EXPLORING THE PSYCHOLOGICAL WELLBEING OF SOUTH AFRICAN MILITARY MEMBERS EXPOSED TO COMBAT DEPLOYMENTS

MAMENYANA JUDITH MUSE

Dissertation submitted in fulfilment of the requirements for the degree

MASTERS OF ARTS IN (GENERAL PSYCHOLOGY)

in the

Faculty of Humanities

Department of Psychology

at the

UNIVERSITY OF SOUTH AFRICA

2026

Supervisor: Dr K.J. Bester

Declaration

I, Mamenyana Judith Muse (53829840), hereby declare that the dissertation entitled: **EXPLORING THE PSYCHOLOGICAL WELLBEING OF SOUTH AFRICAN MILITARY MEMBERS EXPOSED TO COMBAT DEPLOYMENTS** is my original work, and all sources I have cited have been indicated and acknowledged in the text as well as in the list of references. I further declare that I have not previously submitted this work, or any part of it, for examination at UNISA or for any other qualification at any institution of higher learning.

Signature: *M.J. Muse* **Date:** 15 July 2026

Acknowledgements

First and foremost, I express my deepest gratitude to God Almighty, who granted me the strength, perseverance, and wisdom to complete this academic journey. I hold fast to the truth of Philippians 4:13: “I can do all this through Him who gives me strength.”

My sincere appreciation goes to my academic supervisor, Dr K.J. Bester, for his invaluable guidance, unwavering patience, and steadfast support throughout this research. His insightful feedback and constant encouragement were instrumental in shaping this dissertation.

To my family, I offer my deepest thanks for your unconditional support, love, and understanding. Your belief in me, especially during the most challenging times, motivated me to persevere. I am truly blessed to have you by my side.

I sincerely thank the University of South Africa for providing the academic platform and resources essential to this study. The institution's educational environment and support services were vital to my personal development and academic achievement.

I am also profoundly grateful to my employer, the Defence Intelligence Division, for generously funding my studies and for granting me the opportunity to advance academically. I deeply appreciate this investment in my education.

This dissertation is the culmination of support from many individuals, and I am truly grateful to all who contributed, in ways both great and small, to this achievement.

Summary of Limitations

This dissertation examined the psychological wellbeing of South African military personnel who had experienced combat deployments, with particular attention to trauma exposure, coping mechanisms, and institutional support systems. Nevertheless, several constraints should be recognised. First, the study relied on self-report measures, which are susceptible to recall inaccuracies and socially desirable responding, especially in military settings where admitting psychological distress may be stigmatised. The cross-sectional design also precluded causal inferences about the relationship between combat exposure and mental health outcomes.

Moreover, the participant sample may not fully capture the diversity of units or ranks across the South African National Defence Force, potentially limiting the applicability of the findings. Important contextual factors, including pre-deployment mental health status and the reintegration process following deployment, were not thoroughly examined. These shortcomings warrant cautious interpretation of the results and highlight the importance of future longitudinal and mixed-methods investigations to gain deeper insight into the enduring psychological effects of combat.

Key terms: coping strategies; combat exposure; generalisability; military personnel; psychological wellbeing; reintegration; self-report bias; trauma

Table of Contents

Declaration ii
Acknowledgements iii
Summary of Limitations iv
List of Tables ix
List of Figures x
Abstract xi
Abbreviations/Acronyms xiii
Chapter One: Introduction 1
1.1 Definition of Psychological Wellbeing 1
1.2 Defining a Soldier 3
1.2.1 Definition of a Soldier in the Context of this Study 3
1.2.2 Definition of Combat Deployment 3
1.2.3 Types of Military Deployments and Their Impact on a Soldier's PWB 4
1.3 Understanding the SANDF Doctrine 7
1.3.1 The SANDF Doctrine and Strategic Shift 8
1.3.2 South Africa's Deployment to the DRC 8
1.3.3 Psychological and Strategic Considerations 9
1.3.4 The Psychological Effects of Peacekeeping 11
1.4 Background of the Study 11
1.4.1 The Nature of Apartheid 13
1.4.2 The Legacy of Apartheid 14
1.5 Research Problem 15
1.6 Aim and Objectives of the Study 16
1.6.1 Aim of the Study 16
1.6.2 Objectives of the Study 17
1.7 Research Questions 17
1.9 Researcher's Positionality and Reflexivity 18
1.10 Demarcation of the Study 20
1.11 Conclusion 20
Chapter Two: Literature Review 21
2.1 Introduction 21
2.2 The Psychological Toll of Combat: A Unique Burden for SANDF Soldiers 21
2.3 A Holistic Understanding of Psychological Wellbeing 22
2.4 Stigma Associated with Combat Deployment 23
2.5 Psychological Wellbeing of Soldiers Following Combat Deployment Across International, Regional, and Local Contexts 25
2.6 Psychological Programmes Implemented by the SANDF and their Effectiveness 26
2.7 Masculinity, Gender Roles, and Psychological Wellbeing of SANDF Soldiers 27
2.8 Psychological Wellbeing, Sociocultural Context, and Post-Deployment Adjustment Among SANDF Soldiers 28
2.9 Common Psychological Challenges Following Combat Deployment: PTSD, Depression, Anxiety, and Moral Injury 29
2.9.1 Post-Traumatic Stress Disorder 30

2.9.2 Depression, Anxiety, and Moral Injury 31
2.10 Models Related to Stress in Combat Situations 32
2.10.1 The Stress Buffering Model 32
2.10.2 The Significance of the Stress Buffering Model to the Study 33
2.10.3 Applications of the Stress Buffering Model in Psychological Research 33
2.11 Linking Psychological Outcomes to the Stress Buffering Model 34
2.11.1 Social Support 34
2.12 Two Primary and Interrelated Roles of Social Support 34
2.12.1 The First Role - Direct Resource 34
2.12.2 The Second Role - Moderator 34
2.13 Understanding Perceived Stress in Relation to PWB 36
2.14 Coping Mechanisms and Stress Outcomes 36
2.15 Categories of Coping Mechanisms 37
2.16 Evidence Supporting Effective Coping Strategies 37
2.17 The Role of Social Support in Military Populations: The Microcosm of Psychological Assistance and the SANDF 38
2.18 The Role of Social Support in Mental Health Recovery 39
2.19 The Relevance of the Stress Buffering Hypothesis in Understanding the PWB of SANDF Soldiers After Combat Exposure 42
2.20 Relevance and Limitations of the Model in the South African Context 43
2.20.1 Cultural Specificity 43
2.20.2 Structural Support Limitations 43
2.21 Conclusion 44
Chapter 3: Theoretical Framework 45
3.1 Introduction 45
3.2 Bronfenbrenner's Ecological System Framework 45
3.3 Significance to the SA Armed Forces 46
3.4 Application of Bronfenbrenner's Ecological System Framework to the Study 48
3.4.1 Microsystem: Immediate Interactions and Urine Biomarkers 49
3.4.2 Mesosystem: Interactions Between Environments and PWB 51
3.4.3 Exosystem: Broader Social Structures and Institutional Influence 52
3.4.4 Macrosystem: Cultural and Societal Norms 52
3.4.5 Chronosystem: The Influence of Time on Recovery 53
3.4.6 Adaptation System: Technology and Its Role in PWB 54
3.5 Integration of Rosen et al. (2022) into Bronfenbrenner's Ecological Framework 55
3.5.1 Microsystem: Direct Experience with Technology 55
3.5.2 Mesosystem: Interaction Between Settings (Tech and Social Systems) 55
3.5.3 Exosystem: Institutional Support for Technology Use 56
3.5.4 Macrosystem: Cultural and Societal Attitudes Toward Tech and Mental Health 56
3.5.5 Chronosystem: Longitudinal Impact of Tech Use Over Time 56
3.5.6 Adaptation System: The Technological Layer 56
3.6 Conclusion 57
Chapter 4: Research Methodology and Design 59
4.1 Introduction 59
4.2 Research Design 59
4.3 Research Paradigm 60

4.4 Data Collection Methods 61
4.5 Data Collection Technique 61
4.6 Basic Approaches to Collecting Qualitative Data Through Open-Ended Interviews 62
4.7 Sampling 62
4.8 Purposive Sampling as a Strategy 63
4.9 Description of Sample 64
4.10 Selection Criteria 64
4.11 Sample Size 64
4.12 Inclusion and Exclusion Criteria 65
4.12.1 Inclusion Criteria 65
4.12.2 Exclusion Criteria 65
4.13 Data Collection Procedure 66
4.13.1 Instrumentation and Measurements 66
4.14 Data Analysis Method 67
4.14.1 Thematic Analysis and Epistemological Position 67
4.14.2 Method of Data Analysis 68
4.14.3 Steps for Analysing Data 69
4.15 Ethical Considerations 72
4.15.1 Informed Consent 72
4.15.2 Confidentiality 73
4.15.3 Ethics Approval 73
4.16 Ethical Principles 74
4.17 Risk Mitigation 75
4.18 Limitations of the Study 75
4.18.1 Delimitations 75
4.18.2 Assumptions 76
4.18.3 Limitations 76
4.19 Ensuring Rigor in Qualitative Research and Minimising Bias and Error 77
4.19.1 Credibility 77
4.19.2 Transferability 78
4.19.3 Dependability 78
4.19.4 Confirmability 79
4.19.5 Reflexivity 79
4.20 Conclusion 80
Chapter 5: Findings and Analysis 81
5.1 Introduction 81
5.2 Demographic Characteristics 81
5.2.1 Interpretation of Demographics 82
5.3 Overview of Themes 86
5.3.1 Theme 1: Conditions and Experiences of a Combat Military Environment 86
5.3.2 Theme 2: Importance of Social Support and Networking 92
5.3.3 Theme 3: Improved Effective Combat Training and Preparedness 100
5.3.4 Theme 4: Perceptions of Leadership and Mental Wellbeing 109
5.4 Conclusion 115
Chapter 6: Discussion of the Findings, Recommendations, Limitations and Conclusion 117

