family cabin in Bolinas, and he was at the kitchen table close to tears, surrounded by binder paper and pencils and unopened books on birds, immobilized by the hugeness of the task ahead. Then my father sat down beside him, put his arm around my brother’s shoulder, and said. “Bird by bird, buddy. Just take it bird by bird”.

Just take it word by word! At the end of the day, research entails sitting down and writing and re-writing what occurred during the research process, how it developed, writing relevant data on the applicable topic in order to open space for understanding to take place, and to write down the thoughts and experiences of the co-researchers as well as your own. Essentially, the only way to go through the process is to write it down word by word.

Maybe what was missing in my metaphor was the Father figure to provide guidance in not only putting the facts on the table, what had to be done, but also by providing security and a feeling of trust in addition to the expectation that you are in fact capable of successfully completing the research.

There was a number of additional mistakes made which created some difficulty in the research process. The first mistake I initially made was not to

grasp the difference between narrative research and narrative therapy. There is a difference in approach between the Masters studies, which is more focused on therapy and adding knowledge to the individual and research on opening new frontiers. It is very important for students, especially those coming from a Practical Theology background, to understand the difference. The intense focus of my study on caregivers and coping, made it even more difficult to differentiate between therapy and research.

The second big mistake I made, and the one thing I would do differently if possible at all, was my initial approach to literature. I spent a lot of time and effort in reading relevant and irrelevant documentation on isolation. Reading was not the mistake, the mistake was not to write down immediately any interesting fact and comment made that might or might not be relevant to the eventual outcome. I was under the impression that it would be better to first read and gain good background information pertaining to the topic and then to be able to put data into perspective.

It was a gigantic mistake from my part not to write down everything immediately. This definitely contributed to my slow start in terms of the research process and the development of chapters. I immediately should have written down all information, including all documentation and bibliographical details. It was extremely frustrating later on in the process to recall specific data but not to be able to utilise it in the research simply because I could not locate the document where I read it in the first place. It is just as important to immediately write down the author's detail in the bibliography. Unfortunately, I wasted precious time looking and trying to relocate biographic detail, especially after relocating and moving my study to new premises.

When I eventually realised the folly of my decision, I created all my chapters and then tried to write down the relevant information in that specific chapter. For instance, because Chapter Five pays particular attention to a reflection on religious and spiritual aspects and especially God's presence in our understanding of reality, I would try to direct relevant information to that specific chapter. An additional advantage of my change in approach was that I suddenly felt as if there was some movement in the right direction and it created a slight feeling of getting a grasp on a seemingly ungraspable topic.

Another mistake I made, or trap that I walked into, was the language issue. Due to the Defence Force's language policy I was "forced" to write my thesis in English. I was not directly forced to do so, but the sad reality is that an Afrikaans document would have made even a smaller impact than the current policy induced English one.

The advantage of writing in Afrikaans would have been that it is my home language and that two of my four Co-researchers conducted their interviews in Afrikaans. Those interviews had to be translated, or at least partially translated, in order to utilise them. The question that must be asked is how the original meaning may be lost due to the process of interpretation and translation? I am still convinced that it is better to conduct the interview in the language of the co-researcher's choice. I do not regret utilising people from different cultural backgrounds.

I am experiencing different emotions regarding the current English domination and is worried that the over-emphasis on English will contribute towards the diminishing impact on Afrikaans as an Academic language. The argument that English is a dominant language does not convince me that any studies in Portuguese, French, German, IsiZulu or Afrikaans cannot be done simply because English is the dominant language.

It is similar to my philosophy regarding politics, if one party is dominant, the result is that the opposition is so weak that it is unable to produce any sensible and valid competition and thus a balance of power. Absolute power is too strong for any human being to manage. The principle behind peace-keeping missions is exactly the same as to restore the balance of power and thus to allow the specific country to regain its internal balance. A research process also needs to be balanced between the literature study and empirical work.

To summarise this critical reflection, I realise and acknowledge my own tendency to keep on changing words and phrases, to keep on updating information and the urge to constantly add new relevant information. I also realise that the research process is only able to focus on a very small fraction of the bigger picture and that this research will immediately be outdated simply due to the ongoing manner of how different caregivers cope with deployment. Notwithstanding, it is my hope and prayer that this research may add some new perspective on a very important and increasingly relevant topic, especially for those who are involved at some level with the question of how caregivers cope with deployment.

Paulo Coelho (2007:7-8) in his book *Like the Flowing River* describes:

“An Acton is a thought made manifest.

The slightest gesture betrays us, so we must polish everything, think about details, learn the technique in such a way that it becomes intuitive. Intuition has nothing to do with routine, but with a state of mind that is beyond technique.

The Archer allows many arrows to go far beyond the target, because he knows that he will only learn the importance of bow, posture, string and target, by repeating his gestures thousands of times, and by not being afraid to make mistakes.”

I am still in the process of aiming and shooting arrows and am not afraid to make or admit mistakes. I am aware of an ongoing process to aim and shoot and constantly dream and hope of an arrow that will find the target. I know I missed some arrows in this research, yet, I know that some managed to find the target.

How the stories of individual caregivers and the organisations involved with coping in a deployment situation develop, will not only remain an ongoing process, but will eventually be told by the specific individual according to his or her own unique experiences and unique interpretations of how they, in their own unique way, managed to cope with deployment.