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Exploring lived experiences and coping strategies employed by Black women in the SANDF post deployment-related trauma.

A mini dissertation submitted in partial fulfilment of the requirements for the degree.

MA Research Psychology

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DECLARATION

I, Sihle Ntuli, hereby declare that this dissertation is my own work and that, where applicable, every effort has been made to correctly reference the work of other authors. Furthermore, I declare that this dissertation is to be submitted to the University of Pretoria and has not previously been submitted to this university or any other tertiary institution.

Signed on the 5th day of December 2023

ETHICS STATEMENT

I, Sihle Ntuli (u22754114), have obtained applicable Faculty research ethics approval for the research work titled ‘Exploring lived experiences and coping strategies employed by Black women in the SANDF post deployment-related trauma on 15 November 2021(reference number: HUM010/0123). I, furthermore, declare that I have observed the ethical standards required in terms of the University of Pretoria’s code of ethics for researchers and the policy guidelines for responsible research.

ABSTRACT

Soldiers encounter traumatic events during deployment that can have negative consequences on their mental and physical well-being. However, there is dearth of research studies that focuses on coping with trauma amongst the SANDF members following deployment, especially women. Therefore, the purpose of the current study was to explore the lived experiences of Black women in the SANDF and how they cope following deployment-related trauma. Data was collected by means of semi structured interviews among six participants who provided a rich detailed description of their lived experiences and coping strategies they used following a traumatic encounter. Interpretative phenomenological analysis was used to interpret and analyse the data gathered. The findings of the study illuminated participants' lived experiences of deployment, and the coping strategies they utilised following deployment-related trauma. The participants highlighted the emotional and psychological manifestations of their traumatic experiences, the role of their support system, as well as the barriers to seeking psychological services. They also highlighted positive aspects, shared lessons they learned from deployment and as well as challenges they were confronted with both during and post deployment. Given the complexity of trauma, it is therefore recommended that future studies look at the effectiveness of existing interventions put in place to combat the effects of deployment related-trauma in the SANDF, as well as the impact of deployment on the family of deployed soldier.

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CHAPTER 1

1. 1 Introduction

South Africa has the highest percentage of women participating in the United Nations (UN) Peace Keeping Operations (PKOs) in Africa (Moditsi & Gorur, 2020). A majority of contemporary UN peacekeeping missions operate in volatile and harsh conditions that are not easy to navigate (Di Raza, 2020). The implementation of the United Nations Security Resolution Council (UNSRC), meant an expansion of the peacekeeping mandate, thus making the operational environment increasingly challenging (George & Shepherd, 2016). The UNSRC focuses on the "operational and structural measures for the prevention of armed conflict, strengthening the rule of law, and promoting sustained economic growth, poverty eradication, social development, sustainable development, national reconciliation, good governance, democracy, gender equality and respect for, and protection of, human rights" (George & Shepherd, 2016, p. 270), which is more complex and multidimensional compared to the traditional peacekeeping that focused on the cessation of fire between fighting parties.

Post-deployment mental health issues are a source of potential concern for military health professionals around the world (Coetzee et al., 2010). This is due to physical and emotional stressors experienced by military personnel returning from deployment (Brenner et al., 2015). Following military deployment, returning home is frequently followed by significant changes in the environment for service members, including changes in the physical surroundings (such as the climate), mental state (such as feeling threatened), and the social milieu (Adler et al., 2011). As a result, post-deployment period introduces new stressors for service members and their families, especially those who are recovering from the effects of stressful and traumatic deployments (Marini et al., 2017). Although the effects of post-deployment stress on peacekeepers have been well documented, not much is known about the experiences of women, particularly Black women in peacekeeping after deployment-related trauma. Considering that the military setting is male-dominated, studies conducted tend to be more male-orientated and less focused on women's experiences of exposure to deployment-related trauma. Deployment-related trauma refers to traumatic events encountered during deployment, these include experiences such as combat exposure, exposure to potential danger or threatening situations, witnessing seriously ill or injured people, and witnessing people being killed (Frank et al., 2018).

1. 2 Background

In recent years, peacekeeping missions have evolved, and women have increasingly become part of peacekeeping operations. It is imperative that we acknowledge and understand the psychological well-being of women in service, in light of the increase in the percentage of women entering the force and participating in peacekeeping missions (Bertolazzi, 2010). The South African National Defence Force (SANDF) is among a very few military forces globally that incorporates women in a large scale in PKO's (Alchin et al., 2018). With the constant rapid expansion of roles and numbers of the SANDF women in these operations, a concern arises regarding the mental health of servicewomen post-deployment (Watson, 2019). Whilst there has been an upsurge of mental disorders such as posttraumatic stress disorder (PTSD), anxiety, and depression among peacekeepers, very few studies have focused specifically on women peacekeepers or have looked at the mental health outcomes among women secondary to long-term post-deployment adjustment (Di Razza, 2020).

Broader literature (Goldstein et al., 2017; Vogt et al., 2011) posits that women are more vulnerable to the effect of trauma exposure and present with a higher prevalence of PTSD. Furthermore, most studies (Morgan et al., 2017; Ochu et al., 2018; Shelef et al., 2018) available on coping strategies on PKOs have relied on limited samples regarding the effect of exposure to trauma on servicewomen, with analyses that do not directly focus on women's mental health post-deployment. SANDF servicewomen's increased exposure to trauma related to deployment missions offers an opportunity to evaluate mental health adjustment post-deployment. Therefore, the current study aims to explore the lived experiences and coping strategies of Black SANDF servicewomen post-exposure to deployment-related trauma.

1. 3 Justification, Aim, Objectives, and Research Question

1. 3. 1 Justification

The military is an organisation with a majority of tasks that require a certain level of physical strength which is often feasible for the male physique (Steidl & Brookshire, 2019). In addition, the military is a deploying organisation with members who can withstand the austere environment in both combat and peacekeeping operations (Adler et al., 2017). Women have proved to be suited to withstand such circumstances (Greer, 2017). However, a plethora of challenges arise with the integration of women in the military context especially

in the peace and security industry which have made it difficult for women to access opportunities for the longest time (Elnitsky et al., 2017).

Currently the military is more integrated than in the past. Women are part of leadership (Klenke, 2017), with a 28% representation of women within the SANDF (Martin, 2022). Furthermore, as of 2019 there were over 46 female brigadier generals compared to 2010 when the organisation had none (Helfrich, 2019). During the year 2019 the SANDF deployed 102 women in the Force Intervention Brigade (FIB) an operation that had no women previously (Helfrich, 2019). The organisation has not reached its target of 30%, however, progress made over the past decade is significant and not only in general positions but in senior positions as well as in peacekeeping operations (Martin, 2022). Women in the military still encounter challenges dealing with who they are and how they conduct or carry out their duties (Brown et al., 2021). Such attitudes and beliefs pose a threat to the integrity of the organisation and their mission or objectives (Trobaug, 2018).

It is therefore imperative that we look at the experiences of women within the force as they embark on new roles within an organisation entrenched within politico-historical masculine dominance. In addition, there have been studies of women within the military however those studies focused more on militaries in the Western countries (Belton, 2016; Gruber et al., 2021; Johnson et al., 2021; Markowitz et al., 2015; Warner, 2018; Welsh et al., 2015). A few South African researchers have given attention to South African peacekeepers (Harmse et al., 2022; Heinecken & Ferreira, 2012; Heinecken, 2020) however, none have investigated South African peacekeepers following deployment related trauma. There is little research on how women in the military adjust post-deployment; this could be because they make up a lower percentage of the force (Bertollozi, 2010). The dearth of studies conducted within the SANDF highlight essential gaps in psychological coping-related studies or research, especially with a focus on servicewomen. The current study, thus, aims to explore the lived experiences of Black SANDF women following deployment-related trauma, particularly their coping strategies.

1. 3. 2 Aim

The principal aim of this study is to explore the lived experiences of Black SANDF women following deployment-related trauma, particularly their coping strategies.

1. 3. 3 Objectives

The proposed study is guided by the following objectives:

1) To understand Black SANDF women's coping strategies in managing post-deployment-related trauma.

2) To explore the lived experiences of Black SANDF women post exposure to deployment-related trauma.

1. 3. 4 Research question

1. 3. 4. 1 Primary research question

What are the lived experiences of deployment-related trauma by Black SANDF women?

1. 3. 4. 2 Secondary research question

The secondary research question is as follows:

What positive and negative coping strategies do Black SANDF women adopt to cope with deployment-related trauma?

1. 5 Outline of chapters

Chapter 1 presents the introduction, background, justification, aims as well as the objectives of the study. This chapter also focuses on the research questions the study seeks to answer.

Chapter 2 provides a review of literature related to the experiences and coping strategies of Black SANDF service women and the theoretical framework that guides this study.

Chapter 3 discussed the methodology adopted in this research study. The discussion on the methodology provides information on the research design, sampling method, data collection and analysis of data. Furthermore, trustworthiness and ethical considerations of the study were discussed in this chapter.

Chapter 4 presents the findings of this study. This chapter provides a description and discussion the findings that emerged from the data gathered during the interviews. Therefore,

the themes and sub-themes that emerged from the data collected are discussed integrating the theoretical framework and reviewed literature. This aimed to describe the subjective experiences of Black SANDF women and how they cope with trauma.

Chapter 5 concludes this study with a summary of the findings. Followed by a discussion of the limitations the current and recommendations for future studies on deployment related trauma.

1. 6 Conclusion

This chapter presented an overview of the current study, as well as the background, justifications, aims, objectives and research questions that guide this study. Additionally, a brief outline of each chapter was presented. The following chapter is a review of literature related to lived experiences and coping strategies of Black SANDF women post deployment-related trauma.

CHAPTER 2: LITERATURE REVIEW

2. 1 Introduction

Military members encounter traumatic events that can have negative consequences on their physical and emotional wellbeing (Brooks, 2017). Women in service are a minor cohort and experience trauma due to the nature of the work their military responsibilities demand of them (Karim, 2017). In addition, they are confronted with a substantial amount of physical and psychological challenges whilst deployed (Bhakta & Logan, 2014). Exposure to life-threatening conditions during missions may lead to psychological adjustment difficulties post-deployment (Koopman &Van Dyk, 2012). The literature review will focus on the conceptualisation of military deployment, deployment-related trauma, post-traumatic stress disorder (PTSD) in the military, debriefing, women in peacekeeping and coping strategies within the military context. In addition, the theory of stress and coping is presented as the theoretical framework grounding this study.

2. 2 Military deployment

The SANDF has been engaged in the United Nations (UN) Peacekeeping Operations (PKOs) since 2001 (Bruwer & Van Dyk, 2005). The deployment of the SANDF in PKOs is part of South Africa’s fulfilment of international obligations and a contribution to the stability and peace in the continent and other parts of the world (Mashatola & Bester, 2020). Military

deployments refer to the temporary transfer of military members from their home units to another location or country in support of combat or other military operations. (Biggs et al., 2017). Deployment of military members to foreign countries means separating from family, increased level of physical activity, changes in work habits, and responsibilities for a period of over a year (Rickovic, 2014). The concept of peacekeeping can be defined as the deployment of civilians, military, and police personnel by the UN in an effort to curb actual or potential conflict within or among states (Di Salvatore & Ruggeri, 2017). Peacekeeping operations are aimed at restoring peace and stability in areas experiencing conflict, this includes observing activities of all stakeholders involved, providing humanitarian and medical assistance as well as protecting the local population (Dervishi et al., 2015).

PKOs differ in terms of length, scale, outcome, and degree of difficulty (Bleckner, 2013). Peacekeepers encounter challenges such as exposure to environmental stressors which include poor living conditions, frequent exposure to poverty, illness, and physical injury that may contribute to their stress (Howard, 2019). The SANDF partakes in peacekeeping missions and peace enforcement missions, in which both men and women are deployed (Mashatola, 2022). According to Chapter 6 of the UN Charter "PKO's involve both military and civilian personnel who are delegated with the task of monitoring and assisting with the implementation of agreements reached between the belligerent parties, such activities are also mandated under the UN Charter; they take place with the consent of the conflicting parties and do not involve the use of force (other than in self-defence) by the peacekeepers" (Defense Review, 1998, p. 39). Chapter 7 of the UN Charter describes Peace-enforcement as "activities in the field, that require the use armed force in order restore international peace and security in situations where peace is threatened, where a breach of the peace occurs, or where there is an act of aggression (Defense Review, 1998, p. 39).

Peacekeepers may experience psychological distress manifesting in anxiety and depression which may result in alterations in experiential reality of self and the world (Gibbons et al., 2014). The programmes implemented in the SANDF focus on the pre-deployment phase, deployment phase, and post-deployment in an attempt to alleviate PTSD among soldiers during and post-deployment (Dhladhla & Van Dyk, 2009). The pre-deployment programme involves preparation training which includes providing psychoeducation on PTSD, building resilience, hardiness, morale, cohesion, and teaching on the importance of keeping communication with family members whilst deployed (Van't Wout & Van Dyk, 2016).

During deployment, the SANDF also deploys a multi-disciplinary team, consisting of a chaplain, social worker, psychologist, medical doctor, and nurses to assist soldiers to cope with stressors during deployment missions (Shinga, 2015). The deployment of a multi-professional team with a battalion may have a positive effect, as a study by Heinecken and Ferreira (2012) found that South African peacekeepers presented with low stress levels during deployment. The psychological debriefing programme implemented in the SANDF takes place immediately when soldiers return from peacekeeping operations, soldiers are screened for PTSD and are encouraged to share their emotional experiences of deployment (Dhladhla & Van Dyk, 2009). This is an effective way to assist or to ensure soldiers process their emotions following trauma exposure. However, it might not be feasible to detect PTSD immediately following a traumatic encounter as a significant body of literature points out that soldiers tend to experience delayed PTSD onset (Solomon, 2020).

Furthermore, when the operations end military members are not given enough time to transition back to their home life routine, which may be problematic or interfere with the adjustment process after deployment (Heinecken & Wilén, 2021). Factors associated with potential difficulties in adjusting to normal life routine include changes in emotions that stem from exposure to trauma, re-establishing relationships, financial concerns, and parenting (Vogt et al., 2011). A rapid transition may further contribute by not offering military members adequate time and opportunity to develop effective closure and perspective after the traumatic encounter (Nkewu & Van Dyk, 2016).

2. 3 Deployment related trauma

Soldiers who experience traumatic events during deployment are more prone to later report mental health problems, particularly PTSD or alcohol misuse (Waller et al., 2012). Trauma refers to an emotional response to a distressing event or series of events such as rape, accidents, or natural disasters (APA, 2022). Adverse reactions such as shock, and denial, are not uncommon after a traumatic event; long-term effects of trauma include unpredictable emotions, flashbacks, difficulties with relationships, and sometimes physical symptoms such as headaches or nausea (APA, 2022).