6.1 Introduction 117
6.2 Interpretation of Findings 117
6.2.1 Theme 1: Conditions and Experiences of a Combat Military Environment 118
6.2.2 Theme 2: Importance of Social Support and Networking 120
6.2.3 Theme 3: Improved Effective Combat Training and Preparedness 121
6.2.4 Theme 4: Perception of Leadership and Mental Wellbeing 122
6.3 Theoretical Implications 123
6.3.1 Combat Experiences and the Transactional Model of Stress 123
6.3.2 Training Preparedness and Self-Efficacy Theory 124
6.3.3 Social Support and the Buffering Hypothesis 124
6.3.4 Leadership and Organisational Psychology 125
6.4 Practical Implications 125
6.4.1 Enhancing Mental Health Screening and Debriefing Procedures 126
6.4.2 Integrating Resilience Training into Combat Preparation 126
6.4.3 Enhancing Peer Support and Reintegration Systems 126
6.5 Limitations of the Study 128
6.5.1 Sample Size, Method and Representativeness 128
6.5.2 Cross-Sectional Research Design 128
6.5.3 Use of Purposive Sampling 128
6.5.4 Sampling Homogeneity as a Study Limitation 129
6.5.5 Contextual Constraints and Interview Dynamics 129
6.5.6 Lack of Triangulation 129
6.5.7 Reliance on Self-Reported Data 129
6.5.8 Cultural and Contextual Factors 130
6.5.9 Lack of Control Group 130
6.5.10 Limited Exploration of Support Systems and External Influences 130
6.6 Recommendations for Future Research 130
6.7 Unexpected Findings that Require Deeper Exploration 132
6.8 Conclusion 134
References 135
Appendices 143
Appendix A: Permission Letter from Defence Intelligence 143
Appendix B: College of Human Sciences_Crec Ethical Approval 145
Appendix C: Research Participation's Informed Consent Form 148
Appendix D: Interview Guide 149
Appendix E: Research Study Information Sheet 152
Appendix F: Qualitative Audit Trail 156
Appendix G: Editing Certificate 160

List of Tables

Table 1.1: Definitions of PWB and Key Points of Focus 1
Table 1.2: Types of Military Deployments and Impact on Soldiers' PWB 6
Table 4.1: Categorised Data Based on Initial Reflections 70
Table 4.2: Summary of Themes and Sub-themes 71
Table 5.1: Participants' information 85

List of Figures

Figure 2.1: The Stress Buffering Hypothesis 40
Figure 3.1: Bronfenbrenner Ecological Framework Systems 48

Abstract

The South African National Defence Force (SANDF) is operationally responsible for peace support missions across Africa. These deployments, a core function of the SANDF, are frequent and often extended. The environments are uniquely demanding and place considerable psychological strain on members. This strain arises not only from combat exposure and its clinical consequences but also from stressors linked to family separation. While combat exposure is widely recognised as a significant source of psychological distress among military personnel, research into the psychological wellbeing of SANDF members following such deployments remains limited in South Africa. A deeper understanding of these experiences is essential for developing effective, contextually relevant mental health interventions and support systems.

The aim of this study was to gain a broad understanding of the psychological wellbeing of South African military personnel exposed to combat deployments, focusing specifically on the psychological challenges they face, their coping strategies, and their perceptions of available support structures.

A qualitative research design was used, with semi-structured interviews serving as the primary data collection method. Participants were selected through purposive sampling from the five South African Infantry Brigade units of the SANDF, all of whom had prior combat deployment experience. Thematic analysis was applied to the interview data, allowing for the identification of key patterns and themes within participants' narratives and offering insight into their lived experiences.

The analysis revealed several recurring themes, including symptoms of post-traumatic stress, emotional detachment, resilience building, and a pervasive lack of adequate psychological support from military institutions. Participants described both adaptive and maladaptive coping mechanisms and voiced a strong need for more accessible and continuous mental health services.

The study concludes that combat exposure significantly affects the psychological wellbeing of SANDF members, with many enduring long-term mental health difficulties. These findings underscore the urgent need for support during deployment. The study recommends developing holistic mental health programmes that respond to the unique operational realities faced by South African soldiers.

Keywords: coping strategies; combat exposure; military mental health; military personnel; peace support operations; posttraumatic stress; psychological wellbeing

Abbreviations/Acronyms

AU	African Union
ADA	Air Defence Artillery
BEST	Bronfenbrenner's Ecological Systems Theory
CAR	Central African Republic
CSR	Combat Stress Reaction
DI	Defence Intelligence
DCAF	Democratic Control of Armed Forces
DRC	Democratic Republic of Congo
DoD	Department of Defence
HADRO	Humanitarian and Disaster Relief Operations
INT	Intelligence
MONUSCO	United Nations Organization Mission in the Democratic Republic of Congo
NCO	Non-Commission Officer
OC	Officer Commanding
PEO	Peace Enforcement Operations
PSO	Peace Support Operations
PWB	Psychological Wellbeing
PTSD	Post-Traumatic Stress Disorder
SAAF	South African Air Force
SADC	Southern African Development Community
SAI	South African Infantry
SAN	South African Navy
SAA	South African Army
SAAI	South African Army Infantry
SANDF	South African National Defence Force
SAMIDRC	South African South African Mission in the Democratic Republic ongo
SF	Special Forces
SBH	Stress Buffering Hypothesis
SBM	Stress Buffering Model
UN	United Nations
WHO	World Health Organization

Chapter One: Introduction

1.1 Definition of Psychological Wellbeing

The demands of combat operations on service members far exceed those of routine deployments, placing immense strain on both their physical and emotional capacities. Consequently, the South African National Defence Force (SANDF) bears the critical responsibility of equipping its personnel with comprehensive physical and psychological training before deployment to combat zones. However, the inherent stressors of active conflict, coupled with insufficient social support, can significantly compromise a soldier's Psychological Wellbeing (PWB).

PWB is a complex and multi-layered concept. According to Diener et al. (2020), it consists of several related but distinct elements, including personal autonomy, experiencing positive emotions, nurturing positive relationships, a low frequency of negative emotions, a sense of purpose, satisfaction with life, and continuous personal development. Keyes and Shmotkin (2020) add components such as self-acceptance, the ability to cope with adversity, and the capacity to lead a fulfilling life while maintaining a sense of self-worth. The World Health Organisation (WHO) contributes a definition centred on an individual's ability to realise their potential, be productive, and handle the normal stresses of life, though the precise definition remains a subject of academic debate.

Table 1.1: ***Core Perspectives on PWB***

Definition of PWB	**Key Factor Areas**
A six-dimensional model encompassing self-acceptance, personal growth, purpose in life, environmental mastery, autonomy, and positive relationships (Ryff & Singer, 2020).	A comprehensive model based on six core dimensions.
A state that goes beyond the simple absence of mental illness to include the positive presence of functioning in emotional, psychological, and social realms (Keyes & Shmotkin, 2020).	The balance of mental health and emotional flourishing.
Characterised by global life satisfaction, frequent positive feelings, and infrequent negative feelings (Diener et al., 2020).	Life satisfaction and the balance of positive vs. negative emotions.

Achieved not through external validation but by fulfilling innate human needs for autonomy, competence, and connection (Deci & Ryan, 2020).	Intrinsic motivation and the fulfilment of basic psychological needs.
Defined by five pillars: positive emotion, engagement, relationships, meaning, and accomplishment, which together enable an individual to flourish (Seligman, 2020).	Positive psychology and the pursuit of fulfilment.
Centred on self-actualisation and living a life consistent with personal values and goals, with a strong emphasis on meaning and purpose (Waterman, 2020).	Self-actualisation and a life of meaning.

The connection between PWB and combat deployment is a vital area of military research. Combat deployment involves the temporary assignment of personnel to operational zones where they are exposed to injury, direct combat, and highly stressful or traumatic incidents (Van Winkle et al., 2020). The various challenges of deployment, such as long family separations, exposure to violence, and unrelenting high-pressure environments, can severely affect soldiers' PWB. Understanding this dynamic is essential for enhancing support for deployed personnel and aiding their reintegration into civilian society. Deployment stress can affect both short-term and long-term mental health. While some soldiers show remarkable resilience, others may suffer a decline in PWB, potentially leading to conditions like Post-Traumatic Stress Disorder (PTSD), depression, and anxiety.

A key theme in military sociology is how soldiers' identities and roles are shaped. Kaspersen (2021) focuses on the clear distinctions drawn between soldiers and civilians and how these differences have significant effects. Soldiers are generally characterised by a distinct set of traits, such as adherence to military codes, participation in combat, and involvement in state-sanctioned violence, which collectively create a clear divide from civilians (Molendijk, 2024). This separation is not just theoretical; it is crucial for understanding the psychological and social pressures they face, especially during the difficult process of transitioning back to civilian life after deployment.

1.2 Defining a Soldier

The Department of Defence (DoD, 2023) defines a soldier as a professionally trained member of a national armed force, primarily responsible for military operations such as combat, peacekeeping, and internal security. In South Africa, this definition applies to enlisted members of the SANDF, particularly within the South African Army (SAA), who are tasked with protecting national sovereignty and taking part in regional and international missions (DoD, 2023).

1.2.1 Definition of a Soldier in the Context of this Study

For this research, a soldier is defined as an enlisted member of the SANDF, specifically within the South African Army Infantry (SAAI) Formation. This encompasses ranks from Private to Major, including both Non-Commissioned Officers and Officers. It also includes personnel from specialised combat groups, such as Air Defence Artillery, Infantry, and Special Forces, as well as those in combat support roles like Intelligence and Operations Medics. This precise definition is crucial for understanding the psychological effects of combat, as the level of operational exposure varies significantly depending on a soldier's specific role and experiences (Molendijk, 2024).

Furthermore, this definition underscores the study's central aim: to investigate the PWB of South African military members exposed to combat deployments. By focusing on a specific South African context, particularly an infantry unit like the 46 SA Infantry Brigade, the study aims to illuminate the subtle mental health impacts on these individuals. According to SANDF doctrine, soldiers in infantry and support combat groups often serve on the front lines, facing life-threatening situations and intense operational stress, making their psychological recovery a key area of investigation.

1.2.2 Definition of Combat Deployment

Combat deployment is the process of moving and positioning armed forces and their logistical support to various locations around the globe (Kaspersen, 2021). It consists of complex, coordinated movements adapted to specific operational environments. Armed forces worldwide have a fundamental duty to provide military resources that deter war and protect citizens. The Geneva Centre for the Democratic Control of Armed Forces (DCAF, 2015) outlines three primary functions for armed

forces: defending the nation against external threats, upholding internal security and stability in collaboration with civil authorities, and participating in international security operations to support global peace and stability.

The SANDF similarly engages in three main types of operations or deployments, each with its own operational and tactical objectives:

1. **Peacekeeping and Peace Support** Operations: International missions focused on maintaining peace and stability in conflict-prone regions.
2. **Combat Deployments:** Active combat engagements to defend national interests or support allied forces.
3. **Humanitarian and Disaster Relief Deployments:** Providing assistance during natural disasters or humanitarian crises, both domestically and internationally.

1.2.3 Types of Military Deployments and Their Impact on a Soldier's PWB

Military deployments vary greatly in their nature, intensity, duration, and demands, leading to diverse psychological experiences that can affect a soldier's PWB. According to Ryff and Singer (2020), PWB is a broad state of optimal psychological functioning, defined by positive emotions, effective relationships, personal growth, self-acceptance, autonomy, and a sense of purpose. For military members, PWB is more than just the absence of disorder; it reflects their ability to adapt to operational demands, maintain emotional stability, sustain relationships, and find meaning in their military roles (Vogt et al., 2022). Therefore, understanding PWB in this population requires a close look at the specific conditions of their service, as not all combat deployments are psychologically equivalent.

This section examines the distinct psychological impacts of various deployment types, including peacekeeping, humanitarian, and combat operations. Deployment's psychological effects are influenced by factors such as exposure to violence, perceived threat, length of deployment, role within the operation, quality of leadership, and an individual's personal coping resources (Meyer et al., 2022). As a result, treating all deployments as a single, generic experience risks overlooking the critical differences between soldiers in direct combat and those facing indirect or non-combat stressors.

Hoge and Milliken (2006) emphasise that psychological outcomes during and after deployment are shaped by multiple factors: the severity of traumatic events, personal coping mechanisms, social support, and access to mental health care. While some individuals face significant psychological difficulties after deployment, others show resilience. This variation highlights that soldiers are not a psychologically homogeneous group. Instead, understanding their PWB requires considering the interaction between their individual traits and their specific combat experiences.

Soldiers exposed to direct combat and violence often face different psychological consequences compared to those deployed in environments with limited hostile action. Combat deployments frequently involve life-threatening situations, witnessing death or injury, engaging enemy forces, and confronting moral and ethical conflicts related to the use of force. Such experiences are linked to a higher risk of psychological distress, post-traumatic stress symptoms, and challenges reintegrating after deployment (Williamson et al., 2022). Conversely, soldiers in peacekeeping or humanitarian roles may face different forms of operational stress, such as uncertainty, exposure to civilian suffering, limited resources, cultural challenges, and the burden of protecting vulnerable populations. Even without direct violence, these deployments carry significant psychological weight, as indirect exposure to traumatic events can also negatively affect PWB (Meyer et al., 2022).

The SANDF is constitutionally mandated to fulfil its responsibilities as a national defence force (DoD, 2016). This requires maintaining a military capability based on professional competence, appropriate training, equipment, and effective management (SANDF, 2016). Since 1994, the SANDF has undergone major transformation to align with South Africa's democratic constitution and international obligations (DoD, 2016). Nkwe (2014) notes that the SANDF contributes to peace, political stability, and socio-economic development in Africa through collaboration with regional and international bodies like the African Union (AU), the Southern African Development Community (SADC), and the United Nations (UN). The UN was established to maintain international peace and security, and peacekeeping has become a key mechanism for managing conflict, although it is not explicitly defined in the UN Charter (DoD, 2016).

The SANDF participates in Peace Support Operations (PSOs), which can be broadly categorised as: 1) Peacekeeping Operations (PKO), 2) Peace Enforcement Operations (PEO), and 3) Humanitarian and Disaster Relief Operations (HADROs).

Table 1.2: ***Deployment Types and Their Psychological Impact***

Deployment Type	**Potential Impact on PWB**
Peacekeeping & Peace Support: (Keyes & Shmotkin, 2020)	Exposure to violence and humanitarian crises can lead to emotional distress, burnout, and secondary trauma. The prolonged nature of these missions can drain resilience, potentially causing depression and anxiety.
Combat Deployments: (Ryff & Singer, 2020)	Direct combat exposure increases the risk of PTSD, anxiety disorders, and depression. The intensity of life-threatening situations can cause long-term psychological damage, making it difficult to readjust to civilian life upon return.
Humanitarian & Disaster Relief: (Keyes & Shmotkin, 2020)	Witnessing the aftermath of disasters and human suffering can be emotionally taxing. Despite being non-combat, these missions can cause distress, especially from witnessing death, injury, or poverty, combined with exhaustion and mental fatigue from harsh working conditions.

These deployment types represent distinct psychological environments and can therefore influence soldiers' PWB in different ways. Peacekeeping requires soldiers to operate in politically sensitive settings, maintaining neutrality while managing conflict-related tensions. While direct combat may be limited, they face stress from prolonged uncertainty, exposure to human suffering, and complex decision-making (United Nations, 2023). Peace enforcement missions are more intense, often requiring engagement with hostile forces, which increases exposure to violence and trauma. Humanitarian and disaster relief operations, while focused on aid and recovery, can lead to psychological challenges through secondary trauma and compassion fatigue due to exposure to large-scale suffering (Williamson et al., 2022).

In recent years, terrorism, fueled by political instability in central and north-eastern Africa, has created regional security concerns for South Africa. Consequently, SANDF deployments have increasingly focused on peacekeeping, stabilisation, and regional security rather than conventional warfare (Project on Defence Alternatives, 2020). This doctrinal shift reflects South Africa's broader strategy of peace support and counterterrorism (Louw, 2020). The International Crisis Group (2025) highlights rising

terrorist activity in regions like the Sahel, Mali, Libya, and Nigeria, where extremist groups exploit political instability.

Beyond the type of deployment, a soldier's military experience and length of service can shape their PWB. Longer service can build stronger coping strategies, professional confidence, and resilience through accumulated training and experience. However, prolonged exposure to operational demands can also lead to cumulative stress, burnout, and reduced psychological functioning (Britt et al., 2022). Conversely, soldiers with shorter service may struggle with limited experience, less familiarity with military stressors, and fewer opportunities to develop coping skills. Thus, differences between junior ranks, experienced soldiers, and long-serving members are an important consideration.

Since its inception, the SANDF has engaged in numerous peacekeeping operations, allowing it to review and update its doctrine. This doctrine guides the force's organisation, training, and strategies, emphasising a defensive posture to protect South Africa's sovereignty and promote regional peace (International Crisis Group, 2025). This stance excludes offensive armaments that provide excessive strategic reach. The SANDF's roles include:

1. Defending and protecting South Africa's territorial integrity.
2. Safeguarding the country from external threats and contributing to regional stability.
3. Promoting peace and security through peacekeeping and humanitarian missions.
4. Undertaking developmental and emergency tasks.

1.3 Understanding the SANDF Doctrine

The SANDF's war doctrine focuses on creating a balanced, modern, and technologically advanced force capable of executing tasks effectively. This aligns with a strategic shift toward peacekeeping, prioritising conflict prevention, stabilisation, and humanitarian aid over direct combat. The SANDF's participation in such missions reflects this doctrinal change and aims to promote regional stability.