Deployment stressors can be divided into three categories, namely basic, cumulative, and traumatic stressors (Singh, 2020). Basic stressors refer to the daily deployment stressors such as boredom and ambiguity; these stressors are minor, and often associated with everyday routine that may cause irritability, anger, annoyance, as well as tension (Van’t Wout

& Van Dyk, 2016). Generally, peacekeepers can overcome this type of stressor depending on their physical and psychological traits (Loscalzo et al., 2018). However, stress accumulates if not addressed, it can have negative effect on behavior and productivity of military members (Wisén et al., 2021). During peacekeeping missions, peacekeepers are normally given simple, monotonous, and repetitive work tasks; this may lead to boredom as there is a lack of entertainment (McCullough, 2016). Boredom becomes problematic when there is lack of meaning in professional work, as peacekeepers may believe that their job skills are deteriorating due to inactivity (Danieli, 2018). Ambiguity is another basic stressor, PKOs are inherently ambiguous (Rhoads, 2016). Peacekeepers reported on the ambiguity of the mission, this involves uncertainty in executing tasks as well as departure times (Bode & Karlsrud, 2019; Harmse, 2022).

Cumulative stressors refer to stressors that accumulate gradually, some problems might be significant and have prolonged effects while others might be minor, and a mere reflection of the challenges encountered daily; examples of cumulative stressors are isolation and danger (Hutton, 2020). Peacekeepers are usually isolated as they are deployed in remote areas where they struggle to keep communication with families and friends (Warner, 2018). Lengthy periods of isolation have an adverse impact on mental health (Gruber et at., 2021).

PKOs are characterised by a plethora of elements that pose dangers and threats to human life, these involve attack, injury, and contracting diseases (Howard, 2019). Exposures to the above conditions can affect adjustment and cognitive functioning (Howard, 2019). Critical traumatic stressor refers to “traumatic experience in which peacekeepers are exposed to physical or psychological assault in which there is a threat or harm to himself or herself or to the other peacekeepers” (Di Razza, 2020, p. 2). Examples of critical traumatic stressors include witnessing injuries, human remains or death of a coworker or the local population that peacekeepers are delegated to protect (Di Razza, 2020). Military members exposed to critical traumatic stressors are predisposed to resorting to alcohol as a coping mechanism and developing mental disorders (Wild et al., 2020).

Post-deployment mental health problems are influenced by both military and non-military factors, these include exposure to deployment-related trauma and previous mental health problems, in addition, they are related to exposure to potentially stressful deployment events (Moore et al., 2017).

2. 3. 1 Post-traumatic stress disorder (PTSD) in the Military

PTSD in the military is associated with potentially stressful experiences that pose a threat to the well-being of soldiers (Waller et al., 2012), in addition exposure to life threatening deployment events has been found to be a predictor of PTSD in deployed soldiers (Waller et al., 2012). PTSD is a psychological condition resulting from witnessing or experiencing single or multiple traumatic events; it is characterised by intense emotional and physical distress accompanied by severe anxiety, nightmares, flashbacks as well as avoidance of situations or places that trigger memories of trauma (APA, 2022; Han et al., 2014; Wastell, 2020). PTSD was also known as "shell shock" and combat fatigue during the era of World War I and II (Taylor-Desir & Association, 2022). PTSD symptoms usually commence within a period of three months following the occurrence of the traumatic event; however, symptoms may emerge at a later stage (Astill Wright et al., 2019).

During PKO's peacekeepers often encounter traumatic events that are akin to those of traditional combat operations (Visagie et al., 2022). Seedat et al. (2003) reported that 60% of South African peacekeepers experienced motor vehicle accident (MVA), 20% encountered life threatening injuries, and 22% experienced trauma of sudden death of someone close. Furthermore 26% of the peacekeepers met the DSM-V diagnostics criteria for PTSD; however very few of the peacekeepers sought psychological assistance (Seedat et al., 2003). The aforementioned study was supported by Sibanda (2020) in that SANDF members presented with undiagnosed PTSD symptoms due to trauma exposure resulting from previous and current military operations. Heinecken and Wilén (2021) investigated the challenges experienced by soldiers in adapting to the home environment after returning from PKO's among SANDF soldiers, they reported PTSD symptoms yet not many of the soldiers commented or elaborated on PTSD, although it was apparent in their discourse. The authors further contended that the inability or unwillingness of the soldiers to recognize PTSD symptoms may pose consequences for the military members and their families. Drawing from the above studies (Heinecken and Wilén, 2021; Seedat et al., 2003; Sibanda, 2020) it is evident that the SANDF requires a solid strategy to combat or reduce PTSD especially among peacekeepers post deployment.

According to the World Health Organization (WHO), there is a constellation of psychological disorders that occur following exposure to potentially traumatic events (PTE) (WHO, 2022). In addition, whilst there are over 50 mental health conditions linked with stress and trauma, PTSD is linked to many other mental health condition (Sareen, 2014).

Factors influencing how an individual appraises stress are dependent on the occurrence, frequency, and complication of the trauma (Alvers et al., 2020). Dervishi et al. (2015) posits that following experiencing traumatic encounter, it is challenging to predict who will develop PTSD symptoms, however there are certain risk factors that predispose peacekeepers to PTSD. Polusny (2013) identified three most common risk factors for PTSD among peacekeepers, namely unit support, coping strategies, and trauma exposure. Lack of social support plays a vital role in the development and maintenance of PTSD, particularly its emotional, cognitive, and behavioral elements (Simon et al., 2019). According to research lack of social support following trauma exposure leads to severe symptoms of PTSD (Anyaegbu et al., 2021; Moore et al., 2017; Wang et al., 2021). PTSD symptoms have been noted to be elevated post trauma exposure due to of lack of support among peacekeepers (Harmse et al., 2022; Heinecken, 2020).

Positive coping strategies have been found to buffer PTSD symptoms in peacekeepers, while negative coping strategies exacerbate PTSD symptoms (Kline et al., 2013; Possemato et al., 2014; Wright et al., 2013). Romero et al. (2020) noted that negative coping strategies were associated with PTSD symptoms among a cohort of U.S. military members post deployment. Negative coping strategies that have been noted mostly in military members include isolation, as well as the use of drugs and alcohol (Armenta et al., 2018; Matshayisa & Letsosa, 2019; Mbhele, 2021; Nkewu & Van Dyk, 2016).

As stated previously peacekeepers encounter a variety of atrocities which may result in the development of PTSD symptoms (Brenner et al., 2015). However, some countries attested that most of their peacekeepers report low symptoms of PTSD post deployment; this may be due to training offered prior to and post deployment (Álvares et al., 2020; Brenner et al., 2015; Doody et al., 2022; Warner, 2018).

2. 4 Psychological Debrief

The SANDF engages in combat, peacekeeping operations, and disaster management. Peacekeepers are responsible for protecting people living in conflict zones and are subjected to traumatic encounters (Dhladhla & Van Dyk, 2009). The nature of such missions involves witnessing violent fighting, killing of women and children, child soldiers and their own forces; these events may contribute to members developing PTSD (Halterman & Irvine, 2014). To mitigate the effects of trauma within the SANDF, a once-off debriefing session takes place with members, facilitated by psychologists immediately after the occurrence of an

incidence as well as after deployment at the demobilisation area (Dhladhla & Van Dyk, 2016) Psychological debriefing, which is employed by many military forces worldwide, is one of the most popular early interventions with military populations (Adler et al., 2009). Psychological Debrief can be defined as a technique that enables survivors to process and reflect on the traumatic events they have witnessed while also gaining personal control over the situation (Arancibia, 2022).

Three reasons led to the development of psychological debriefing in the military: to alleviate the psychological effects of traumatic events, to ease acute response, and to decrease the occurrence of PTSD (Snowdon, 2021). However, much controversy revolves around the effectiveness and neutrality of psychological debrief , while some authors argue that it reduces trauma symptoms (Greenberg, 2007); others contend that it can be detrimental in that it can impair psychological adjustment as a whole and have negative psychological effects (Wood et al., 2023; Wright et al., 2013). On the other hand, Van Dyk and Dhladhla (2009; 2016), support the importance of holistic management, and implementation of educational military programmes before and after deployment, including hosting a debriefing session immediately after deployment to alleviate the prevalence of PTSD in the SANDF.

2. 4. 1 The effectiveness of psychological debrief.

The effectiveness of psychological debriefing has been questioned for more than two decades. Several authors stated the positive and negative aspects on psychological debrief. Feuer (2021) asserted that psychological debrief can be used as a preventative measure, and proper usage of the intervention may also screen members who are suffering from acute stress. While other authors (Arancibia et al., 2022; Kearns et al., 2012; Rose et al., 2002; Vignaud et al., 2022) argued that it has limited efficacy and is potentially harmful.

2. 4. 1. 1 Positive aspect of psychological debrief. Adler et al. (2011) conducted a study to investigate whether soldiers who received psychological debrief would show minimal psychological distress, and present with better physical health compared to those who did not receive psychological debrief. Results demonstrated that soldiers who received psychological debrief were coping well, presented with low levels of post-traumatic stress and were physically healthier in comparison to the soldiers who did not receive psychological debrief. Castro et al. (2012) compared psychological debrief with three other early interventions in a sample of U.S. soldiers. Results revealed that all soldiers who received psychological debrief presented with fewer symptoms of PTSD and sleep problems in

comparison to those soldiers who received three other interventions. The authors concluded that psychological debrief might be a buffer against PTSD symptoms (Castro et al., 2012).

In a study conducted by Tuckey and Scott (2014) to investigate the effectiveness of psychological debrief among emergency care workers, results demonstrated that the healthcare workers who had received psychological debrief reported less use of alcohol; thus, indicating that psychological debrief was associated with less alcohol use and good quality of life compared to the emergency workers who did not receive psychological debrief. However, there was no significant effect on PTSD symptoms and emotional distress in this study; the authors concluded that debrief may be beneficial for broader functioning post exposure to traumatic events (Tuckey & Scott, 2014).

2. 4. 1. 2 Negative aspects on psychological debrief. The most common pitfall stated about psychological debrief, was that it exacerbates trauma symptoms of victims (Rose et al., 2002). Some authors (Gist & Woodall, 2013; Tuckey & Scott, 2014; Seelandt et al., 2021). contended that, it is unreasonable to expect a single or once off session intervention to prevent a complex psychopathological disorder such as PTSD. Others argued that psychological debrief may form an important part of a comprehensive post incident intervention, but it is not to be considered solely as an intervention (Hawker et al., 2011).

Vignaud et al. (2022) conducted a meta-analysis study to investigate the effectiveness of psychological debrief to prevent PTSD among a cohort of soldiers and emergency workers; very few studies reported on the psychological debrief's effectiveness to decrease PTSD symptoms such as flashbacks, avoidance, and isolation. Most of the articles in the systematic review did not support the effectiveness of the psychological debrief to reduce PTSD symptoms; the authors concluded that the early intervention may be potentially harmful to those who receive it (Vanguard et al., 2022). This study was supported by Rose et al. (2002) in a meta-analysis that demonstrated that debriefing can be potentially harmful.

2. 5 Women in peacekeeping

Over the past decade, the United Nation Security Council (UNSC) established a resolution to factor in gender equality in the PKOs in order to improve gender balances within the security sector (Vermeij, 2022). There has been significant progress towards achieving this resolution (Gianni & Vermeij, 2014). Although there's been significant progress in stabilising gender equality and gender mainstreaming in the PKOs, several challenges still exist in the implementation of the resolution. The UN policies are restricted

when it comes to state or stakeholders involved in the PKOs as some states involved appear to be passive in embracing the resolution (Gianni & Vermeij, 2014).

The UNSC resolution has been viewed as a benchmark as it legally binds states and stakeholders to include gender aspects in their peacekeeping processes (Barrow, 2016). The resolution is mostly understood as an establishment of the four fundamentals guiding the gender mainstreaming policy, namely prevention, protection, participation as well as recovery (Barrow, 2016). The first fundamental element demands interventions that decrease gender-based violence and sexual related conflict in PKOs (Karim & Beardsley, 2017). The second fundamental advocates for an increase in participation of women in decision making roles tasks in all levels and stages during conflict management (O'Reilly et al., 2015). The third fundamental guideline, concerning protection advocates for the support of women, children, as well as vulnerable and marginalised cohorts, especially those affected by sexual related conflicts and gender-based violence (Sharland, 2021).

Lastly, the fourth fundamental guideline related to relief and recovery, advocates for gender perspective to be incorporated in all phases of recovery from conflict, this includes long term availability or accessibility of healthcare and other necessary service (Luedke et al., 2017). The SANDF increased the percentage of women involved in peacekeeping to implement the UNSC resolution (Karim & Beardsley, 2017). Karim (2017) asserted that increasing women peacekeepers has the potential to create a positive impact on local women, inspiring them to engage in the political security affairs of their country. On the other hand, Wilén (2020) contends that gender mainstreaming or resolution may place high expectations and a greater burden on women peacekeepers and should be abandoned altogether.

Women are deployed in various capacities, including policing, military, or civilian obligations, and have a positive influence on the conditions of peacekeeping, especially by emphasizing women's roles in building peace and upholding women's rights (UN, 2012). Women in peacekeeping have shown that they can carry out the same responsibilities, uphold the same standards, and work under the same difficult situations as their male counterparts in all areas of peacekeeping (UN, 2012). It has been established that greater representation of women in peacekeeping operations increases mission effectiveness, ensures better access to local people, especially women, and more effectively promotes human rights and the protection of civilians (Basu, 2018; Helfrich, 2019). According to Karim & Beardsley (2017, p.62) "Women peacekeepers operate within and respond to this gendered environment,

providing a “humanising” dimension to peacekeeping, often undertaking activities that would be considered inappropriate for men”.

The deployment of women peacekeepers at checkpoints during PKOs has been attributed to creating a less combative environment in extremely volatile security environments (Sharland, 2019). In addition, women have great interpersonal skills than their male counterparts and gain access to intelligence from different members of society with ease, thus obtaining a more holistic view of the security environment (Ghimire, 2017). The UN had its second woman as a force commander since its inception (Ghittoni, 2018). The SANDF had its first woman as a battalion commander to lead a battalion successfully in 2019 (Martín de la Rosa & Lázaro, 2019). In light of these progressive developments, women peacekeepers have proven that they are valuable, efficient, and contribute significantly to PKOs.

Despite the successful integration, women still face many challenges within the security environment. The three most common challenges encountered by women peacekeepers are exclusion, discrimination, as well as sexual harassment and assault (Bleckner, 2013; Kreutz & Cardenas, 2017; Newby & O'Malley, 2021). Women are usually excluded from decision-making matters and leadership positions during the PKOs (Owuor, 2021). In addition to facing exclusion, women tend to be stereotyped as more nurturing and less threatening, and lacking physical strength and endurance, especially during patrols (Alchin, 2015). Furthermore, women are regarded as posing a gender security risk, particularly in hypermasculine contexts such as PKOs, where they are seen as sexual objects thus facing the threat of being sexually harassed or assaulted, as well as a threat to existing gender power relations that affect male dominance (Sharland, 2021). It is thus pivotal to understand how servicewomen cope with the myriad of potentially traumatising challenges during and post deployment missions.