According to the International Crisis Group (2025), this shift from traditional combat to peacekeeping is driven by the evolving nature of regional security threats,

especially those from the Democratic Republic of Congo (DRC). The DRC's instability poses a potential national security threat to South Africa, including risks to border integrity and refugee flows, prompting a greater focus on peacekeeping missions rather than peace enforcement.

1.3.1 The SANDF Doctrine and Strategic Shift

The SANDF's wartime doctrine has evolved to address the changing nature of conflicts, moving from conventional combat to peacekeeping. This change aligns with a broader national security strategy that prioritises regional stability, conflict resolution, and international peacekeeping mandates. According to the National Defence White Paper (1996), the SANDF's role extends beyond traditional defence to include regional peacekeeping and conflict resolution, particularly in Africa. This is evident in South Africa's commitment to AU peacekeeping missions, where the focus is on preventing escalation and maintaining stability rather than solely using military force to enforce peace.

1.3.2 South Africa’s Deployment to the DRC

The conflict in the DRC, particularly between M23 insurgents and SANDF forces, exemplifies how peacekeeping efforts are increasingly prioritised over combat-focused interventions. In January 2025, the M23 insurgents resumed hostilities in eastern DRC, challenging the central government's authority and causing significant instability, which threatened not only the DRC but also neighbouring countries like South Africa due to potential violence spillover and refugee flows (African Center for Strategic Studies, 2025).

Through its SADC commitments, South Africa deployed soldiers to the SADC Mission in the DRC (SAMIDRC). The SANDF's role reflects the broader shift towards peacekeeping, as the mission's primary goal was stabilisation and preventing escalation rather than direct combat (African Center for Strategic Studies, 2025). South African soldiers worked alongside forces from other regional states to secure areas and protect civilians through humanitarian assistance and stabilisation efforts (International Crisis Group, 2025).

While the SANDF's mission involved limited direct combat, the threat of violence remained high. In January 2025, clashes between M23 insurgents and SAMIDRC

forces resulted in the deaths of 14 SANDF soldiers (Reuters, 2025), emphasising the inherent dangers even in peacekeeping missions. Despite these risks, the SANDF's engagement remains focused on maintaining peace without resorting to large-scale combat. The International Crisis Group (2025) argues that this focus on peacekeeping reflects a broader regional strategy to prevent escalation while adhering to international norms of conflict resolution.

According to Heinecken (2025), the SANDF doctrine has led to deployments in complex environments like the DRC, exposing soldiers to challenges that can significantly affect their wellbeing. Heinecken (2025) emphasises that a combination of operational risks, resource limitations, psychological stress, and concerns about preparedness can adversely affect the wellbeing of deployed SANDF soldiers. Addressing these issues requires comprehensive strategies, including improved training, adequate equipment, and robust psychological support systems.

1.3.3 Psychological and Strategic Considerations

The psychological impact on SANDF personnel in peacekeeping operations also relates to the transition from combat to peacekeeping. While peacekeeping may reduce the risk of intense combat trauma like PTSD, it still involves significant emotional stress from managing civilian populations and humanitarian crises (ResearchGate, 2025). However, prolonged exposure to conflict zones and political instability can still lead to mental fatigue and emotional exhaustion.

Furthermore, South Africa's participation in peacekeeping allows it to assert a leadership role in Africa, strengthening its diplomatic standing and reducing the risk of large-scale military confrontations. The South African Government (2025) maintains that its focus on conflict resolution, regional stability, and humanitarian relief aligns with its post-apartheid foreign policy, which emphasises peaceful solutions to African conflicts.

Since its establishment, the SANDF has participated in numerous peacekeeping operations, contributing 200 personnel to 16 current missions. Overall, there have been 3,592 fatalities in all UN peace operations since 1994. The UN (2022) defines peacekeeping as deploying multinational forces under UN command to help contain and resolve conflicts. UN peacekeeping operations are classified into four categories

of increasing complexity: 1) Monitoring and observation, 2) Traditional peacekeeping, 3) Peacebuilding, and 4) Peace enforcement. Each category presents distinct challenges that can influence peacekeepers' PWB and behaviour.

1. **Monitoring and Observation Missions:** Guthrie (2022) describes these as non-combat roles where peacekeepers oversee ceasefires. Stressors here can include isolation, monotony, and limited engagement, potentially leading to feelings of helplessness and anxiety (Guthrie, 2022).
2. **Traditional Peacekeeping:** These missions involve deploying forces as buffers between warring factions in tense and dangerous conditions. Exposure to violence and trauma can lead to PTSD, anxiety, and depression. This can also alter behaviour, causing irritability and difficulty reintegrating (Olofsson, 2022).
3. **Peacebuilding:** Härtel et al. (2022) and Olofsson (2022) note that these missions focus on post-conflict recovery and involve complex stressors, such as meeting community needs and managing long-term expectations. The pressure to deliver results can heighten stress and burnout, leading to emotional fatigue and disengagement (Härtel et al., 2022).
4. **Peace Enforcement:** These are among the most dangerous missions, often requiring force to ensure compliance with peace agreements. Direct violence and hostile encounters in active conflict zones lead to high stress, with increased risks of PTSD, chronic anxiety, and depression. Such deployments are linked to higher levels of stress disorders and behavioural changes like aggression or emotional detachment (UN, 2022).

According to Ruffa et al. (2023), SANDF peacekeeping operations in countries like the DRC can significantly affect soldiers' PWB and behaviour. Key factors contributing to mental health challenges include high-stress environments, which can heighten anxiety. A systematic review of 112 studies found that more than half of UN peacekeepers reported mental health problems, including stress and anxiety. Exposure to traumatic events can also lead to PTSD, with some cases involving depression and suicidal ideation (Ruffa et al., 2023).

Some peacekeepers may turn to alcohol as a coping mechanism (Ruffa et al., 2023). The stress of deployment can also strain interpersonal relationships, both

within units and with local populations. Factors like isolation and personal barriers to sharing experiences can cause psychological distress, including anxiety and depression.

1.3.4 The Psychological Effects of Peacekeeping

The evolving nature of peacekeeping duties indicates that peacekeeping soldiers face significant psychological challenges (Ruffa et al., 2023). These include environmental factors like weather, climate, and terrain (Robinson et al., 2023; Bonnis et al., 2022). Prolonged separation from family has major psychological effects (Ruffa et al., 2023), and soldiers are exposed to damaged infrastructure and civilian suffering. They may also have to perform rescue missions or provide aid to the sick, injured, and deceased while under fire (Bonnis et al., 2022).

Peacekeepers may also encounter other dangers, including diseases, landmines, and unexploded ordnance (Robinson et al., 2023; Bonnis et al., 2022). During deployment, they can experience boredom, stressful encounters with child soldiers, exposure to death and rape, and peer suicide (Rudd et al., 2011). A significant number of soldiers may be at risk of suicidal behaviour, as evidenced by global military suicide rates.

1.4 Background of the Study

Military personnel face distinct psychological challenges, especially when exposed to combat stressors. Harrison and Taylor (2022) contend that combat exposure can lead to a range of conditions, including PTSD, depression, anxiety, and substance abuse, which often persist long after soldiers return home, affecting their mental health and overall quality of life. This study aimed to investigate the PWB of South African military members exposed to combat deployments, an issue of growing urgency as more soldiers return from volatile regions across Africa (Pillay & Ngcobo, 2022).

South Africa has a long history of military engagement in conflict zones, both domestically during apartheid and internationally through peacekeeping. The SANDF has participated in numerous UN and AU missions, deploying troops to countries like Sudan, Mozambique, the DRC, and the CAR, often in regions with ongoing violence,

instability, and humanitarian crises, which intensify the psychological stress on deployed personnel.

According to Pillay and Ngcobo (2022), South African personnel in conflict zones frequently encounter traumatic events, including witnessing death, violence, and human suffering, which can have lasting psychological repercussions. Murray et al. (2022) examined these long-term effects and identified a range of enduring consequences, including: 1) substance abuse, 2) relationship strain, 3) cognitive impairment, 4) PTSD, 5) depression and anxiety, 6) moral injury, and 7) transgenerational trauma.

The psychological impact of combat is well-documented, with evidence showing that personnel exposed to traumatic events are at higher risk for PTSD, depression, and anxiety (Adler & Gutierrez, 2022; Lim et al., 2022). Research also suggests that many service members returning from combat experience persistent distress that can impair their wellbeing, relationships, and occupational functioning (Lim et al., 2022; McLean et al., 2022). According to the DSM-5, PTSD is characterised by symptoms like intrusive memories, flashbacks, hypervigilance, avoidance, and negative mood and cognitive changes following a traumatic event (American Psychiatric Association, 2022).

In the South African military context, Wilson and James (2022) argue that cultural stigma surrounding mental health is a significant challenge. Mental health problems are often seen as a sign of weakness, discouraging service members from seeking help, which can delay treatment and affect recovery. These findings align with a systematic review identifying stigma, military culture, and career concerns as primary barriers to help seeking (Williamson et al., 2022).