2. 6 Coping strategies

Traumatic life events shatter our assumptions about ourselves and our world, in the aftermath of these extreme experiences, coping is necessary which involves a demanding task of reconstructing our assumptive world; a task that entails an intricate balance between confronting and avoiding trauma-related feelings, thoughts, and images (Janoff-Bulman, 1989; Nygaard & Heir, 2012). Positive coping strategies form an integral part of mental health and play a critical role in regulating response to stresses (Zhao et al., 2020). Specific

coping strategies mitigate stress and endorse positive psychological outcomes, while others worsen stress and promote negative psychological outcomes (Smith et al., 2016). However, the effectiveness of any given coping strategy is also dependent on resiliency and social support (Smith et al., 2016). Folkman and Lazarus (2013) referred to coping as cognitive and behavioral responses of an individual in confronting and managing stressful situations, however not all forms of coping are considered beneficial. Coping strategies can be defined as mechanisms people use when they encounter stress and/or trauma to assist in managing painful or difficult emotions (Algorani & Gupta, 2022)

Coping strategies can assist people in adjusting to stressful events while maintaining their emotional well-being (Algorani & Gupta, 2022). Employing coping strategies, such as self-blame or avoidance to deal with stressors leads to negative results (Nzabamwita, 2017; Mbhele, 2021). Thus, coping strategies may be categorised into positive and negative coping. Positive coping is associated with rational problem-solving, while negative coping is associated with avoiding, withdrawing, or denying the problem (Martos Martínez et al., 2021).

Lazarus and Folkman (1984) identified two types of coping strategies, emotional-focused and problem focused coping strategies. In the absence of positive coping strategies peacekeepers are more likely to adopt negative coping strategies (Britt, 2017). Emotion-focused coping strategies refer to coping strategies that involve controlling emotional response to stress (Flood & Keegan, 2022). Alcohol misuse and avoidance are emotion-focused coping strategies that are common among peacekeepers post deployment (Britt et al., 2015; Castro et al., 2012; Soir, 2017; Platania, 2022). Avoidance coping strategies are associated with negative traits such as frustration, anxiety, and depression. In addition, they are perceived to be ineffective in solving problems (Smith et al., 2016; Stanisławski, 2019). Military members with low resilience tend to adopt avoidance coping strategies (Bartone, 2020). Alcohol misuse has been linked to mental health problems such as PTSD in peacekeepers (Dirkzwegar et al., 2005; Souza et al., 2011). The use of alcohol as a coping mechanism is more prevalent in peacekeepers who have witnessed critical trauma such as the death or witnessing human remains and women peacekeepers who have experienced military sexual trauma (Schumm & Chard, 2012).

Problem focus coping involves the use of coping strategies that are intended to impact or alter stress through direct action, problem solving and active decision making (Biggs et al.,

2017). Problem focused coping strategies common among peacekeepers are seeking social support and generating alternative solutions. (Di Salvatore & Ruggeri, 2017; Harney & Leeman, 2021; Yavnai et al., 2018). Seeking social support is a positive problem focused coping strategy which involves talking to someone regarding the problem (Stanisławski, 2019). A study conducted by Heinecken and Ferreira (2012) among South African peacekeepers in the Democratic Republic of Congo (DRC) evidenced that speaking to someone regarding your stressors can lower your stress levels. Generating alternative solutions involves evaluating the problem, which may assist peacekeepers cope with stressors and lower levels of anxiety and depression (Morgan et al., 2017). Lack of effective coping strategies can result in emotions such as hopelessness, powerlessness as well as suicidal ideation (Rajappa et al., 2012).

Research studies found that soldiers experience difficulties in readjusting back to normal life after deployment (Balderrama-Durbin et al., 2018; Elnitsky et al., 2017; Heinecken & Ferreira, 2012). According to Bryant et al. (2021, p.63) "this difficulty in readjustment may, in turn, lead to the onset of PTSD". Furthermore, positive coping strategies have the potential to decrease symptoms of PTSD and facilitate growth following deployment trauma exposure in peacekeepers (Wood et al., 2023). However, there is a dearth of research that demonstrates the type of coping strategies employed by women peacekeepers following deployment-related trauma exposure, a gap that the current study aimed to address.

2. 7 Theoretical Framework

The theoretical framework that underpins the findings of the current study, is the theory of stress and coping (Lazarus & Folkman, 1984). The transactional model of stress which is also known as the theory of appraisal, stress, and coping; provides clarification on how individuals evaluate and respond to stressful events. In their seminal work, Lazarus and Folkman (1984) coined the term "coping" to define stress responses. Lazarus and Folkman (1984, p.19) defined "stress as a condition or feeling that occurs when a person perceives an event as "exceeding his or her resources and endangering well-being." This theory proposed that the optimal way to assess coping was through observing how a person appraises the stress or problem. Personal appraisal refers to the various ways in which people attempt to change negative aspects of their lives to reduce the internal threat of stressors; an appraisal can be a primary or secondary perception of a stressor, and thereby an evaluation of potential effectiveness and consequences of coping behavior (Lazarus, 1993). The theory will illustrate

how Black women in the SANDF appraise and cope with deployment related stress during and after deployment.

According to this theory, coping is effective if stress is accurately appraised and specific behavioral and cognitive strategies are used to manage, reduce, or tolerate stressful events (Brown et al., 2021). Lazarus and Folkman (1984) identified two types of coping styles: emotion-centered coping, which seeks to regulate internal emotions and the meaning of an event, and problem-based coping, which seeks to change the problem or conflict; the authors further investigated stress and coping in different contexts. Researchers have utilised the theory to identify stressors as well as coping strategies, both negative and positive (Castro et al., 2017; Heff & Willoughby, 2017; Vahedi et al., 2021). The theory will further elucidate on how they attempt to reduce the stressors encountered with the resources at their disposal and how they measure the effectiveness of such resources as well as the coping strategies used and the consequences thereof. The theory will also shed light on the type of coping strategies employed by the servicewomen which can either be negative or positive.

Lazarus (2000) posits that when an individual experiences stress, they initially appraise whether the stress is a threat, or a potential source of harm or loss. After appraising the stressor, emotion focused, or problem focused coping strategies emerge (Folkman & Lazarus, 2013). The type of coping strategies adopted by an individual is dependent on how the stress is appraised - threat, challenge or source of potential harm or loss (Biggs et al., 2017). Emotion focused coping strategies are viewed as negative coping (Folkman, 1994). Negative coping strategies include avoidance and the use of alcohol (Algorani & Gupta, 2021). In a military context negative coping can manifest in military members' excessive consumption of alcohol following exposure to traumatic events in deployment and avoiding getting psychological assistance (Brenner et al., 2015). Problem focused coping strategies are deemed to be positive coping strategies and might help decrease stress (Lazarus, 2020). The theory aligns with the aim of the present study in that it shed light on the experiences of how Black SANDF women cope, thus illuminating the types coping strategies they employ post-exposure to deployment-related trauma.

2. 8 Conclusion

Chapter 2 presented a review of literature related to the lived experiences of service women in the SANDF following deployment-related trauma which focused on military deployment, debriefing and coping strategies. The impact of deployment-related trauma on

peacekeepers was discussed as well as the role of women in peacekeeping. PTSD risk factors in the military context was elaborated on, including coping strategies employed by peacekeepers. The theoretical framework grounding this study, the theory of stress and coping was also discussed.

CHAPTER 3: RESEARCH METHODOLOGY

3. 1 Introduction

This chapter discusses the research methodology that guides this study. The qualitative approach was deemed suitable for this study. Data was collected by means of semi- structured interviews. Interpretative phenomenological analysis (IPA) was adopted to analyse data collected from the interviews. This chapter also discusses measures that ensured trustworthiness of this study, as well as ethical considerations and concludes with a section on reflexivity.

3. 2 Qualitative Research Approach

A qualitative research approach was deemed suitable by the researcher in order to gain insight into the lived experiences and coping strategies of Black women in the SANDF post deployment-related trauma. Qualitative research entails gathering and analysing non-numerical data to better comprehend experiences, viewpoints, or ideas (Bells & Waters, 2018). It can be utilised to uncover intricate details about a phenomenon or discover new research concept (Alsaigh & Coyne, 2021). Qualitative research dates back to the early part of the 19th century, well before quantitative statistical techniques were developed, and is rooted in anthropology, sociology, psychology, linguistics, and semiotics (Banks, 2018). The goal of qualitative research is to increase or widen our understanding of how things in our social world come to be the way they are (Hancock et al., 2021). Furthermore, an important focus of the qualitative approach is the emic perspective, that is the perspective, meaning, and interpretation of the individual involved in the research (Erciyes, 2020).

Qualitative research approaches rest on the assumption that reality is socially constructed by humans which can be altered and understood subjectively (Ngozwna, 2018), which is contrary to the objective quantitative approach (Rahman, 2016; Willig, 2013). Denzin and Lincoln (2011) asserted that qualitative research seeks to describe participants' perspective or point of view. As a result, qualitative oriented approach aims to facilitate the

comprehension of those perspective, in a metaphorical sense, these perspective serves as a compass of qualitative research, as they provide a solid foundation for researchers to gain insight into how human experience the phenomena under investigation (Alase, 2017).

Therefore, the perspective of lived experiences provides a strong foundation for the researcher to establish conclusions regarding how the phenomenon was experienced. This was essential for the current study since the researcher sought to gain an understanding of how Black SANDF women experienced deployment-related trauma, particularly the coping strategies they employed.

3. 2. 1 Research design

A phenomenological approach premised on qualitative research will be the guide principle of the present study. In this section, the researcher explains the main assumptions of the interpretative phenomenology analysis approach.

3. 2. 1. 1 Interpretative Phenomenological Analysis (IPA). IPA comprises three theoretical perspectives namely phenomenology, hermeneutics and idiographic. Phenomenology seeks to explore the essence of lived experiences, which is crucial to gain in depth understanding of the phenomenon under investigation (Ramsook, 2018), In the current study, the lived experiences and coping strategies of deployment-related trauma among Black SANDF women was explored. Hermeneutics focuses on exploring lived experiences of the participants putting emphasis on individual interpretation of participants within a specific context (Hopkins et al., 2017). This theoretical perspective provides a rich description of the participant's experiences which are usually taken for granted when researchers attempt to make meaning and gain insight of their lived experiences (Alsaigh & Coyne, 2021). Researchers attempt to understand how participants make sense of their experiences; this is known as double hermeneutic (Pietkiewicz & Smith, 2014). Through the hermeneutic perspective, the researcher was able to describe the experiences of Black service women and how they coped following deployment-related trauma, as well as how they navigated other deployment challenges.

The ideographic perspective is concerned with studying a single case intensively to gain an in-depth understanding about a particular case or participant (Miller et al., 2018). Participants experiences were looked at individually to gain more insight regarding their experiences, this was possible as the sample was small. The ideographic perspective seeks to describe a particular individual and places emphasis on the individual's traits or unique trait.

This involves examining the uniqueness of the individual's behavior and adjustment aspects rather than producing a universal or overall set of psychological constructs that may apply to a particular population (APA, 2022).

3. 2. 1. 2 Limitations of the IPA. While IPA is considered to provide practical, accessible, and easy to understand guidelines in terms of understanding and interpreting participants experiences, it is not without criticism (Love et al., 2020). The approach has been criticised for its lack of standardisation as well as its ambiguity (Turffor, 2017). Other scholars contended that it is rather more descriptive and inadequately interpretive (Motta & Larkin, 2023). Another concern raised was that of the accuracy of IPA in capturing lived experiences and meaning participants make thereof, whether it captured meaning or it's opinions thereof (Turffor, 2017).

Phenomenology seeks to understand nuanced accounts of individuals experiences; however, the approach relies on the intersubjectivity between participants and experience of the researcher (Neubauer et al., 2019). This necessitates good communication skills from both the participants and the researcher to successfully capture experiences in-depth. Therefore, the approach may be seen as reserved and accessible to individuals who are eloquently and fluently enough to describe their experiences (Murray, 2023).

3. 3 Sampling of Participants

The participants were selected through a purposive sampling method from various operational units. Prior to the commencement of the study, permission was requested from the Defence Intelligence (DI) through a formal letter (Appendix C). Permission was also be obtained from the Officers Commanding of the three identified operational units in Gauteng to access participants (Appendix D), the sample size is n= 6. Once permission was obtained, the study was advertised through word of mouth, meaning the researcher approached identified operational units, talked to potential participants, and directly explain the nature and purpose of the study. Babbie (2013) defines purposive sampling as an approach in which the population to be observed or investigated is selected based on the researcher's judgement about which members will be most suitable or representative. The sampling technique was deemed suitable, because the study comprised a particular population that is not commonly found. For the current study, the population was Black women who are uniformed members in the SANDF. According to the statistical data on the race and gender breakdown of the SANDF as of 2021, there was 68,9% males and 31,1% females, of which 75,8% were Black

African, 10,8% white, coloured 12,2% and 1,1% Indian (Janse Van Rensburg, 2021). As stated in the introduction most military studies conducted within the military are male-oriented and thus the focus in this study is on women, specifically ethnically Black since they constitute a higher percentage in the SANDF and thus partake in PKO's. The SANDF consists of four arms of service, namely, the South African Army (SA Army), South African Air Force (SAAF), South African Navy (SAN), and South African Military Health Service (SAMHS). For the present study, the sample comprised six Black women officers and non-commissioned officers from the SA Army (Infanteers) and SAMHS (medical personnel) who have previously deployed to Operation Mistral and Operation Vikela.

3. 3. 1 Research concepts and participants

Recruitment of participants took place in the province of Gauteng. One of the smallest among the nine provinces of South Africa situated in the Northeastern region of the country. The province contains three metropolitan municipalities, Johannesburg, Tshwane metropolitan and Ekurhuleni municipality; as well as two districts municipalities that are divided into six local municipalities. The sample used in the study comprised women from operational units in Gauteng.

3. 3. 2 Selection criteria

A selection criterion was developed to ensure that eligible candidates are selected for the study. Establishing a selection criterion is important in that it provides pivotal attributes of the target population that the researcher will use to answer the research question (Nowell et al., 2017). The primary research question that this study sought to answer was what Black SANDF women's lived experiences was of possible trauma related to deployment, therefore participants were required to meet the following criteria to be included: Be a Black service woman in the SANDF, deployed externally (Mozambique or DRC), experienced deployment-related trauma, returned from deployment in the past 24 months, be an operational medic or infantry personnel. Participants were excluded based on the following criteria: male, returned from deployment more than 24 months ago, deployed internally, non-black service women, deployed for less than six months.

3. 4 Data collection

Semi-structured in-depth interviews were used in the current study to collect data with six participants. The utilisation of semi-structured interviews allowed the researcher to

collect open-ended data, explore participants thoughts, and feelings of their lived experiences and how they cope after deployment-related trauma (Dejonckheere & Vaughn, 2019). All participants signed consent forms. Interviews were approximately 30 to 45 minutes in length. The purpose of the research, confidentiality, as well as the right to withdraw was reiterated. The semi-structured interview guide allowed room for both flexibility and probing, to gather the necessary information from participants (Qu & Dumay, 2011). Questions from the semi-structured interviews guided the in-depth information gathered. Examples of these open-ended questions included: "How would you describe some of the deployment-related trauma you have experienced?" "What are some of the coping strategies that have been beneficial and not so beneficial for you?" The interviews were audio recorded, with consent from the participants to assist the researcher with the transcription process. The participants were thanked and given both the researcher's and supervisor's contact details should they have any questions following the interview.

3. 4. 1 Transcription

Phenomenological researchers tend to utilise linguistic data (Smith and Osborne, 2006). After the interviews were completed, each interview recording was transcribed verbatim. Each case was listened to repeatedly to fully capture the meaning the participants ascribed to their experiences. Verbal and nonverbal cues that were observed during the interviews were also captured.

3. 5 Method of data analysis

3. 5. 1 Steps in Interpretive Phenomenology Analysis (IPA)

The proposed study used Interpretive Phenomenology Analysis (IPA) to capture the lived experiences and coping strategies employed by Black SANDF women post deployment-related trauma, which is in line with the interpretive phenomenological approach that underpins this study. The benefit of using this methodology is that it offers the researcher an opportunity to grasp the innermost deliberation of the participants lived experiences. In addition, as a participant-oriented approach IPA enables the participants to narrate their lived experiences in a manner they deem fit (Alase, 2017). The current study was guided by the six steps of IPA as defined by Smith and Osborne (2009).

Step 1. The first step of the analysis involves familiarising oneself with the data, listening to the recording, reading, and re-reading the transcripts multiple times (Smith &

Osborne, 2015). This was aimed at helping the researcher to immense herself in the data as well as to ensure that each case is studied in-depth. (Mohajan, 2018). During the repeated readings of each transcript, the researcher actively engaged with the data by making notes of her initial impressions in a journal (Smith et al., 2009). At this stage of the analysis, the researcher's notes were unfocused and wide-ranging (Willig, 2013). As a part of the ideographic element of IPA, she made sure to focus her attention on each individual transcript before moving onto the next transcript and thereafter, to the cross-case analysis (Willig, 2013).

Step 2. Initial noting. During this step the researcher attempts to make sense of the language the participants make use of when describing their lived experiences. This step required the researcher to make notes on the script based on what she observed and reflect on the interviews. The researcher identified any potential bias, reflected on perceptions and views regarding the topic (Smith et al., 2016). After several re-readings of each transcript, the researcher made notes on the transcript using the comments tool on Microsoft Word. Initially, she made more descriptive comments by trying to stay as close to the ways in which participants described their experiences.

Later, she added notes on a more interpretive level. Specifically, this involved making sense of the language that participants used to describe their experiences. Additionally, on a more conceptual level, she explored the reasons underlying participants' experiences (Smith et al., 2009; Willig, 2013). She recorded some of her feelings in response to the transcripts in her journal. This information was useful to identify her own biases and to provide insight into the participants' experiences. In her journal, she also recorded similarities, differences, and contradictions in what the participants were saying.

Step 3. The third step of IPA involved reading notes on the transcripts in order to get emergent themes. In this phase of analysis, the researcher read her notes on the transcript with the aim of grouping together various ideas to establish themes. She also started to add potential labels for each theme in the comments section.

Step 4. Look for connections across emergent themes. In this step the researcher looked for patterns between the clustered themes and then listed the emerging themes and looked for connections (Smith, 2011). Thereafter, she typed out a list of the themes in a Microsoft Word document. She started to group some themes together to form clusters of related themes. This helped to start delineating between main themes and sub-themes (Smith

et al., 2009). The researcher used the guideline provided by Smith et al. (2009) to assist with grouping together main themes into sub-themes.

Step 5. Moving on to the next case. This step involves bracketing previous themes and keeping an open mind to do justice to the individuality of each new case. Repeated steps 1- 4 for all the participant and adhered to the idiographic perspective of the IPA (Gill, 2020). The researcher completed steps 1- 4 for all six transcripts.

Step 6. Searching for patterns across cases. The final step of IPA is concerned with writing up narrative accounts of the participants utilising themes elicited. Finding patterns, connections, and differences within the data set. This included combining themes, deleting some and creating new themes (Smith et al., 2009). At this stage the researcher had developed a document highlighting the main and sub-themes per interview. Thereafter, she searched for connections, patterns as well as differences across the interviews (Card, 2017). During this stage of analysis, she used the techniques presented by Smith et al. (2009) to combine some themes, delete other themes and create new themes (Smith et al., 2009). She began to develop a table in which she highlighted potential main themes and sub-themes across interviews. It took several drafts to finalise the table of themes. The researcher concluded the analysis by re-reading all transcripts to ensure that all the participants' experiences were included in the findings.

3. 6 Measures to enhance the quality of the research.

In order to evaluate the study's quality, it is imperative that the researcher adheres to the four tenets trustworthiness namely, transferability, credibility, dependability, and confirmability (Stenfors et al., 2020).

3. 6. 1 Trustworthiness

"Trustworthiness'' in qualitative research refers to the quality, authenticity, and truthfulness of the findings. It is a measure of the degree of trust or confidence that readers can have in the research results (Cypress, 2017). Trustworthiness in qualitative research refers to the methods used to ensure that the research process has been carried out correctly, and that the findings are reliable, valid, and credible (Hancock et al., 2021). Trustworthiness is both a goal of the study and a criterion for judging the quality of the research. From the phenomenon of trustworthiness, they derived four terms within the naturalistic paradigm to replace the rationalistic terms specifically, credibility, transferability, dependability, and confirmability (Cypress, 2017).

3. 6. 2. 1 Transferability.

Transferability of research finding refers to the extent which it can be applied in other context and studies (Johnson et al., 2020). Contrary to generalisability which applies to specific types of quantitative approaches, transferability is applicable to several types of research approaches. Through thick descriptions of the research, the researcher paints a picture of how certain life events unravel in a particular context, providing a better understanding of the phenomenon under investigation (Tracy & Hinrichs, 2017). Thus, allowing the reader to judge whether the study can be transferred or applied in a different context.

This study ensured transferability by providing thick descriptions of the participants lived experiences, as well as the research method the researcher utilised during data collection and analysis. Providing a rich description of participants' responses (and the researcher's interpretations) will ensure transferability, it will also ensure that the experiences of Black women in the SANDF is understood in-depth and how it can be applied in other settings.

3. 6. 2. 2 Credibility

Credibility is one of the key components of trustworthiness in qualitative research, which can be defined as the confidence that can be placed in the truth of the research findings (Stahl, 2020). Credibility is established by demonstrating that the research findings represent plausible information that has been drawn from the participants' original data, and that the interpretation of the data accurately reflects the participants' original views (Lincoln & Guba, 1985). This study used member checking to ensure credibility, this was done by confirming with the participants whether their experiences on the interview scripts were captured and analysed correctly following data analysis. McKim (2023) defined member checking as the process of confirming interview transcripts or analysed data with participants whether their experiences were captured accurately. One way in which the researcher increased credibility was by reading extensively about trauma within the military context to ensure that she had sufficient understanding to accurately represent participants' perceptions of the deployment-related experiences of traumatisation (Atkinson, 2008).

3. 6. 2. 3 Dependability

To attain dependability, researchers can ensure the research process is logical, traceable, and well documented. Dependability is another key component of trustworthiness in qualitative research, and it refers to the consistency and stability of the research findings over time and across different researchers and contexts (Hancock & Algozzine, 2017). To achieve dependability, the researcher kept an audit trail by describing in detail about the decisions taken in the research process from the commencement of the project right up until the development of themes and discussion of the findings (Korstjen & Moser, 2018).

3. 6. 2. 4 Confirmability

A fourth perspective on trustworthiness is confirmability or getting as close to objective reality as qualitative research can get (Stalh & King, 2020). Confirmability refers to the degree to which the research findings represent the experiences and ideas of the participants, rather than being influenced by the characteristics or biases of the researcher (Algozzin & Hancock, 2017). It is often seen as the qualitative equivalent of objectivity, which is a key concern in quantitative research (Alase, 2017). As afore mentioned, the study is grounded in phenomenology which assumes that the researcher shapes the research project through their interpretation of the findings (Bauman, 2010; Dahlberg & Dahlberg, 2004). In order to ensure confirmability, the interpretation must be grounded in the data and the nature of the interpretation must be intersubjective (Korstjens & Moser, 2018). To ensure confirmability, the researcher took steps to minimise her own influence on the research process and findings. Dependability of this study was ensured by discussing the interpretations with the supervisor and making use of peer reviews as well as member checking. In addition, an external researcher was requested to analyse the data independently in order to confirm whether the findings were consistent and can be repeated.

3. 8 Ethical procedures

3. 8. 1 Informed consent

According to Denzin and Lincoln (2011), informed consent is the corner stone of ethical research. This ethical consideration comprises two components, each component requires careful consideration, specifically informed and consent. Participants were fully informed about what is required of them and how the data collected will be utilised as well as the risks involved in the study. Badampudi et al. (2022), asserts that participants must provide explicit active signed consent to participating in the study, which includes a clear

understanding of their rights to access the information they gave and the right to withdraw at any given point in time when they wish to do so.

3. 8. 2 Confidentiality and Anonymity

The concept of anonymity requires the researcher to balance the two priorities, which are to protect the identity of participants and ensure the value and integrity of the participants data (Saunders, 2015). This means that the data collected from the study does not include identifying information such as names, addresses, identity numbers or any information that can be traced back to the individual responses of the participants identity. All participants were allocated pseudonyms and responses were coded to maintain confidentiality and anonymity during analysis and reporting. The data collected was stored in a device with a secure code and will only be accessed by the researcher. Hard copy transcripts as well completed consent forms will be stored in a locked cabinet at the University of Pretoria, Department of Psychology for ten years.

3. 8. 3 Emotional Risk

In accordance with the non-maleficence principle, a researcher is obligated to avoid harming research participants. In addition, it is required that the researcher refrains from worsening the conditions of participants if it cannot be improved (Barrow, 2016). Taking into consideration that there might be a high probability that participants will experience emotional discomfort reflecting on their lived experiences during the interview might be emotionally provoking/triggering. The topic of the current study was considered to be potentially triggering, therefore may bring about emotional discomfort. However, the researcher contained emotional discomfort and made arrangements to refer participants for psychological assistance, when necessary, which was available at no cost to them within the SAMHS.

3. 7 Reflexivity

Roulston (2010, p. 116) defined reflexivity in research as “the researcher’s ability to be able to self-consciously refer to him or herself in relation to the production of knowledge about research topics; The subjective nature of qualitative research is recognised by establishing how one’s identity and contextual positionality contribute to the construction of the research process and findings, this positionality can be explored using reflexivity” The

researcher used three types of reflexivity, namely personal reflexivity, interpersonal reflexivity and epistemological reflexivity.

3. 7. 1 Personal reflexivity

The researcher must be prepared to challenge their own assumptions during reflexivity (Willig, 2013). Especially when conducting qualitative research as the researcher forms an integral part of data collection. Reflexivity focuses more on the researcher than on the phenomenon under investigation (Reid et al., 2018). Therefore, it requires acknowledgement of the reality that the researcher is an active participant of the research process and have direct impact on the outcome of the study (Braun & Clarke, 2019). The researcher is a Black SANDF woman who has previously deployed to Sudan seven years ago and experienced a loss of a colleague and nursed severely injured colleagues following an attack during deployment, leading to adjusting difficulties such as isolation, flashbacks, and emotional volatility post-deployment for almost six weeks. This was taken into consideration when conducting interviews with the participants. Since the researcher has experienced the subject that is being investigated, the analysis of the study could potentially be influenced by her own experiences and underlying assumptions.

3. 7. 2 Interpersonal Reflexivity

Interpersonal reflexivity refers to the critical examination of the researcher's relationship with the participants and how the relationship can influence the process (Patnaik, 2013). This is important in the current study as the researcher works closely with some of the participant. The researcher thoroughly explained what was expected of the participants during the process of data collection.

3. 7. 3 Epistemological Reflexivity.

One of the critical functions of the epistemological reflexivity is that it allows to uncover underlying assumptions on which arguments and stances are founded on (Olmos-Vega, 2023). In addition, epistemological reflexivity necessitates that the researcher reflects on the assumptions (regarding the world and knowledge) they made during the research process and how it influences the overall study (Willig, 2013). My positionality regarding service women in the SANDF is that they are not aware of the implications pertaining to mental health following deployment-related trauma. Therefore, most of the service women do not seek psychological assistance after returning home from deployment, life goes on as usual. This may leave them vulnerable due to unresolved trauma.

3. 9 Conclusion

This chapter presented and discussed the methodology guiding the current study. A qualitative research approach, grounded in interpretative phenomenology analysis was used as the basis upon which this study was designed. In addition, the chapter further discussed the measures adhered to in order to ensure trustworthiness. Reflexivity was also presented as well as ethical considerations.

CHAPTER 4: FINDINGS

4. 1 Introduction

The aim of this study was to explore the lived experience of Black SANDF women post deployment-related trauma. The objectives guiding this aim were twofold: to explore the lived experiences of Black SANDF women; and to explore how they coped after experiencing deployment related trauma. This chapter focuses on the findings that were collected through semi structured interviews, which were recorded on audio then transcribed; Six participants were interviewed, interviews lasted between 25 minutes to 45 minutes for each participant. This chapter provides themes and sub themes that developed from the data, followed by chapter 5, which discusses the findings. All the participants were asked about their deployment-related trauma experiences and how they coped with it.

4. 2 Themes

Six main themes emerged from the data along with 26 sub-themes which are discussed in the following sections. The participants reflected on their traumatic experiences, their coping strategies, and challenges encountered during and post deployment; as well as positive lessons that emerged out their experiences. They also reflected on trauma symptoms they encountered during and after deployment and the support they received from their families during this time. The table below outlines the themes and subthemes of the current study.

Table 1:

Theme outline 1.

Main themes	Sub-themes

PTSD Symptoms	• Sound trigger • Flashbacks • Sleep disturbance • Isolation • Quick to anger
Coping strategies	**Positive coping strategies** • Prayer • Exercise • Socialising • Venting • Debrief **Negative coping strategies** • Self-medicating • Spending allowances comforting
Support system	• Family support • Support from colleagues on and off the battlefield
Lessons from deployment	• Growth • Gratitude • Financial discipline
Challenges	• No leave • Lack of support from the organisation during and post deployment • Family challenges – integrating into family life upon deployment. • Witnessing locals suffer • Attacks by locals and rebels
Barriers to seeking mental health services	• Fear of change of medical category • Shame of being perceived as not coping. • Debrief not helpful.