The sociocultural environment is equally crucial. South Africa's history of apartheid and its transition to a post-apartheid state have introduced unique stressors for military personnel. Soldiers who served during apartheid may also be coping with the long-term effects of the nation's violent past, increasing their vulnerability to the psychological challenges of combat.

The mental health challenges faced by South African soldiers stem not only from combat but also from organisational and societal factors. The SANDF, like many

militaries, has traditionally prioritised physical strength, sometimes at the expense of mental health, leading soldiers to suppress emotions and avoid acknowledging distress.

However, there is growing recognition of the importance of mental health in military operations. Wilson and James (2022) contend that access to mental health services in deployment areas remains inadequate. In 2022, the UN Department of Peace Operations published a report emphasising the need to prioritise mental health and psychosocial support for peacekeepers, highlighting the psychological risks of deployment and the need for effective support systems (UN, 2022).

Similarly, the U.S. Department of Defense has launched programs to enhance mental health support, integrating mental health care into operational plans. A 2022 report emphasised the importance of improving access to care in deployment zones to better support soldiers facing combat stress and PTSD (Johnson, 2022).

Furthermore, Aasland et al. (2022) found that while awareness of mental health in military environments is growing, the actual implementation of comprehensive support systems remains inadequate. This gap underscores the disparity between acknowledging the problem and providing the necessary resources.

1.4.1 The Nature of Apartheid

Apartheid was a legislated system of racial segregation and political oppression that structured every aspect of South African society from 1948 to 1994, including its military institutions. During this period, the South African Defence Force served primarily as an instrument of state security, tasked with protecting the apartheid government against external and internal threats. Military service was embedded in an ideology of national security, obedience, and political control.

This militarised environment had significant implications for the mental health of military members, who were products of the broader political system. Though expected to remain neutral, they experienced the psychological consequences of living and working within an oppressive system. Their exposure to conflict, violence, and rigid discipline occurred alongside the collective trauma of South African society, subjecting them to cumulative psychological stress (Harriman et al., 2022).

Social support during apartheid was largely confined to the military institution, whose culture promoted emotional control and resilience, while psychological distress was seen as a weakness. Military members relied on peer relationships rather than professional psychological help. Contemporary evidence shows that social connectedness remains an important protective factor against PTSD and depression (Van der Wal et al., 2022). Understanding apartheid is essential for understanding the PWB of South African military members, as combat-related outcomes cannot be separated from the historical and political context of their service.

1.4.2 The Legacy of Apartheid

Although apartheid officially ended in 1994, its legacy continues to shape South African institutions, including the SANDF. The democratic transition integrated former forces, adopted constitutional values, and increased the focus on peacekeeping. However, institutional transformation has not fully eradicated historical patterns. The military continues to operate within a culture that prioritises discipline and operational readiness, while members face repeated deployments, trauma, and family separation. Harmse et al. (2022) found that extended deployments significantly affect military members and their families, and that organisational support is critical for PWB and reintegration.

Military members cannot be viewed as separate from society. Despite their professional obligation to remain neutral, they experience South Africa's broader social realities, including historical inequality and collective trauma (Harriman et al., 2022). An important question is how systems that prioritised security can also promote PWB. While democratic South Africa has introduced policies supporting equality and mental health, stigma and gaps in support persist, suggesting elements of historical military culture remain influential. Strengthening organisational support and social connectedness can significantly improve resilience and mental health outcomes (Na et al., 2022; de Wet et al., 2022).

In this study, the legacy of apartheid is important for understanding military personnel's experiences. Their PWB should be seen as shaped by intertwined historical, organisational, and social factors. Exploring these connections offers a fuller understanding and underscores the need for interventions that tackle combat trauma, organisational culture, and social reintegration.

1.5 Research Problem

The SANDF is a key instrument of South Africa's foreign policy, particularly in peacekeeping and peace enforcement across African hotspots (UN Facts Sheet, 2023). These operations demonstrate the government's commitment to stability, security, and economic growth on the continent, aligning with the goals of the AU and SADC.

The PWB of personnel deployed to combat zones is a critical concern, especially for those exposed to prolonged conflict. SANDF members on missions like MONUSCO face significant psychological challenges, including exposure to violence, trauma from losing comrades, long-term deployment strain, and reintegration difficulties (Smit & Barkhuizen, 2020). Although mental health in the military is gaining recognition, limited research specifically addresses the PWB of SANDF members in modern combat environments, such as the recent conflict in the DRC.

Given these empirical challenges, this study examined stressors in peacekeeping, stress outcomes, and structural factors within peacekeeping policy, as well as factors within the individual soldier. According to Zungu and Visagie (2020), members of all SANDF service branches are primarily deployed for combat, which entails risks of injury and death. The researcher needed to address human security, which the UNDP (2022) defines as protecting individuals from threats to their safety and wellbeing, including freedom from violence and psychological harm.

McAllister et al. (2023) highlight the importance of human security for SANDF soldiers during combat missions, as it directly influences military effectiveness. If soldiers' needs are overlooked, it can result in increased stress, burnout, and diminished operational readiness (Dlamini & Tshabalala, 2023). Zungu and Visagie (2020) argue that combat-exposed SANDF soldiers may experience low morale, family separation difficulties, substance abuse, and severe stress leading to suicidal thoughts.

Managing everyday death anxiety is particularly challenging during combat. When soldiers' resources are depleted by prolonged trauma, the risk of Combat Stress Reaction (CSR) increases, described as soldiers removed from the front line for reasons other than physical injury (Zungu & Visagie, 2020). Even well-trained soldiers

can be vulnerable, and reaching a breaking point where adaptability is lost is deeply traumatic.

The researcher identified a research gap on the PWB of SANDF members exposed to combat. Existing international findings on combat's psychological effects cannot be assumed to reflect the experiences of SANDF personnel due to differences in operational environments, structures, mandates, and sociocultural contexts. This creates a gap in understanding how SANDF members experience and interpret their PWB after combat.

Addressing this gap required more than just quantifying mental health outcomes. While quantitative studies identify the extent of problems, they offer limited insight into the subjective experiences and personal meanings that shape wellbeing (Creswell & Poth, 2018). A qualitative research design was chosen because it can explore these lived experiences in depth. This approach suits complex human experiences shaped by personal, organisational, historical, and social factors. By engaging directly with SANDF members, the study can identify context-specific factors that predetermined measures might overlook. The qualitative design allows participants to articulate their experiences in their own words, generating knowledge grounded in the realities of South African military personnel.

Adopting an interpretivist qualitative approach, this study aims to fill the knowledge gap by developing a richer understanding of how SANDF members experience and make meaning of combat deployments. The findings may offer valuable insights into factors like organisational support, social relationships, and reintegration challenges, informing contextually relevant psychological support strategies.

1.6 Aim and Objectives of the Study

1.6.1 Aim of the Study

To investigate and understand the psychological wellbeing of South African military personnel exposed to combat deployments, focusing specifically on the socio-cultural factors that influence their mental health outcomes, coping strategies and overall adjustment to post-deployment life.

1.6.2 Objectives of the Study

1. To explore the psychological wellbeing of South African military personnel exposed to combat deployments, with particular emphasis on the socio-cultural factors influencing their mental health outcomes.
2. To identify the coping strategies employed by South African military personnel to help manage the psychological effects of combat deployment and facilitate post-deployment adjustment.
3. To examine the role of social support and identify pathways for improving the effectiveness of mental health programmes for deployed soldiers.

1.7 Research Questions

1. How do socio-cultural factors influence the psychological wellbeing and mental health outcomes of South African military personnel exposed to combat deployments?
2. What coping strategies do South African military personnel use to manage the psychological effects of combat deployment and adjust to post-deployment life?
3. How can social support systems and mental health programmes be strengthened to enhance the psychological wellbeing of South African military personnel following combat deployment?

1.8 Rationale of the Study

The rationale, or significance, of the study explains why the research is necessary and how it will benefit the field (Saunders et al., 2023). Understanding military combat exposure is key to framing the experiences of SANDF soldiers (particularly 46 SAI members) and how these experiences affect their mental health and psychosocial challenges. The PWB of military personnel is a crucial focus due to the demanding nature of military service, especially for those exposed to combat. This study aims to examine the PWB of South African military members who have undergone combat deployments, focusing on mental health challenges, coping strategies, and resilience.

The rationale is based on several key factors, including:

1. Combat Exposure and PWB: The significant psychological stress from combat can lead to conditions like PTSD, anxiety, depression, and suicidal ideation. While Western studies highlight these impacts, research on South African military personnel remains limited, especially regarding unique stressors such as

peacekeeping duties and the post-apartheid socio-political landscape (Van der Merwe, 2022). Better insight is needed to develop stronger mental health support.

2. **SA Military Transition and Unique Stressors:** The impact of trauma can be intensified by socio-political factors, including apartheid's legacy, ongoing regional conflicts, and the stress of operating in conflict zones (Cohen et al., 2020). Mental health stigma, particularly among men, is also a factor. In the SA context, traditional views on masculinity may prevent help seeking (Kumar & Patel, 2022), potentially exacerbating trauma effects.

3. **Mental Health Challenges:** Highlighting the specific issues of PTSD, anxiety, depression, and suicide risk among SANDF soldiers.