	• Ethical changes faced by HCPs in deployment to a point of fearing consulting

4. 2. 1 Theme 1: PTSD symptoms

During the analysis of data themes pertaining trauma symptoms emerged, these include sound trigger, flashbacks sleep disturbance, isolation, and quick to anger.

4. 2. 1. 1 Sound trigger. Most of the participants indicated that they were triggered sound following trauma as it reminded him of the shootings during deployment. It was noted that banging sound and fireworks were more triggering as they were associated with explosives and rifles that were used in peacekeeping. See quotes below as evidence.

> "*OK, it was very challenging for me to adapt when I come back because a lot had changed there. You wake up anytime when you hear something. So maybe if the door bangs or somebody bang something then I will get scared*." **[Promise]**

> Ellesse shared the same sentiments: "*Every time when you hear a banging sound, you think of the shootings…And when the kids play, they would bang the door and you kind of like snap out*". **[Ellesse]**

From the experience of the participants, it seems like sounds that resembled those they experienced during their traumatic encounters evoked feelings of anger and fear in some.

4. 2. 1. 2 Flashbacks. Dimpho expressed how she experienced flashback following her traumatic encounter. "*Whilst you sit normally when you are eating you are quiet and then there comes that person you helped with a lot of blood and scent and everything, people who died on the scene, you know, they, they come in your mind and all of a sudden, you're full you don't want to eat anything anymore. You start crying just sitting alone, thinking of the family of those people, thinking about the country that you are helping at the moment*". [**Dimpho, 28]** Ellesse also shared her experience with flashback. "*It's like your mind has not switched on that you are back home. So, if you hear a sound, you will just snap. Your mind is still at DRC, but your body is here. I was scared of the fireworks, especially in December"*. **[Ellesse, 2]**

What Dimpho and Ellesse described are flashbacks, detailing how they relived the traumatic events they had experienced. It is noted that the flashbacks occurred unprovoked with Dimpho in the form of visual images and smell, evoking intense emotions. While they were triggered by sound with Ellesse and elicited feelings of fear for sound that was similar to that of a rifle.

4. 2. 1. 3 Sleep disturbance. Out of the six participants, four stated that they struggled with interrupted sleep. As a result, some resorted to self-medicating to sleep peacefully. Dimpho mentioned that: *You know, at night when I struggled to sleep. I will take allergex and it will just (clicks finger) take me to where I want to go to sleep.* ***[Dimpho, 3]***

Promise added that "*so, it was hard to sleep after that it took me a while to eventually sleep normal".* Ellesse not only encountered sleep disturbance but nightmares as well. "*You won't sleep, you will have those nightmares*". Mabontle also shared how she was not able to sleep peacefully and would be waked up by any sound: *In the deployment area you are always on your toes. You can never sleep like a baby. Any sound that you hear wakes you up. So, I think the mind just get to be disrupted in sleep*". ***[Mabontle, 1]***

It was noted that some struggled during, and some struggled after deployment, while others struggled with sleep both during and after deployment. Both quality and quantity of sleep is negatively affected by trauma which was the case with some of the participants in the current study. On the other hand, disturbance in sleep is a normal response to trauma, meaning it was expected that the participants will present with sleep problems following their traumatic encounters.

4. 2. 1. 4 Isolation. Some of the participants indicated that they wanted to be alone as they felt irritable in the presence of other people, especially if they were around a lot of people for an extended period of time upon returning from deployment. The participants attributed this feeling to the fact they spent more time alone during deployment without family members or friends. These experiences can be seen in the following…

> *"So, those are the things that I encountered after coming back home, it took me a while to go out and see other people because when deployed, we were always inside the base……Yes. I was feeling like I'm suffocated when there was a lot of people around me".* ***[Promise, 3]***

I was very irritable; I didn't want to be in a space with my siblings and parents for long. I felt they're too much at times. I wanted my space because remember in deployment you mostly by yourself. You have your own room and space, so it was a bit too much on me. ***[Mabontle, 2]***

4. 2. 1. 5 Quick to anger. Among other symptoms that were reported by the participants was that they were quick to anger post deployment related trauma, they were emotionally volatile, they were quick to respond in anger constantly even in minor issues. "T*he next thing you snap at them. The next thing you answer them roughly, you do something that they not used to. They will be surprised, and they will ask themselves a lot of questions*". **[Dimpho, 4]**

Dimpho explains how she had changed in character following her experience. She mentions that she was this rough person meaning she had changed and became aggressive.

Mabontle also shared her experience: "*We were irritable and annoyed throughout the speech and remember now that everyone is back from a long deployment, and they are dealing with a lot of things. So, I'd say that was the support we received on return...There were already behavior changes from the moment we landed. I remember in the very first week we had a medical repatriation. Somebody experienced mental health issues".* **[Mabontle, 10]**

From the findings or from the above quotes it appeared that there was a change in behavior even in the early stages of deployment. Antonette further shared; how minor things triggered her to a point of snapping. *"I think they were very understanding because you find out the simple things though, they will trigger me like I'll just get angry, if I ask someone something or let me say I ask someone to go fetch something for me and then they take forever, I'll get angry and shout".* **[Antoinette, 3]**

4. 2. 2 Theme 2: Coping Strategies

The participants recounted an array of coping strategies they used to cope following their traumatic experiences. For the purpose of this study the coping strategies were divided into two groups namely negative and positive coping strategies. While self-medicating and spending allowances comforting were categorised as negative coping strategies, prayer, venting, debrief, keeping fit/exercising as well as socialising were grouped as positive coping strategies. However, some themes seemed to overlap. It was noted that venting can be

classified as both a negative and positive coping strategy. In the current study participants reported that they used venting as a coping strategy to help mitigate emotional distress, therefore it was utilised as a positive coping strategy.

4. 2. 2. 1 Prayer. Religion plays a crucial role in the cultural and spiritual identity among South Africans, in addition religion goes beyond prayer, it is also seen as a form of support system that brings individuals, families and communities together. The participants engaged in various coping strategies to cope with the trauma, prayer was identified by three participants as means of coping. The participants indicated that prayer made them feel ‘‘better’’. Diteboho explained that after prayer, fellowship and reading, she was strengthened emotionally and spiritually. She further shared that her faith sustained her during times of difficulty and is an integral part of her life in general.

*I think in in your career path, you quite understand this very clear that the person beliefs play a major role. You see, if you believe that this page can give support to you, it can do whatever you believe. So, I personally am a Christian and, on most occasion, I'll definitely pray to regain strength and visit my bible.**[Diteboho, 2].*** Promise added that: *I'd just ask the ladies in the tent that we pray before we sleep. After praying, we felt better, and we will all go to sleep. **[Promise, 1].***

Dimpho indicated that she would pray for herself and her colleagues not to be injured or killed during an attack: *You fear for your life. That is what we are going through during that time and then I'd pray for me and my crew not to be killed or injured.**[Dimpho, 2]***

It seems as though prayer became a beacon of hope to the participants, which not only helped them cope with trauma, but provided them with strength to cope with other deployment stressors as well.

4. 2. 2. 2 Psychological debriefing. Psychological debriefing is a psychological intervention provided early post a traumatic encounter (Tan et al., 2022). As previously mentioned, peacekeeping can be volatile, which requires that peacekeepers have a higher level of resilience. Providing debriefing to deployed SANDF members might benefit some of them, as it will offer them the opportunity to share in depth details of the traumatic incidents they witnessed and how they responded. In the current study two of the six participants opted for debriefing. The participants stated the following regarding debriefing: *Fortunately, because when we are deployed there are psychologists and social workers, usually after such*

*experiences. We get called in the hall and go for counseling and that's what they did after the incident which was helpful.[**Antonette, 2**]*.

Ellesse added: *'There was a social worker and psychologist who came to give us counselling'* ***[Ellesse, 2]***.

Though debrief is the main intervention utilised within the organisation to deal with deployment related trauma, it appeared to be used by few and not all participants considered it to be effective.

4. 2. 2. 3 Exercising. A vast amount of research has been documented regarding the benefits of exercise to reduce stress and enhance emotional well-being (Basso & Suzuki, 2017; Klaperski et al., 2019; Knapen et al., 2015). Some of the participants narrated that they utilised exercise as a coping strategy. For example, Antoinette mentioned that she used exercise and other activities such as reading and watching TV to "occupy" her mind to escape stressing. "*Uhm luckily, I'm a very active person. I love keeping fit. I love reading just occupy my mind from a lot of stressors. So usually when we are back in the base, I keep fit, maybe go for a jog in the base, we were also doing taebo. So, you join taebo and then if you're not keeping fit out there you will be in the tent reading or catching up on some series. I guess that was my coping mechanism when I was out there*. **[Antonette, 2]** When asked how she copes, Dimpho attested to Antonette's sentiment: *maybe because I'm active and I'm a willing person* **[Dimpho, 4].**

Engaging in exercise coupled with other activities for Antonette and Dimpho seemed to have a positive effect, as they alluded that it kept their mind 'occupied' from stressing and coped better during deployment.

4. 2. 2. 4 Venting. Some of the participants mentioned that they used venting as a means to cope following a traumatic encounter. They mentioned that after venting they felt "better", which can be seen in the following extracts. *"Because sometimes if you are not right emotionally you can talk to someone then they can advise you and sometimes you go play games that you keep your mind busy*".**[Ellesse, 30]**

"*And going forward, I didn't consult the psychologist, but obviously 90% of my friends are psychologists, so I'd vent to them*". **[Mabontle, 4]**

Venting appeared to be more preferred for Mabontle than using psychological services and to Ellesse, it was one of the options she made us of with other coping strategies in order to cope with negative emotions.

4. 2. 2. 5 Socialising. Another coping strategy reported by the participant was socialising. The extracts below reflect some of the participants' narratives about how they used to socialise to navigate challenges in the deployment area to cope with stress. Ellesse alluded that they not only worked during deployment, but the engaged in social activities. "*You see, at least when we that side, it's not only about work. We'd entertain ourselves. We had braais and other events."* ***[Ellesse, 2]***

Dimpho mentioned how she engaged in activities such as ludo or chess to "delay" her from thinking about what had transpired, she also stated that while engaging in the activities they will talk about pleasant topics and not about the incident, in this manner she didn't get the time to think about the traumatic incident. *I get involved in everything. If I see people playing something like a Ludo or chess, I go there. I get involved. If I see people sitting somewhere, I'll go there, and I become part of their conversation. You see will talk about anything; it delayed me from thinking about what happened. I didn't get a lot of time to think about those incidences. I always talk about other exciting events and everything. We talk about the weather, we talk about some events that we had, we talk about clothes and lifestyles and stuff like that.* ***[Dimpho, 4]***

4. 2. 2. 6 Self-medicating. Two of the six participants reported that they self-medicated. One stated that she made use of allergex and the other made use of Gen-Payne which was previously described due to injury. Both participants indicated that they consumed medication so they could sleep peacefully after a traumatic incident. *I once got injured so I had Gen-Payne. So, I'll take a pink tablet to go to sleep.* ***[Promise, 1].*** *(Laughs) Not a lot, what helped me was allergex tablets… I'd go back to my medication, allergex takes me to sleep (laughs).* ***[Dimpho, 4]***

4. 2. 2. 7 Spending allowances comforting. This sub theme encompassed the participants lived experiences regarding how their allowances helped them upon returning home. When asked how they coped with adjusting post deployment. They stated that allowances "helped". *It's much better because of sometimes you know that in your account there is a lot of money and you home with your family, so it helped.* ***[Ellesse, 2]****.*

Honestly speaking I have. I have adjusted quite well when I came back and honestly, even our allowances helped as well. ***[Mabontle, 4]***. It appears that for both participants, spending of allowances was more of a way to cope with negative feelings that resulted from their traumatic experiences.

4. 2. 3 Theme 3: Support System

This theme explores the identified support system of the participants during deployment. Sub themes that emerged from this theme were family support and support of colleagues on and off the battlefield.

4. 2. 3. 1 Family support. Three of the participants expressed how family support helped them cope deployment. Such support included keeping constant communication which helped decrease stress and worrying as well as logistically. The participants stated that they updated their family members on what was happening, however, they did not tell them everything as they thought it would bring about worrying and stressing to the family. Responses below as evidence.

> *My family was supportive they called almost every day, and that helped me not to worry a lot. Although I was not telling them everything, because they're civilian. However, engaging with them timeously helped me a lot*. **[Mabontle, 3]**
>
> *You know, with my family, they supported me, and I supported them, and we agreed regarding deployment, so they understood though it was not easy, especially for my last born.* **[Diteboho, 3]**
>
> *They were supportive in so many ways logistically and emotionally. You know so we kept in contact, they were always calling me to check up on me yeah. They would constantly check on me, asking if I'm fine, how are things going, they cared a lot*. **[Dimpho, 2]**

4. 2. 3. 2 Support from colleagues on and off the battlefield. Most of the participants alluded that support from colleagues went beyond the call of duty. They likened the support to that of their family whilst away from family. For example, Ellesse explained that they had built a very strong bond overtime during deployment. ***"****They were very supportive, we were supporting each other, we were like a family because we are staying in*

*the same place for a long time. So, we knew each other well and support each other since we were not in our original country". **[Ellesse, 4]***

Mabontle shares how the supportive the multidisciplinary team was: *They were such a supportive group. The social worker, the pharmacy, the nurse, the doctors, we were supportive of each other**. [Mabontle, 4]***

Antonette further described the support as well as the synergy and teamwork that she had with her colleagues on and off duty during deployment. *We were a team. We were doing things together, when they asked something to be done, everyone was participating. And then when we left, it was winter and when we arrived that side it was summer. So, our bodies were reacting. Some had swollen face, our tentmates will be there trying to help by giving you something to rub. So, there was real love you could see that ahh shame here I'm being loved, the support was there, like we cared for one another. We were supporting each other. **[Antonette, 4]***

The participants described what is referred to as unit cohesion, particularly horizontal cohesion that is bonds among peers, which seemed to be strong and was present on and off the battlefield.

4. 2. 4 Theme 4: Lessons from deployment

Despite the traumatic events encountered by the participants, it appears that the experience also brought about positive changes such as growth, gratitude, and financial discipline to some of them.

4. 2. 4. 1 Growth. Promise shared that she experienced personal and career growth: *I learnt a lot. I learnt new things that were in the DOD that I didn't know about, other fighting corps, weapons and what it's like to be at war cause sometimes when they say the rebels are there, you know you must be prepared. I learnt how much strength I have. Yeah, there's a lot of things, I've learned to work under pressure. At some point in time our PERS officer had to come back home because she lost her parent, so I had to act as a PERS officer. So, there's a lot I learnt work wise*. **[Promise, 1]**

Diteboho also added that she learnt to work under adverse conditions, which lead to growth in her career and spiritual life**.** *The lessons, I feel like I grew in the part of my career because I was able to render a good service, regardless of what was going on yeah, and I*

learned to work under hard conditions, unbearable conditions, I must say. And yes, I grew more in my faith too. ***[Diteboho, 3]***

Mabontle further shared that: *I think that year for me, I feel like it was like a year of rain. So, I felt like myself as a psychologist, it was a season for me to leave my mark and make an impact. Which I believe I did and continued with my life. Now when I meet the people, I deployed with whether I'm going to another course or to do a workshop they still remember me. They still remember the work that I did. I feel proud for having done that irrespective of the circumstances, the challenges we encountered, especially when travelling to other bases.* ***[Mabontle, 4].***

It is noted that though they were numerous challenges during deployment,

Mabontle experienced growth career wise and left a good impression as she was still recognised for the services she rendered.

4. 2. 4. 2 Gratitude. Some of the participants indicated that exposure to living conditions in deployment resulted in them being grateful for what they have and their country of origin. For example, Antonette mentioned that: *But then I was like, I must be grateful, I have the bed, I have a house, I don't sleep hungry you know, life is not that bad, but yhoo that side it's really bad, from what I saw I have to be grateful for what I have no matter how little it is.* ***[Antonette, 3]***

Ellesse opined that although her country had its own shortcomings, but they were nowhere close to what she had witnessed in Mozambique, this is what she said*: In our country there's abuse, harassment, and all other horrible things, but we are better, we are blessed, here others are struggling and suffering more than us.* ***[Ellesse, 2]***

Mabontle attested to Ellesse's sentiments: *The country is always going through a lot and having just to be grateful of the little things that we have, you know you have a shelter over your head.* ***[Mabontle, 2]***

For Dimpho, exposure to such conditions not only lead to gratitude for life and relationships with people close to her, but also resulted in a change in lifestyle*: You know, I was this person who's, like, living I can say a careless life, but since I have seen the life that side now, I'm being careful with everything that I do. I've been appreciative and I value everyone around me because the next thing you see someone the next moment the person is gone, gone.* ***[Dimpho, 7]***

4. 2. 4. 3 Financial Discipline. This theme explored the participants lived experience regarding financial discipline following deployment. Ellesse mentioned that she deployed due to financial constraints, in turn she learned to be financially disciplined. However, if she did not have any financial problems, she would not have deployed: *I was struggling financially, so I had to go because of my financial problem, but if I didn't have a financial problem, I was not going to go. I'm disciplined when it comes to money.* ***[Ellesse, 2]***

On the other hand, Dimpho observed how the locals survived with little to no money which in turn motivated her to prioritise her needs and be disciplined financially. *I can say, yeah, to be disciplined in a different way. For example, be disciplined financially. I used to use money to buy things that I don't really need sometimes, but it taught me to prioritise, to get my priorities right.* ***[Dimpho, 7]***

It appears that due to their deployment trauma, their views changed towards life and finances. They reported to be more appreciative and grateful for the people in their lives, their country and life itself. What the participants described in the above extracts is the concept of posttraumatic growth (PTG). A concept coined by Tedeschi and Calhoun (1988) which defines positive transformations encountered by some individuals following trauma.

4. 2. 5 Theme 5: Challenges

This theme explored various challenges encountered by the participants during and post deployment. Five sub-themes emerged from this theme specifically lack support from the organisation during and post deployment, no leave, family challenges-integrating into family life upon return, attacks and ambushes by local community and witnessing locals suffer.

4. 2. 5. 1 Lack of support from the organisation during and post deployment. Promise expressed her plight during deployment regarding the lack of support from the organisation. One of the challenges mentioned was the struggle to access basic necessities such as food. This is what she had to say: *I'm not sure if this is going to be OK. Even our department, the DoD, it doesn't really support its military members who are outside. We struggled with a lot of things, we sometimes had a shortage of food, sometimes we just eat one thing for a long time, no network you can't call home. There was a lot of things. It was my first deployment, so that was my experience. It was hard to reach home.* ***[Promise, 4]***

The concern regarding the struggle with basic necessities was confirmed by Mabontle *You know from the living quarters to other logistics; it was a challenge. The quarters are structured for males**. [Mabontle, 7]***

Mabontle further added that she was under the assumption that everything will go well however, but that was not the case. The situation was not what it had been portrayed as. She also alluded that accommodation was structured to suit males hence the challenge. *Yeah, yeah, it's something else. During pre-deployment, they like selling you a diamond. They make it seem like there's a diamond and you need to go. When you leave you thinking things are going to go well. But now when you get that side, it's not anything like that diamond, they sold you.*

On the other hand, Diteboho expressed her dissatisfaction with the organizations lack to provide emotional and psychological support. "*There was not enough support. Actually, there was absolutely no support. You know, you would expect the organization when these incidents happen, they'd probably send the professionals' social workers and psychologists to come and check on us maybe twice. Even if it was once in a year, it would better, because even though I'm a social worker, I'm as good as a soldier, like our soldiers you know my life was in danger I must say. You see so I thought that it was going to be easy if they were sending people to come and you know, check on us.* **[Diteboho, 2]**

Diteboho asserted that she expected psychological support to be provided by the organisation following traumatic incident. Even though her job was to render the very service, she also needed it, as she was also exposed to traumatic incidents like the rest of the soldiers she was deployed with. She further opined then she was of the view that receiving psychological support as a healthcare practitioner from the organisation would be "*better even if it was once*". It was noted that health care workers mentioned a lack of psychological support, while those that were deployed to do groundwork such as patrols mentioned more of logistical challenges.

4. 2. 5. 2 No leave. Participants noted the challenge of prolonged deployment with no leave. The extracts below reflect on agreement from the participants regarding this sub theme.

*And one other thing with our battalion, we were never given a chance to take leave and I personally I overstayed because I was there for full 15 months. [**Diteboho, 3]***

*Yeah, it is quite a long time, I must say that in that 14 months we never even got a chance to go home**. [Mabontle, 2]***

4. 2. 5. 3 Family challenges-integrating into family life upon return. Adjusting after a long deployment can be challenging. To grasp the lived experiences of Black SANDF women after deployment-related trauma, this sub-theme focused on the family challenges they experienced upon returning home during integration. Both participants explained how they had to adapt to the new way in which their families were doing things. Promise indicated that *I had to start from scratch, because when I left, they were not in the same level as I came back. They were older. And so, I had to adapt to their situation at that time.*

Antonette added that: *So, it was not that easy because when I returned, I got home the kids that I left that was six years now they were seven years. They can talk back. So, it was a bit challenging cause now when you want to do things this way, they were doing it their way, they have been doing it like this for the whole year. So, you have hold back and observe, see how they are doing things and then adjust or maybe you advise them. And ask OK, how about we do it like that, if they don't feel like agreeing with you, then you have to be OK and relax cause there will be clashes.* ***[Antonette, 3]***

Promise mentioned that it seemed like there were limits or boundaries when she was interacting with her daughter as she had grown up and was a changed person until her partner intervened. "*To understand what I can do now, and what I can't do with my daughter. She grew up when I was not here. Then her father had to talk to her. But when I came back, she was like having attitude. And I had to adapt to her mood sometimes".* ***[Promise, 3]***

It appears that both participants felt that their children had grown while they were away on to for over a year. It is noted in the study that Promising and Ellesse experienced a similar family challenge specifically dealing with behavioral changes in children whilst integrating into family life post deployment.

4. 2. 5. 4 Witnessing locals suffer. This sub-theme emerged from the participants narrating their life experiences of witnessing the suffering of locals in the deployment area. Antoinette shared her experience: *Kids walking bare foot, carrying heavy things. And so, I looked at how they were they are living and then compared to the way we are living this side, or I am living this side. Yes, I don't have everything, and life is not perfect.* ***[Antonette, 3].***

She compared the experience to the way of living in her own country. She voiced that the hardships she encountered in South Africa were nothing in comparison to the suffering of the locals. Ellesse described the dire conditions that engulf the locals: *Let me maybe start with how it is in DRC. The people are suffering of poverty, it's too much, kids don't have parents, they're staying alone in small houses and then there's groups of rebels who threaten, kill, and burn their houses.* ***[Ellesse, 1]***

Diteboho indicated how traumatic it was to witness women and children in such living conditions. *They ran into our base, and I was very traumatised to see how people in the DRC live. Witnessing women and children suffer was traumatic.* ***[Diteboho, 2]***

Mabontle shared how one can be ungrateful about the little things yet there are countries like the DRC that lived in extreme lack. *Honestly speaking, to see how people are going through a lot and you complain about drinking a black coffee, but somebody doesn't even have the tea to begin with.* ***[Mabontle, 2]***

While exposure to the violation of the locals' human rights was traumatic, it seemed as though, it had allowed the participants to reflect on their own lives and living conditions back at home.

4. 2. 5. 5 Attacks by community or locals. Another challenge experienced by the participants was being attacked by the local community members and rebels. Mabontle narrated her experience of being attacked by the angry community members who believe that they were in their country for financial gain. when they travel by road.

"We were travelling in fear you know, when we passed through communities, they would throw stones and as I was travelling in an ambulance and it's a soft skin. So, you can imagine the anxiety there. You wondered whether you would make it…it was angry community members, they would be yelling we see you guys, you saying you are here to protect us, but we do not see any changes we still struggling...You know, and the rebels still came to attack us be like, what are you here for? You might as well just go back to your countries because we don't see impact since you came here or l you just came here to make money and go back. While we still in the same situation. We're losing our family, our loved ones. We're losing our things, we get displaced, we're losing our homes and everything we own. So, the community was angry then what they will do when you pass through, they would throw stones at you. A lot of trucks inventory, especially the driver's sides windows were broken. ***[Mabontle, 8]***

When asked how often they encountered the attacks from the community, Mabontle mentioned that they were attacked a lot. It seemed that the presence of the peacekeepers was not helpful to the community as they mention that they were still going through atrocities of losing their family members and homes. Mabontle explained that they encountered such attacks numerous times especially.

4. 2. 6 Theme 6: Barriers to seeking mental health services.

This theme explored the participants' experience on why they could not seek psychological service during deployment following deployment-related traumatic encounter. Four sub-themes emerge from the participants sharing their experiences, specifically fear of changing medical category, shame of being perceived as not coping, debriefing not effective and ethical challenges faced by HCPs in deployment to a point of not consulting.

4. 2. 6. 1 Fear of changing in medical category. Both participants explained that they feared that consulting or seeking psychological help would result in a change with their medical category: *"Remember, if I go see a psychologist at work or psychiatrist it affects your CHA and then you have to go through talking on whatever you saw."* ***[Promise, 2]***

> *Because I couldn't consult with the psychologist in the mission area, which I believe that she couldn't consult with me as well… I volunteered to deploy, I must say and as soon as I consult, … I wouldn't want to be repatriated because when I was in the mission area, my medical category was affected, so I push on irrespective I had to develop a thick skin to be able to bounce back.* ***[Diteboho, 2]***

The above extracts reflect the reasons why some of the participants did not consult healthcare practitioner. Both participants were of the view that seeking psychological help would the results in a change in repatriation as well as medical category. Furthermore, a change in medical category may also result in slowing career progression as members cannot attend any promotional courses due to a change in medical category, this might create a barrier to seeking psychological help for some.

4. 2. 6. 2 Fear or shame of being perceived as not coping. Prior to deployment members of the SANDF are assessed for risk behavior and whether they can cope under adverse conditions during the Concurrent Health Assessment CHA assessments (Bester, 2022). In cases where members consult deemed as not coping during deployment, they are returned to their home unit. Some of the participants stated that they were ashamed of be

viewed as not coping, hence the decision not to seek psychological assistance. They had the following to say:

> *I might be seen as weak and that might affect my medical category and in as much as it's risky for one to be in DRC.* [**Diteboho]**
> *Remember, if you talk sometimes, they might repatriate you, and say you are not coping you see.* ***[Promise, 2]***

4. 2. 6. 3 Debriefing not helpful. While some of the participants in this study found debriefing to be effective, this was contrary for Dimpho who opined that debriefing was ineffective as it was "just talking". She added that she still experienced flash backs, therefore, she preferred socializing and resorted to self-medicating to cope with trauma effects. She opined that: They *will ask questions about, how we coping? If there's anything that comes into your mind more often or changes your life pattern, maybe some dreams, nightmares. But I don't think they really helped (laughs).* ***[Dimpho, 2].***

It appears that to Dimpho's the debriefing experience was just a conversation questioning what happened and how she is coping, which she feels was ineffective.

4. 2. 6. 4 Ethical challenges faced by HCPs in deployment. According to the ethical standards trust is an integral or component of the client professional relationship (Varkey, 2021). A compromise in upholding this ethical standard may result only to blurring the professional roles and boundaries between professional and personal relationships, in turn potentially lead to a breach of confidentiality. Diteboho, a healthcare practitioner expressed her concern regarding how the healthcare workers mobilised with the entire battalion whom they had to offer psychological service to. *"You see, the other challenge that I wish can be addressed. It's we as professionals, it doesn't really make sense that we mobilise with the entire battalion, because that on its own it affects us. It affects our clients because remember these people that I'm deploying with them, they are all my clients. So, if I to move with them from one place to another, sleeping with them in the same tent, eating together, there comes a situation whereby my ethical profession can be jeopardised, I must say, in as much as I'm a social worker"…. At the end of the day, I'm a human you see, I'm sleeping in the same tent with my clients when they get into the bus in the truck, I'm with them. So, when I get in the mission area.* **[Diteboho]**

From the above quote it is evident that the client professional relationship may have been affected or were no professional boundaries and that may have compromised her objectivity and potentially lead to a violation of privacy and confidentiality. In addition, Diteboho also mentioned that she spent a lot of time with the members for and engaged in several activities with the clients even prior to going to the DRC.

"*At the end of the day, I'm a human you see, I'm sleeping in the same tent with my clients when they get into the bus in the truck, I'm with them. So, when I get in the mission area. I'm expected to be this person, you know to be more of a social worker to them it was a struggle, but one had to push that to happen. It's not easy, I must say. Remember I'm staying and sharing the same tent with my clients. When I answer my calls, they are just here, when they crack jokes, I end up laughing*".

It appears that Diteboho as a healthcare practitioner spent more time with her clients outside the consultation room than in the consultation room this might be the reason some of her clients may not have had trust in the services that she offered as a professional boundary may have been blurred.