4. **Coping and Resilience:** While combat poses challenges, many SANDF soldiers show remarkable resilience and adaptive coping, influenced by personality, social support, and institutional resources (Southwick et al., 2016). Understanding the influence of cultural, family, and community support could shed light on how to enhance wellbeing.

5. **Policy and Military Support Structures:** There is a gap in research on the effectiveness of mental health services and policies within the South African military (Grobler & Seedat, 2018).

6. **National Security and Policy Implications:** Addressing soldiers' mental health concerns impacts not only individual wellbeing but also the overall readiness and effectiveness of the armed forces. Maintaining soldiers' PWB is crucial for the SANDF's operational strength and South Africa's national security.

By filling gaps in existing research and improving mental health support systems, this study can enhance both individual psychological resilience and national security.

1.9 Researcher’s Positionality and Reflexivity

This qualitative study, framed within an interpretivist paradigm, explores the PWB of military members following combat deployment. Interpretivism acknowledges that individuals construct meaning within specific social, historical, cultural, and organisational contexts. Ontologically, this study assumes reality is multiple and subjectively experienced; PWB is therefore understood not as a fixed state but as a complex phenomenon shaped by personal narratives and institutional dynamics. Epistemologically, knowledge is co-constructed through interaction between the

researcher and participants. I positioned myself not as a neutral observer but as an active participant in meaning-making, with my own worldview and professional experiences influencing the research process.

As a Black South African woman employed within the Defence Intelligence Division of the SANDF, I brought a unique lens to this study. While my research did not involve direct colleagues, my institutional affiliation affords me insider knowledge of military culture, hierarchy, and operational pressures. This insider perspective offered interpretive depth but also demanded sustained reflexivity to guard against unexamined assumptions. My motivation for this study arose from observing the psychological toll of combat exposure on personnel, an underexplored area in the South African military context. The aim was to contribute evidence for targeted support policies and wellbeing interventions.

I acknowledge that my identity as a Black female researcher within a predominantly male, hierarchical institution shaped my interactions with participants. These positional dynamics may have affected rapport, trust, and disclosure, as well as my interpretation of narratives. Rather than seeking to neutralise these influences, I embraced them as integral to qualitative inquiry and subjected them to ongoing critical reflection. Throughout, I approached participants as experts in their experiences while remaining a learner and interpreter. My interpretations are not value free; they are situated understandings co-constructed through dialogue.

To maintain transparency and rigor, I practised reflexivity at every stage. During interviews, I was attentive to how my communication style and institutional affiliation might shape responses. I kept a reflexive journal to record my thoughts, emotions, and biases. During analysis, I revisited these notes to ensure interpretations remained grounded in participant data. Regular supervisory consultations and critical self-questioning strengthened analytical credibility by encouraging alternative readings of the data.

In sum, my positionality was not a limitation but a resource. By making the relational and contextual nature of knowledge production explicit, I enhanced the authenticity and trustworthiness of the findings. Understanding PWB after combat deployment requires attention to individual narratives and the wider institutional

frameworks that shape them. This reflexive orientation ensured the study remained transparent, ethically grounded, and analytically rigorous.

1.10 Demarcation of the Study

Demarcation refers to the boundaries or limits set for a research project. Bergman and Soren (2022) maintain that demarcation should clearly outline the scope, including what will and will not be covered, to ensure focus. This study focused on the PWB of South African military personnel deployed on peacekeeping and peace enforcement operations. This demarcation ensured the study remained focused on the PWB of SA military members within a Global South context, enabling a comparative international framework to offer a nuanced understanding of the impacts of combat exposure. The boundaries of the study were defined by: 1) Geographical Area, 2) Time frame, 3) Target population, 4) Psychological wellbeing, 5) Exclusions, and 6) Comparative analysis with international and national perspectives.

1.11 Conclusion

This chapter established the foundational framework of the study by situating the research within its appropriate historical and theoretical context. It identified the specific research problem, pinpointed gaps in the literature, and articulated clear aims and objectives that directly informed the formulation of precise research questions. The chapter also provided a clear rationale and delineated the scope of the study. With this groundwork laid, the following chapter will proceed with a thorough review of the literature on PWB and the mental health challenges confronting South African soldiers following combat deployment.

Chapter Two: Literature Review

2.1 Introduction

Building on the research problem, objectives, and justification established in Chapter One, this chapter undertakes a systematic literature review to consolidate existing knowledge and pinpoint critical gaps in the field. This review reaffirms the considerable psychological strain experienced by soldiers (Grant & Booth, 2020) and underscores the need to understand Psychological Wellbeing (PWB) to enable effective support and reintegration. The chapter critically evaluates the current research landscape to clearly define the specific knowledge gap that this study aims to address.

2.2 The Psychological Toll of Combat: A Unique Burden for SANDF Soldiers

The PWB of SANDF personnel cannot be separated from South Africa's unique socio-historical and political landscape. Unlike many Western militaries, the SANDF was formed in 1994 by integrating the former South African Defence Force with various non-statutory forces from the liberation movements (Heinecken, 2020). This merger created a diverse organisation with a mix of traditions, cultures, and operational experiences. While promoting national unity, it also introduced challenges related to cohesion, leadership, and support services that persist today (Heinecken, 2020).

Furthermore, the SANDF functions under significant socio-economic and political pressures. Issues like limited budgets, ageing equipment, personnel shortages, and restricted access to mental health services during operations constrain the military's ability to prepare and support its members effectively (Heinecken, 2021). These limitations can amplify operational stress and limit early psychological intervention, thereby elevating the risk of negative mental health outcomes.

The nature of the SANDF's deployments also adds to this unique psychological burden. South African soldiers are frequently deployed on peace support missions under the African Union and United Nations in regions like the Democratic Republic of the Congo. While termed "peacekeeping," these missions often expose soldiers to armed conflict, insurgent attacks, civilian casualties, and extended family separation

(Heinecken, 2021). This unpredictable environment increases the risk of trauma exposure and associated conditions like PTSD, anxiety, depression, survivor guilt, and moral injury (American Psychiatric Association, 2022; Williamson et al., 2022).

The psychological impact is further compounded by the socio-economic realities many soldiers face. Unlike personnel in wealthier nations, South African soldiers often return to communities plagued by unemployment, poverty, crime, and inadequate healthcare. These post-deployment stressors can severely complicate reintegration, diminish resilience, and increase the risk of persistent psychological issues (Van Breda & Theron, 2023). Thus, post-deployment adjustment is not merely a personal psychological process but is profoundly influenced by broader social, economic, and cultural factors.

Lazarus and Folkman's (1984) Cognitive Appraisal Theory provides a useful lens for understanding these experiences. The theory suggests that psychological responses depend not just on exposure to stress but also on how individuals interpret these events and assess their ability to cope. For SANDF soldiers, the convergence of demanding operational environments, organisational constraints, and socio-economic pressures can deplete their perceived coping resources, increasing vulnerability to mental health problems (Mkhize & Dlamini, 2022). This illustrates that the PWB of SANDF personnel cannot be understood solely through the lens of combat exposure but must be situated within the broader socio-historical and political context of their service.

2.3 A Holistic Understanding of Psychological Wellbeing

A comprehensive examination of SANDF soldiers' PWB after deployment requires moving beyond a pathology-focused view. Rather than seeing wellbeing simply as the absence of PTSD or depression, a holistic approach considers the full spectrum of human functioning, including emotional, psychological, and social dimensions. Keyes (2020) posits that PWB includes elements like purpose, autonomy, personal growth, positive relationships, and environmental mastery. These are particularly relevant for soldiers reintegrating into civilian life, as they often face disruptions to their identity and sense of purpose. Recovery is a complex process, and factors like family support and self-efficacy are critical for rebuilding wellbeing

(Keyes, 2020). A holistic approach, therefore, allows for a richer and more nuanced understanding of the recovery journey for SANDF personnel.

The intricate psychological challenges facing South African soldiers necessitate moving beyond isolated mental health interventions. This review advocates for an integrated, multidimensional model of PWB that considers individual, relational, and systemic factors. Such a holistic approach, grounded in the ecological systems framework (discussed in Chapter 3), is vital for fostering sustainable resilience and promoting comprehensive recovery.

Applying an ecological perspective reveals key intervention points where targeted support can have significant long-term benefits. For example, enhancing family support during deployment or strengthening unit cohesion are not minor details but are essential for bolstering psychological resilience (Bronfenbrenner, 2016). When combined with Lazarus and Folkman's appraisal theory and Cohen and Wills' Stress Buffering hypothesis, this approach provides a multidimensional understanding. It underscores that stress is not merely a reaction to traumatic events but is also filtered through individual perceptions, which are in turn influenced by the availability and quality of social support. Ngcobo and Mokwena (2021) argue that psychological outcomes are not determined solely by combat exposure; the presence of meaningful, trusted support systems during and after deployment is a critical factor in determining whether mental health deteriorates or improves. An integrated model is therefore essential, not only for understanding the complexities of SANDF soldiers' PWB but also for developing effective and sustainable mental health interventions.

2.4 Stigma Associated with Combat Deployment

Stigma is a major barrier to PWB and mental health service use among combat-deployed military members. In military contexts, stigma involves negative beliefs and attitudes associated with psychological distress or seeking professional help. Military culture, which traditionally prizes resilience, emotional control, self-reliance, and readiness, can unintentionally reinforce the idea that acknowledging psychological struggles signals weakness or professional incompetence (Sharp et al., 2022).

Combat deployment exposes personnel to potentially traumatic events, increasing the risk of various psychological issues. Despite this, many soldiers delay or avoid seeking help for fear of judgment from peers, being seen as unreliable by commanders, or facing negative career consequences (Na et al., 2022). Consequently, stigma operates at both the individual level (self-stigma) and the organisational level, where institutional norms may discourage help seeking.

Self-stigma occurs when individuals internalise negative beliefs about mental health, leading to shame or feelings of failure. Public stigma refers to the negative attitudes of others who may judge those experiencing distress. Both forms have been linked to reduced service use, delayed treatment, and poorer mental health outcomes (Sharp et al., 2022).

Recent research also links stigma to military identity. Soldiers are socialised to prioritise mission success and discipline, especially during combat. While essential for operations, these traits can discourage emotional expression and reinforce the belief that distress should be managed privately. This can lead soldiers to suppress their emotions and avoid seeking help, increasing the risk of chronic psychological problems (Na et al., 2022).

The impact of stigma extends beyond the individual, affecting organisational wellbeing and operational effectiveness. Untreated distress can impair decision-making, reduce occupational functioning, strain relationships, and complicate reintegration. Thus, researchers increasingly argue that reducing stigma should be a core component of military mental health strategies, supported by leadership, education, peer support, and a culture that normalises help seeking (Blais et al., 2022).

For the SANDF, stigma is a critical factor in understanding the PWB of combat-deployed members. Historical emphasis on discipline, resilience, and cultural attitudes toward mental health likely shapes how soldiers perceive distress and access services. Understanding stigma is essential for interpreting SANDF members' PWB, as it influences not only the experience of distress but also the willingness to seek help and engage in recovery-focused interventions.

2.5 Psychological Wellbeing of Soldiers Following Combat Deployment Across International, Regional, and Local Contexts

Combat deployment is widely recognised as one of the most psychologically demanding experiences for military personnel. While historically linked to PTSD, contemporary research argues that the psychological consequences extend to broader aspects of PWB, including emotional functioning, social relationships, resilience, occupational adjustment, and quality of life (American Psychiatric Association, 2022; WHO, 2022). PWB is thus best understood as a multidimensional construct, not merely the absence of illness.

International research consistently links combat deployment to increased risks of PTSD, depression, anxiety, sleep disorders, substance misuse, moral injury, and suicidal ideation (Ahern et al., 2023; McGiffin et al., 2023). However, the literature increasingly suggests that combat exposure alone does not fully explain psychological outcomes. While many soldiers encounter trauma, not all develop long-term issues. Instead, PWB is shaped by a complex interplay of individual resilience, organisational support, military culture, family relationships, and broader social contexts (Williamson et al., 2022). This challenges oversimplified, trauma-focused explanations.

While substantial evidence exists from North America, Europe, and Australia, research on military personnel in African contexts is comparatively scarce. This is a significant gap, as African militaries operate in distinct political, organisational, economic, and cultural environments. SANDF personnel, for example, often undertake peace support operations characterised by prolonged deployments, resource constraints, asymmetric warfare, and ongoing organisational change (Heinecken, 2021). These contextual realities mean that findings from Western militaries may not be directly transferable to the SANDF.

Furthermore, much of the military mental health literature has historically adopted a biomedical perspective, focusing on diagnosing and treating PTSD. While this approach has been valuable, it has been criticised for neglecting broader PWB indicators like life satisfaction, social connectedness, purpose, resilience, and successful reintegration (WHO, 2022). Scholars increasingly advocate a more holistic

perspective that incorporates the psychological, social, and cultural dimensions of recovery.

2.6 Psychological Programmes Implemented by the SANDF and their Effectiveness

The PWB of military personnel has become a strategic priority, driven by the demands of peace support operations, combat exposure, family separation, and operational uncertainty. Within the SANDF, the Military Psychological Institute (MPI) and the SAMHS provide psychological services across the deployment cycle, including pre-deployment screening, resilience training, in-theatre counselling, and post-deployment reintegration support (Bester, 2022; Van Dyk, 2020). Despite this framework, evidence of their effectiveness remains limited.

Pre-deployment screening focuses on identifying psychopathology and excluding vulnerable individuals. However, Bester (2022) argues that this deficit model is insufficient, as the absence of illness does not guarantee resilience. He advocates for a positive psychology approach that assesses strengths like coping capacity and optimism, shifting the focus from risk identification to health promotion.

Resilience training and psychoeducation are provided pre-deployment to develop coping strategies and set realistic expectations (Van Dyk, 2020). These aim to bolster readiness and reduce vulnerability, yet published evaluations are scarce. Most literature describes objectives rather than demonstrating measurable improvements in PWB or reductions in post-deployment distress.

During deployment, military psychologists offer crisis intervention and counselling, advising commanders on morale and cohesion (Zungu & Visagie, 2020). Their presence enables early intervention, but operational constraints such as limited resources can compromise service delivery. This suggests that contextual factors beyond programme design influence effectiveness.

Post-deployment, soldiers receive debriefing, counselling, and reintegration support to detect issues early (Van Dyk, 2020). However, international research questions the efficacy of debriefing as a standalone intervention, indicating that structured resilience programmes and evidence-based therapies are more effective

(Bogaers et al., 2022). This raises concerns about whether SANDF practices align with current evidence.

Research on SANDF personnel deployed to Sudan and the DRC reveals that psychological outcomes are influenced not only by combat but also by organizational factors, leadership, living conditions, and family stress (Visagie et al., 2022). This suggests that interventions focused solely on trauma may overlook broader determinants of PWB, highlighting the need for a holistic approach.

Although the SANDF has established a continuum of psychological services, rigorous outcome evaluations are lacking. Van Dyk (2020) notes that initiatives remain fragmented, limiting standardisation and evaluation. The SANDF has made strides in institutionalising psychological support, but the absence of systematic programme evaluation is a major gap. Future research should assess intervention effectiveness in enhancing resilience, reintegration, and long-term mental health to inform evidence-based policy and practice.

2.7 Masculinity, Gender Roles, and Psychological Wellbeing of SANDF Soldiers

Gender is a significant determinant of mental health, as socially constructed roles shape how individuals experience stress and engage with services. This is particularly relevant in military contexts, where masculinity is embedded in values like strength, emotional control, and self-reliance. For SANDF soldiers, predominantly male identities may shape PWB by influencing coping strategies and attitudes towards seeking help. Contemporary psychology recognises that gender is a social and cultural factor influencing both exposure to stressors and responses to mental health challenges (Renshaw & Taft, 2021).

Military environments often reinforce traditional masculine norms, where the ideal soldier is expected to be tough and capable under extreme conditions. While these traits can enhance performance and resilience, rigid adherence to them can negatively affect PWB (Renshaw & Taft, 2021). Research indicates that personnel who strongly endorse restrictive masculine norms are less likely to disclose emotional difficulties or seek support, as mental health problems may be seen as weakness

(Cooper et al., 2020; Renshaw & Taft, 2021). Within the SANDF, these expectations may contribute to the concealment of combat-related psychological issues.

However, masculinity is not exclusively a risk factor. Military masculine identity can also confer protective benefits by promoting cohesion, commitment, and a sense of purpose. Recent literature highlights that adaptive masculine values like responsibility and loyalty can contribute positively to coping when combined with psychological flexibility and a willingness to seek support (Williamson et al., 2021). Thus, the influence of masculinity on PWB depends on whether military culture allows soldiers to maintain strength while also acknowledging vulnerability.

The South African context warrants special consideration, as masculine norms are shaped by broader social expectations of male authority and emotional restraint. Research indicates that dominant masculine ideals in South Africa encourage independence and avoidance of vulnerability, including seeking mental health care (Morrell et al., 2022). Among SANDF soldiers, these expectations may be intensified by military culture, where operational effectiveness is linked to discipline and emotional regulation. Consequently, soldiers may struggle to reconcile their identity as "strong soldiers" with the psychological demands of combat and reintegration. In conclusion, masculinity and gender norms are important factors shaping the PWB of SANDF soldiers. While they may enhance resilience, restrictive expectations can create barriers to emotional expression and help seeking. Therefore, gender-sensitive mental health approaches are necessary to address not only individual symptoms but also the cultural and gender-related factors influencing soldiers' experiences of distress and recovery.

2.8 Psychological Wellbeing, Sociocultural Context, and Post-Deployment Adjustment Among SANDF Soldiers

Soldiers' PWB is critical for operational readiness, as they face unique demands including combat exposure, uncertainty, family separation, and deployment stress. For SANDF soldiers, these challenges can affect emotional functioning, resilience, and post-deployment adjustment (WHO, 2022). PWB extends beyond the absence of mental illness, encompassing the ability to maintain positive functioning and coping despite stressors (WHO, 2022). However, deployment experiences can increase

vulnerability to psychological difficulties, particularly when soldiers experience trauma or lack adequate post-deployment support (Williamson et al., 2021).