4. 7 Conclusion

The themes that emerged from the findings of this study explored the deployment related experiences and coping strategies employed by the Black SANDF women. Theme 1, PTSD symptoms present the women's experiences with PTSD symptoms. This theme consisted of five themes, namely sound trigger, flashbacks, sleep disturbance, isolation, and emotional volatility/quick to anger. The second theme, coping strategies comprised of seven subthemes specifically, prayer, exercise as a coping strategy, venting, debrief, socialising, self-medicating, and comfort in spending allowances, it focused on how women coped with their traumatic experiences, particularly the negative and positive coping strategies the used to cope. Family support and support from colleagues on and off the battlefield were subthemes that emerged from the third them titled support system; this theme explored the support system the women in the SANDF they received post exposure to traumatic events in deployment. The fourth theme, deployment challenges included five subthemes namely, lack of support from the organisation during and after deployment. Theme five titled lessons from deployment focused on the positive aspects experienced by the women peacekeeper as a result of deployment, this theme included three subthemes namely, gratitude, growth and financial discipline. The sixth theme explored barriers in seeking psychological service

among the women following their traumatic encounter. Four subthemes were identified under this theme namely, fear of change of medical category, shame of being perceived as not coping or weak, debrief not helpful and ethical challenges leading to fear of consulting in HCP's. The way in which soldiers experience and cope with trauma experiences is different given the dynamics of the military environment.

Chapter 5: Discussion

5. 1 Introduction

This chapter presents and discusses findings of the study in relation to the literature review and existing literature. The two research questions that guided the discussion of the findings are: what are the lived experiences of deployment-related trauma of Black SANDF women? and what positive and negative coping strategies are employed by Black SANDF women to cope with deployment-related trauma? Limitations of the current study are presented in this study. In addition, recommendations regarding coping with deployment related trauma are presented as well as the conclusion of this study. The following are themes that emerged from the analysis: PTSD symptoms; coping strategies; support system; lessons from deployment; challenges; and barriers to seeking mental health services. The findings are discussed below under the six main themes.

5. 2 PTSD symptoms

Military members that have recently returned from deployment are at a greater risk of developing PTSD symptoms resulting from of exposure to traumatic events they have witnessed or experienced indirectly (Blias et al., 2021). These include flash backs, hypervigilance, and negative thoughts (APA, 2022). This has been the case with some of the participants in the current study. Participants reported five PTSD symptoms, namely sound trigger, flashbacks, sleep disturbance, isolation and emotional volatility. From the findings, it was observed that out of the six participants, one did not report any PTSD symptoms. Among the five participants who exhibited PTSD symptoms, each reported not more than three of these symptoms. These findings were compatible with Shi et al. (2017), where they found that Chinese health workers did not present with any PTSD symptoms twelve months following exposure to physical violence. In an article review, Kabaday-Şahin & Sevil (2023)

asserted that not all traumatic events result in PTSD. Another possibility may be that the participant might have been experiencing a delayed onset of PTSD symptoms (Solomon, 2020) during the time of the interview. A delayed onset of PTSD symptoms in military members is common (Stępka, 2018). In a study conducted by Fikretolgu and Liu (2012) to investigate a delayed onset of PTSD symptoms among military members post deployment, results showed that a few Canadian forces experienced a delayed onset of PTSD symptoms, which may be the case with the one participant in the current study. Several other studies have noted a delayed onset of PTSD symptoms among active military members as well as in veterans (Goodwin & Rona, 2013; McNally & Freuh, 2013; Richardson et al., 2016). The causes of a delayed onset of PTSD symptoms among soldiers has not received much attention (Anyaegbu, 2021). Bryant et al. (2013) discovered that ongoing stress might be the cause of delayed onset. However, this may be contrary to the current study as none of the participants indicated that they were currently experiencing stress, although they had challenges post deployment, they mentioned that they adjusted well.

Some participants reported that trauma symptoms were still present though not as severe as before when they had recently returned from deployment, others stated that symptoms eased during adjustment. This is evidence that symptoms differ from one soldier to another, in addition there are many factors that play a role in the development of PTSD (Polusny, 2013) in a study investigated the experiences of trauma survivors; the results illustrated that some trauma survivors experience PTSD symptoms for a short period whilst others presented with persistent PTSD symptoms. It was noted that those who reported ongoing symptoms, stated that they were still not considering seeking help in the current study.

Out of the 17 PTSD symptoms, the participants in this study, as stated above one presented with no symptoms, and the other five reported not more than three PTSD symptoms. Therefore, it may be concluded that they presented with very minimal symptoms of PTSD. The reason for this outcome may be due to the support structures, such as family support and support from colleagues on and off the battlefield, they had during and post deployment. Another possibility to account for this might be that they had a social worker and psychologist in the deployment area. Similar findings were noted by Heinecken and Ferreira (2012) among a cohort of SANDF soldiers deployed in DRC. However, very few of the participants mentioned that they made use of the psychological service at their disposal during the operation. These findings were in line with those of Seedat et al., (2002) and Sibanda et al. (2020). It was also noted in the current study that most participants described

how their symptoms manifested emotionally, cognitively and behaviorally but were not able to pinpoint exactly what the symptoms are, except for the healthcare practitioner. Heinecken and Wilén (2021) observed the same in South African female peacekeepers. The trend of fewer soldiers utilising psychological services especially post deployment and the inability to point out PTSD symptoms observed may be an indication for the organisation to review its intervention to combat PTSD.

5. 3 Coping strategies

The current study identified various coping strategies employed by Black SANDF women post deployment-related trauma. Lazarus and Folkman (1984) developed a theory addressing coping. In this study it was noted that Black SANDF women employed positive, negative and in other instances both types of strategies to cope. Negative coping refers to coping strategies that are linked to high levels of psychopathology symptoms, such coping involves the use of substance, avoidance, and lack of help seeking behavior (Compass et al., 2017). Participants mentioned that they utilised the following coping strategies: prayer, psychological debrief, venting, keeping fit, socialising, self-medicating and spending allowances. Lazarus and Folkman (1984) asserted that coping is influenced by the persons coping resources, meaning the manner in which two people handle stress may differ significantly. Coping strategies comprise behavioral and cognitive efforts to manage adverse situations (Algorani & Gupta, 2022).

According to the theoretical framework grounding this study (Lazarus & Folkman, 1984), stress results from the transaction between an individual and their surroundings; the level of demands and resources available for dealing with burden determine whether stress is faced or avoided. The theory assumes that an appraisal can be a primary and secondary perception of a stressor, and thereby an evaluation of potential effectiveness and consequences of coping behavior (Lazarus, 1993).

A primary appraisal occurs as the first step according to the theory, during which one evaluates whether a particular situation directly affects them (Lazarus, 2020). In order to determine whether or not stress will be caused by the problem at hand, the mind will weigh the significance of the issue. In the current study, the risk associated with exposure to traumatic events in soldiers during deployment include mental health problems, particularly PTSD, as well as difficulties in adjusting well post deployment (Waller et al., 2012). Therefore, the stress or problem is appraised as being potentially harmful (Folkman & Lazarus, 2013).

Secondary appraisal is a step that follows the primary appraisal step within the transactional model of stress and coping (Lazarus, 2020). The model assumes that during this phase, an individual attempts to manage the stress effectively to avoid negative outcomes. Individuals determines whether they have adequate resources to deal with the stress (Folkman & Lazarus, 2013). The participants could determine the psychological services such as psychological debriefing offered by the psychologist and social worker available to them during deployment. When the resources are perceived to be inadequate to deal with the problem, stress response is triggered (Lazarus, 2020).

Lazarus and Folkman (1984) identified two possible coping strategies: problem-based and emotional coping. Within the theoretical model of stress and coping, specific coping strategies are either understood as adaptive (positive) or maladaptive (negative). Positive coping occurs when individuals have the resources to deal with the problem in order to attain a positive outcome (Algorani & Gupta, 2021). For example, the use of psychological service resource to consult with the healthcare practitioners during psychological debriefing, partaking in social events, religious gatherings, and physical training activities by the participants to mitigate deployment stress. According to the transactional model of stress and coping, coping strategies can be classified as positive if they are able to effectively manage stress in a long term. For example, two of the participants shared that they engaged in exercise and other activities to deal with the aftermath of trauma. Their experiences were in accord with existing literature that discussed the benefits of exercise to reduce stress and enhance emotional well-being (Knappen et al., 2015; Blais, 2021). Similarly, these findings were consistent with that of Morgan et al. (2017) in a study conducted to examine the association between mental health and coping behaviors among a cohort of military members post deployment, results revealed that exercise was linked to fewer mental health symptoms.

Conversely Peltzer and Pengpid (2019) found that strenuous exercise was associated with PTSD symptoms among a youth cohort in a South African study. In addition, it has been discovered that exercise is effective in decreasing stress and anxiety among individuals who have been traumatised and enables individuals to redirect their emotions constructively and as a result gain resilience (Blais, 2021). Furthermore, studies have been proven that engaging in exercise produces endorphins a chemical produced by the brain that naturally alleviates pain and help cope with or reduces stress (Basso & Suzuki, 2017). A meta-analysis by Knappen et al. (2015) evidenced that exercise can improve mental health, coping strategies, quality of life and physical health among patients with depression. The positive impact of exercise on

mental and physical health has been well documented (Blais, 202; Knapen et al., 2015; Mahindra et al., 2023; Morgan, 2017). According to research exercises cause an alteration in the neurochemistry in the brain that promotes mental health (Panjwani et al., 2021). In addition, exercise has been shown to improve sleep, concentration, and energy (Knappen et al., 2015).

Another example is one of the participants who reported that religious activities gave her the "strength" to cope with deployment stress, two other participants also attested to the positive effects of prayer to cope with trauma during deployment. Religious coping strategies such as prayer have been found to decrease stress, improve health, quality of life as well as the ability to deal with adverse conditions (Mahamid & Bdier, 2021). These findings replicated those of Park et al. (2016) in a study that investigated the relationship between prayer as a coping strategy, perceptions of trauma and mental health symptoms among recently deployed U.S. soldiers; results evidenced that soldiers who used prayer as a coping strategy presented with better mental health outcomes in comparison to those who did not. The same phenomenon was observed by Alomari et al. (2021) among nurses who worked at the emergency department. Contrary to this study Morgan et al. (2017) found that service members during deployment who used prayer as a coping strategy and consulted a chaplain screened positive for depression , PTSD as well as for general anxiety disorder.

Socialising was among the positive coping strategies reported by the participants. According to research socialising impacts hormonal balance, it produces a hormone called oxytocin, which is responsible for alleviating anxiety levels enabling individuals to cope well with stress (Jones et al., 2017). These findings were in line with a qualitative study conducted by Lin et al. (2019) that investigated coping strategies used during COVID-19 by UK citizens; it was found that individuals who utilised socialising as a coping strategy coped well with COVID-19 stress.

Venting was reported as a coping strategy by some of the participants. They mentioned that they felt better after venting about the incidence. Venting allows individuals to release their frustrations or negative emotions, which results in them coping better. According to Trouw et al. (2023) venting might be a double-edged sword, meaning venting can be both a positive and negative coping strategy; the authors argued that while letting out emotions make individuals feel or cope better, as people are prone to be sympathetic and reassuring. However, when venting is persistently used as a coping strategy it can adversely affect the other person's emotional state and strain the relationship, as they may gradually be less sympathetic and supportive as the time goes on (Trouw et al., 2023). Although venting in

the current study is reported as a positive coping strategy, I concur with the authors, given that the peacekeepers deploy for an extended period, therefore using venting might not be a viable coping strategy in a long run for the service women.

Negative coping happens when an individual realises that the demands exceed the resources, which manifests in various ways, such as the use of substances or avoidance of anything that reminds the individual of the traumatic occurrence (Ding et al., 2021). Maladaptive coping decreases the experience of stress for a short time but does not help or exacerbates the problem in a long run (Babicka-Wirkus et al., 2021). For example, one of the negative coping strategies reported to be utilised by two of the participants was self-medicating with prescription medication as a means to cope with sleep disturbance during deployment after a traumatic event. On the contrary, Fernando et al. (2017) found that student athletes self-medicated post injury to enhance performance. In the current study two of the participants reported that they achieved what they wanted which was a peaceful sleep after self-medicating. However self-medicating provided a temporary relief or solution to the problem which can potentially be harmful over time (Vong et al., 2022). Risk associated with self-medication include wrong self-diagnosis, adverse effects of the medication, resistance to particular medication in future, overdose or underdose, as well as running the risk of being dependent on the medication (Vong et al., 2022).

Another example was an uncommon negative coping strategy reported by the participants using allowances or shopping to escape negative emotions post deployment. The participants of the current study expressed how their spending of allowances made them feel “better” when asked how they coped with trauma symptoms upon returning home after deployment. The same phenomenon was observed by Mattock et al. (2012) among a cohort of veteran women post deployment. Similarly, Harrison et al. (2012) noted the same experience by hurricane Katrina survivors, who reported spending as a coping strategy following the natural disaster. Contrary to the findings of the current study, Ashley et al. (2016) found that trauma survivors had a tendency of over saving or acquiring following their traumatic encounter. Azam (2023), postulates that the act of spending money may be a trauma response for other individuals; the author further states that this kind of behaviour is mostly seen as a coping strategy by people who have had a traumatic encounter previously. According to Sandberg (2019) spending can be used as a type of self-medicating that offers a brief distraction from the negative emotions and memory connected to a traumatic event. The shopping may have provided temporary escape from the negative feelings. However, later the

participants might have to deal with the very emotions that they were trying to escape from, as well as financial problems.

Soldiers returning from deployment usually encounter stress related to deployment as well as have difficulties in adjusting post deployment (De Soir, 2017). Social support from family, friends and home unit, and religious coping can assist in easing the stressors and adjust well (Polusny, 2013). Lack of a good support system might result in worsening of PTSD symptoms and other psychopathological mental health illnesses (Vogt, 2011). The model of stress and coping is valuable in that, it makes it possible to identify the outcomes of coping, and therefore be able to develop effective coping strategies.

As stated above, the service women employed both negative and positive coping strategies as well as a combination of both. Two negative and five positive coping strategies were employed by the women in order to cope with deployment-related stress. According to the theory of stress and coping, a barrier to accessing positive coping strategies, may lead to the use of negative coping strategies (Lazarus, 1984). This was noted in the current study, most of the participants who engaged in negative coping also reported barriers to seeking help. For example, the case of the two participants who were self-medicating, also encountered barriers when attempting to seek psychological help.

5. 4 Support systems

In the current study it was noted that the participants relied on their fellow peacekeepers for social or emotional support during deployment. They stated that support from their fellow soldiers played an important role as it provided emotional support. It is apparent that the participant experienced cohesion during deployment. Unit cohesion can be defined as bonds among soldiers or military members. There are two types, horizontal cohesion a bond among peers, and vertical cohesion which is a bond between leaders and subordinates (Castillo., 2014). Cohesion has been proven to be beneficial for military members overall mental and physical health (Thomassen et at., 2018). These findings were supported by Campbel-Sill et al. (2022) in a study where the authors investigated the buffering effects associated with two types of unit cohesion namely horizontal and vertical. The authors found that horizontal cohesion buffers against PTSD symptoms and depressive symptoms. This may be one of the reasons why the participants presented with fewer PTSD symptoms in the current study. However, none of the participants mentioned vertical cohesion during deployment. This might be indicative of poor subordinate leader relationship. From

these findings, it is evident that such support structures are built on trust as well as shared experiences and contributed significantly to assist women peacekeepers cope with stress during the peacekeeping operation.

Furthermore, it was noted that in the current study all participants relied on family support. It appeared that family support played a crucial role in the participant's capacity to deal with stress. Participants indicated that they valued the constant communication with family during deployment as it alleviated stress and worrying. Studies have shown that indeed family support is important for service members morale during deployment (Gerwitz et al., 2014; Heinecken & Wilén, 2021). Operational stressors such as separation from family can negatively impact both military members and their family. The findings replicated that of Harmse et al. (2021) in a study that explored the lived experiences of prolonged separation due to deployment or military training among SANDF officers. Welsh et al. (2015) examined the impact or effects of social support on emotional well-being among deployed military personnel, the authors found that higher levels of social support were linked to positive mental health outcomes regardless of the adverse negative deployment experiences. Family support is therefore an imperative resource for deployed military members (Delajah et al., 2016).

5. 5 Lessons from deployment

According to this study some of the participants stated that they gained valuable or vital lessons about life and themselves. Gratitude, growth, and financial discipline are some of these lessons. Some of the participants expressed their feelings of gratitude after their deployment experiences. They mostly mentioned that they had a great sense of appreciation for their loved ones and the support they received from them as well as life itself. Some expressed that they began to appreciate the small things that they took for granted prior to their experience.

They also spoke about how witnessing adverse conditions in deployment made them more appreciative of the comfort and stability they have back in South Africa, their home country. Among other lessons the present study found that growth was a recurring theme across participants. They explained how they learnt new skills that developed their career, spiritual life and were able to work under unbearable working conditions. Another lesson that was notable was an improvement in financial discipline reported by some of the participants. The participants alluded that while they were motivated by finances to deploy, the experience

heightened the importance of making sound financial decisions. These findings aligned with the concept of post-traumatic growth (PTG) by Tedeschi and Calhoun (1996), a concept that refers to the notion trauma survivors undergo psychological transformations following a traumatic encounter, growth gratitude are the most common changes witnessed. Several studies (Gallaway et al., 2011; Mark et al., 2018; Mitchel et al., 2013; Ogińska-Bulik ,2017) have noted the post-traumatic growth encountered by some soldiers or peacekeepers, implying or suggesting that traumatic experiences can result in positive personal transformations. This was echoed in various studies (Collier, 2016; Tedeschi & Calhoun, 2004; Tedeschi et al., 2018) that posited that exposures to trauma can bring about essence of gratitude and provide a new perspective on life or life priorities.

5. 6 Challenges

Deployment comes with its own set of challenges. The challenges experienced by the participants have been experienced previously within the same context as well as in forces across the globe, one of the challenges was the lack of support from the organisation during and post deployment. They mentioned how they lacked basic necessities. The findings were consistent with that of existing literature (Bruwer, 2021; Harmse et al., 2017; Heinecken, 2021; Mtshayisa & Letšosa, 2019) that found the SANDF to be lacking in terms of supporting its deployed members. Similarly, to a study conducted by Visagie et al. (2021) to compare the deployment experiences of the SANDF members during PKO's in Sudan and the DRC; the findings revealed that SANDF’s peacekeepers deployed in both DRC and Sudan experienced a lack of support with basic necessities such as food, water, and accommodation from the organisation as a challenge. This indicates that the lack of support from the organisation is a long-standing challenge that requires urgent attention.

Some of the participants discussed their experiences regarding the lack of support from the organisation during and post deployment. The participants also noted a lack in providing emotional support to deployed health care workers. These findings collaborated with those of Gershon et al. (2016). It was noted that participants who deployed on the ground mentioned lack of support concerning logistics, while those deployed as medical staff expressed that they experienced a lack of emotional support from the organisation. Addler (2017) postulated that health care practitioners deployed in operational theatres face numerous demands that can cause burn out symptoms such as poor sleep patterns, ethical

dilemmas, workload as well as PTSD symptoms resulting from their work. In the present study, some participants mentioned some of the demands Adler (2017) referred to.

The participants also expressed the emotional strain of continuous service without leave during the deployment period**.** A possible explanation for the organisation might be its increased involvement in the PKO's. To fulfill the needs of the UN and SADC in Africa, the SANDF is required to deploy in PKO's as well as in other noncombatant operations, which increases the organisations involvement, thus increasing the risk of trauma among the SANDF deploying personnel (Harmse et al., 2022). The SANDF PKO's duration is approximately one year but could be extended. While the organisation may be obligated to fulfill its mandates to the UN and SADC, it is imperative that it considers the long-term adverse impact it may have on its members.

Among other challenges noted was family challenges during adjustment. Wegner et al. (2011) alluded that military members returning from extended deployments frequently anticipate going home, but the reality of homecoming may differ from what they envisioned. It is normal for soldiers to experience changes as well as their families, particularly for spouses and children left behind; in addition, the authors stated that when soldiers return home, they frequently find it difficult to integrate with their families, as the family dynamics might have changed during their absence. This can make them feel as though they are not needed, which creates problems for both the family and the returning soldier (Wegner et al., 2011). This was a reality for some of the participants who reported that they felt like they missed out on seeing some of the developments or milestones in their children's lives, as a result they also felt left behind. They further expressed how the changes in which their family managed their lives was challenging to navigate. Another challenge noted by the participants upon return was the stress pertaining to children's behaviors, which has been previously noted by several authors (Creech et al., 2015; Gerwitz & McMorris, 2014; Knobler et al., 2016; Stepka & Colhoun, 2016). Knobler et al. (2016) maintains that the parent-child relationship can be under strain upon integration, after the parent returns from deployment. These findings replicated a study by Creech et al. (2015) that examined the impact of separation due to deployment on parenting, the health outcomes, emotional and behavioral aspect of children. The authors found that children across all age groups presented with emotional and behavioral difficulties, as a result of deployment of parents (Creech et al., 2015). Similarly, this was echoed by Gerwitz and McMorris (2014) who explored family adjustment of deployed and non-deployed mothers among Afghanistan soldiers; results

showed that mothers experienced child functioning difficulties post deployment as well as other challenges.

To offer a possible explanation of the children's behaviour towards their parent upon return from deployment, Knobler et al. (2016) argued that children go through the experience akin to those noted in relationships of adults. Stepka and Colhoun (2016) discovered that the children's reactions differ across age groups and with parenting styles, younger children tend to cry, be clingy, and show avoidance or attention seeking behaviors; while the older children usually demonstrate being resentful, anxious, defiant and display various behavioural problems.

Witnessing locals suffer and attack by locals and rebels were among the challenges expressed by the participants. According to Mashishi (2013) the main factor that determines the PKO's success or failure, is the relationship among the peacekeepers and the local members of the community; the relationship between these parties is influenced by several factors such as attitude and behaviors of peacekeepers. The core purpose of deploying peacekeepers in the DRC is to provide humanitarian assistance, which includes protecting and safeguarding the local population (Dervishi et al., 2015). It was noted in the findings of the present study that the participants reported being constantly attacked by the local community members who believed that the peacekeepers were in their country for mere financial gain. According to the participants locals lamented that they were still experiencing dire conditions even in their presence. Therefore, the peacekeepers were perceived as not having interest in the problems encountered by the local community. These findings were in accord with Van lees (2020) in a study that explored the experiences of soldiers and locals; the soldiers reported to have experienced clashes with the locals as they were perceived as the elites in their community whilst they suffered. As stated above one of the core mandates of peacekeepers is to provide humanitarian support to locals, however the hostile relationship noted between the peacekeepers and the locals can hinder the fulfillment of the core mandate. Austere (2019) argued that in order to gain cooperation from locals, it is imperative that locals be the main actors or take the lead in peacekeeping as they are familiar with the issues in their land.

5. 7 Barriers to seeking mental health services.

Some of the participants reported barriers to seeking medical services such as fear of change in medical category, shame of being perceived as not coping and some stated that

psychological debriefing was ineffective. Some of the participants stated that they did not seek medical help as they were ashamed of being perceived as not coping or being perceived as weak. One of the barriers of seeking psychological service or mental health services mentioned by some of the participants was that they feared that they would be repatriated, and their medical category would change. These findings were in accord with that of Cornish et al. (2014) which found that women peacekeepers feared seeking psychological services following a traumatic deployment encounter because they feared it will affect their future promotions as well as future deployments. Similarly, Ntantamala and Adams (2022) investigated the correlates of PTSD among emergency care workers and barriers in seeking psychological care services. Barriers that were identified by the emergency care workers were that it would impact their career negatively. To better understand why the members feared the change in medical category, we briefly look at the process of the Concurrent Health Assessment in the organisation (CHA). SANDF personnel are required to undergo a medical examination CHA every two years. The CHA assessment is classified into three color codes, green which denotes medically fit, yellow denotes temporary medically unfit, while red means medically unfit. According to the policy of the organisation personnel members who are yellow or red medically cannot deploy or attend any functional courses or be promoted. From the policy put in place, it is apparent that change in the medical category may delay career progression or have a negative impact on career hence the fear of consulting which may result in a change in medical category.

Participants also mentioned that they did not seek help as they were ashamed of being perceived as “weak”. This barrier of being perceived as “weak” has been observed across several forces globally (Gould et al., 2010; Langstone et al., 2007; Williamson et al., 2019). Drawing from the studies, it appears that being “perceived as weak” is not a barrier in the SANDF only or in a few militaries but across different militaries globally. This may indicate that military culture has an impact on how soldiers perceive seeking help. The military culture emphasises physical strength, resilience, stoic, discipline, honesty, courage, loyalty and perseverance (Michalopoulou et al., 2017). This culture is deeply embedded in soldiers as soon as they enter the system; a well-accepted element of military culture is to “toughen up”, a deviation from this element may be perceived as a weakness in the military environment (Ganza et al., 2021). Though the military has embraced the use of military psychologists, the military culture by default does not encourage a conducive environment to seek psychological service (Gibson et al., 2014).

Belton (2016) examined soldiers' attitudes and perceptions towards psychological debriefing, combat exposure, and deployment stressors and the severity of PTSD symptoms among recently deployed soldiers; results show that soldiers who engage in psychological debriefing demonstrated a positive attitude towards the intervention. This was contrary to the findings of the current study as some of the participants who were engaged in psychological debriefing found it to be ineffective and showed a negative attitude towards it. Some of the participants described it as "just talking and does nothing to reduce or remove the trauma".

Debriefing is a main intervention used to combat PTSD after trauma exposure during deployment as well as after deployment during demobilisation (Dhladhla & Van Dyk, 2009). However, some of the participants found the intervention to be ineffective. These findings aligned with that of Vinguard et al. (2022) in a meta-analysis study conducted to examine the effectiveness of psychological debriefing among a cohort of soldiers and emergency workers. The debate regarding the effectivity of debriefing has been ongoing for decades. While other authors debated that it is not possible for a single session to prevent trauma symptoms, others suggested that it cannot be used solely as an intervention but can be used in conjunction with other early interventions (Resick, 2016; Richardson et al., 2016; Sareen, 2014). Tan et al. (2022) conducted a systematic review of literature to assess the effectiveness of debriefing and cohesion training on PTSD symptoms and common mental disorders in military members and emergency service workers. The authors found limited evidence regarding the psychological intervention's effectiveness or ability to reduce both PTSD symptoms and common mental disorders. However, results showed that participants who received a combination of both psychological debrief and cohesion training presented with significantly lower symptoms of PTSD and common mental health disorders, but no effects were found when psychological debriefing was given on its own (Tan et al., 2022). This was echoed by Hawker et al. (2010) in the meta-analysis that demonstrated that debriefing has limited efficacy. On the other hand, Tamarack et al. (2020) contended that debriefing may have been dismissed too quickly; the authors argued that the studies on the effectiveness of debriefing did not adhere to the procedures outlined in the Cochrane review article. In the current study some participants described debriefing as just "talking" which did not reduce their trauma symptoms, while others found it to be effective. It can be concluded that findings of the current study are inconclusive with regards to the effectiveness of psychological debriefing. However, it was noticed that most participants preferred other interventions than psychological debriefing which is the main intervention used during deployment.

5. 6 Recommendations

It will be beneficial if future research studies investigate the long-term effectiveness of interventions in the Defence Force such as debriefing. In addition, conducting quantitative studies to examine the statistics of soldiers with PTSD. Despite the traumatic encounters experienced by the participants, they still gained valuable lessons in deployment and experienced post-traumatic growth period, therefore exploring the concept of PTG across all arms of service might be beneficial. Lastly, exploring the impact of deployment on families of deployed members may help develop post deployment programmes to assist soldiers reintegrate well upon return from deployment.

5. 7 Limitations

The current study was not without limitations. Firstly, the sample consisted of Black SANDF women from Gauteng province and is therefore not a representative of all SANDF Black women. Secondly, there was a dearth in literature studies conducted within the SANDF, most of the literature used in the study was that of global military forces. Thirdly, some of the participants were not fully at liberty to express themselves with the concern that they might be traceable. However, I assured them of confidentiality and anonymity. This could potentially limit the study as the method of IPA aims to explore lived experiences in depth.

5. 8 Conclusion

Peacekeeping missions require soldiers to be prepared emotionally, physically, and psychologically. Even though peacekeepers receive the same training pre and post deployment, they however cope differently with traumatic encounters and deployment challenges. The aftermath of trauma affects the family members of the peacekeepers as well. In addition, there are a plethora of factors that influence how soldiers cope during and after deployment. Furthermore, traumatic experiences not only result in traumatic responses but in positive transformations as well. The current study explored how Black SANDF women cope with deployment related trauma and how they navigate challenges during and after deployment.

The primary aim of this study was to explore the lived experiences and coping strategies employed by Black SANDF women following deployment-related trauma. The study was guided by the theory of stress and coping by Lazarus and Folkman (1984).

Participants of the study were six in total, who were recruited through non-purposive sampling. Data was gathered through semi structured interviews to explore the lived experiences of participants. The findings of the current study highlighted how SANDF women cope with deployment related trauma. Both negative and positive experiences of deployment, stresses experienced during deployment as well as problems associated with adjustment upon return from deployment were reflected on by the participants.

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Appendices

Appendix A- Written consent to participate in this study

CONSENT EA u22754114.docx

Appendix B - Participant information sheet

PARTICIPATION INFO U22754114.do

Appendix C- Interview Schedule

Interview Questions EA U22754114.docx

Appendix D– Scripts of participants

Original interview transcript for Dimpl

Original interview transcript for Ditebc

Original interview transcript for Promis

Original interview transcript for Mabo

Original interview transcript for Anton

Original interview transcript for Ellesse

Appendix E– Representation of master theme table

Representation of master themes and s

Appendix F– Extracts from scripts

Extracts from scripts-u22754114.d

Appendix G – Turnitin Report

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Appendix H – Ethics Approval

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