In the SANDF context, PWB must be understood within the broader sociocultural environment. Military experiences are shaped by organisational culture, leadership, social support, family relationships, and societal expectations. The SANDF operates within a South African context characterised by diverse cultural identities, historical experiences, and expectations of masculinity and military service. These factors influence how soldiers interpret distress and seek support (Morrell et al., 2022). Thus, psychological outcomes are not explained solely by individual vulnerability but are also shaped by the social and cultural systems surrounding the soldier.

Military culture presents both protective and risk factors for SANDF soldiers' PWB. While values like discipline and cohesion can strengthen resilience, expectations of toughness and self-reliance may discourage acknowledging difficulties or accessing services (Cooper et al., 2020). This is particularly relevant in male dominated environments, where masculine norms may reinforce the perception that seeking help is a sign of weakness. Consequently, sociocultural factors may contribute to delayed help seeking and prolonged distress.

Post-deployment adjustment is another key component of PWB. Returning from deployment requires a transition from an operational environment to family and civilian life, which demands different behaviours and communication patterns. Difficulties with this transition can contribute to emotional distress and relationship challenges (Cigrang et al., 2020). For SANDF soldiers, adjustment is influenced by the availability of psychological support, organisational reintegration practices, family support, and the ability to integrate deployment experiences into their personal identity.

2.9 Common Psychological Challenges Following Combat Deployment: PTSD, Depression, Anxiety, and Moral Injury

Most combat-deployed military personnel face a range of psychological challenges stemming from traumatic experiences. These challenges include PTSD, depression, anxiety, and moral injury.

2.9.1 Post-Traumatic Stress Disorder

PTSD is a common mental health condition among combat soldiers, triggered by traumatic events and characterised by intrusive memories, hyperarousal, and avoidance. Williamson et al. (2023) found that higher combat exposure is linked to a greater likelihood of PTSD symptoms, highlighting the significant psychological impact of deployment. However, PWB among soldiers cannot be understood solely by the presence of PTSD, as post-deployment adjustment is also influenced by coping strategies, social support, military culture, and sociocultural factors.

The cited literature directly relates to this study's aim of investigating the PWB of South African military personnel exposed to combat, with attention to sociocultural influences on mental health outcomes and post-deployment adjustment. While PTSD research highlights potential negative outcomes, this study adopts a broader perspective by examining how SANDF personnel experience and manage the psychological consequences of deployment within their social and cultural contexts.

The link between combat exposure and PTSD is particularly relevant to the first objective of the study, which explores the PWB of SANDF personnel and the sociocultural factors influencing their mental health. While combat exposure is a risk factor, outcomes vary depending on protective factors like resilience, organisational support, and social connectedness (Cooper et al., 2020). Thus, examining the sociocultural context is essential to understanding why some personnel experience significant difficulties while others demonstrate adaptive adjustment.

Furthermore, the PTSD literature supports the second objective, which focuses on identifying coping strategies used by SANDF personnel. Coping responses, including social support and emotional regulation, play a critical role in determining whether soldiers experience prolonged distress or successful adaptation (Meyer et al., 2021). Understanding these mechanisms provides insight into factors contributing to resilience and improved post-deployment adjustment. The relationship between PTSD and social support also aligns with the third objective, which examines the role of social support in improving mental health programmes. Research suggests that strong social support networks can mitigate the negative effects of combat exposure and facilitate recovery (Williamson et al., 2023). Exploring social support within the

SANDF context may help identify strategies to strengthen existing mental health interventions.

In sum, the inclusion of PTSD literature provides a foundation for understanding the psychological risks of combat deployment. However, this study extends beyond a disorder-focused approach. By examining sociocultural influences, coping strategies, and social support systems, the study contributes to a more comprehensive understanding of the PWB and post-deployment adjustment of SANDF personnel.

2.9.2 Depression, Anxiety, and Moral Injury

Combat deployment exposes military personnel to multiple psychological stressors that can affect their PWB beyond the immediate operational environment. For SANDF soldiers, psychological adjustment involves managing trauma, shifts in identity, separation from support systems, and the transition to civilian life. Depression, anxiety, and moral injury should be understood as interconnected experiences shaping coping, social relationships, and overall post-deployment adjustment.

Depression is a common difficulty associated with combat exposure and post-deployment transition. Symptoms may include persistent sadness, hopelessness, guilt, and loss of interest. Recent evidence indicates that combat exposure, reduced social support, and reintegration challenges heighten vulnerability to depressive symptoms among returning soldiers (Smith et al., 2023). Within the SANDF context, these factors are particularly relevant as soldiers manage the psychological demands of transitioning between military and civilian roles, which may influence their PWB.

Anxiety-related difficulties may also arise following prolonged exposure to operational stress. Symptoms like excessive worry, hypervigilance, and panic can persist after deployment as soldiers adjust to new environments (Jones & Taylor, 2023). For SANDF personnel, these experiences highlight the need to consider not only individual symptoms but also the social and organizational contexts affecting recovery.

Moral injury is another important psychological consequence of combat. Unlike PTSD, which is fear-based, moral injury involves distress from perceived violations of one's moral beliefs or ethical standards. Soldiers may experience guilt, shame, or difficulty finding meaning when their actions or inability to prevent harm conflict with their moral framework (Molendijk, 2023). This is significant for SANDF soldiers, as peace support and combat-related operations often involve complex ethical decisions affecting psychological adjustment.

Although depression, anxiety, and moral injury are distinct experiences, they collectively illustrate the complexity of soldiers' post-deployment mental health. These conditions are shaped not only by combat exposure but also by broader sociocultural factors, including military culture, social support, coping strategies, and reintegration experiences. Thus, understanding SANDF soldiers' PWB requires an integrated approach addressing both psychological symptoms and the contextual factors influencing how soldiers experience and recover from deployment-related stress. This provides a foundation for the subsequent discussion of factors affecting post-deployment adjustment and the role of sociocultural support systems in promoting PWB.

2.10 Models Related to Stress in Combat Situations

2.10.1 The Stress Buffering Model

The Stress Buffering Model (SBM) is a psychological framework explaining how social support can protect individuals from the negative effects of stress. Building on Cohen and Wills' (1985) foundational work, the model proposes that social support buffers the harmful effects of stressful events by either reducing the perceived severity of stressors or enhancing coping skills. This idea has become central in psychological studies, especially in trauma, health, and resilience research. Cohen and Wills also proposed the main effect model, which suggests that social support generally benefits wellbeing regardless of stress levels.

Recent investigations continue to highlight perceived social support as a vital protective factor influencing psychological health, especially for those in high-risk roles like military personnel (Taylor et al., 2022). For instance, access to trusted social networks has been shown to notably lessen PTSD and depression symptoms after

intense combat deployment, reinforcing Cohen and Wills' original assertion (Taylor et al., 2022). Recent studies have extended the framework by including cultural, technological, and organisational influences on how social support is obtained and perceived (Taylor et al., 2022). Grant and Booth (2020) observed that in military contexts, structured peer support schemes and mental health services are becoming more common, guided by the buffering model.

2.10.2 The Significance of the Stress Buffering Model to the Study

The Stress Buffering Model is important for this study because it highlights the protective role of social support in mitigating the adverse psychological effects of stress. Unlike other models that focus on internal vulnerabilities or biological responses, this model emphasises the external, protective role of support systems. It shows how interpersonal relationships and social networks can lessen the impact of combat-related stressors on mental health, making it highly relevant in a military setting where unit cohesion and camaraderie are crucial for recovery and resilience. Applying this theory allows the study to gain deeper insights into how organised social support acts as a buffer, informing the development of more effective interventions and support programmes tailored to combat-exposed soldiers.

2.10.3 Applications of the Stress Buffering Model in Psychological Research

Military deployment, especially in combat zones, places intense psychological pressure on soldiers. For the SANDF, these stresses are compounded by contextual challenges like prolonged family separation, exposure to high-risk situations, unclear mission objectives, and sometimes insufficient emotional support. These conditions not only challenge soldiers but also considerably increase their risk of psychological harm (Koen & Du Plessis, 2021).

Empirical evidence indicates a high prevalence of PTSD, depression, and anxiety among soldiers following combat deployment. Mkhize and Dlamini (2022) emphasise that South African soldiers returning from combat deployments, such as the DRC peacekeeping mission, often experience symptoms including emotional detachment, hypervigilance, recurrent nightmares, and significant difficulties reintegrating into civilian life (Ngcobo & Mokwena, 2021).

2.11 Linking Psychological Outcomes to the Stress Buffering Model

2.11.1 Social Support

Social support as a moderator refers to its role in altering the strength or direction of the relationship between a stressor and an outcome. When stress levels are high, individuals with strong social support are less likely to experience adverse health outcomes than those with weak social support (Guan et al., 2022). This is central to Cohen and Wills' hypothesis, which suggests that social support can buffer individuals against the harmful effects of stress. This moderating role has been empirically confirmed across many fields.

Social support can take the form of emotional reassurance, informational advice, or tangible aid from family, friends, or peers. According to Guan et al. (2022), it can buffer adverse psychological effects, particularly under high-stress conditions, as individuals rely on their social networks to reinterpret or better cope with stressors. When linked to the SBM, social support moderates the stress-health relationship by strengthening coping mechanisms and providing emotional and practical assistance (Guan et al., 2022).

2.12 Two Primary and Interrelated Roles of Social Support

2.12.1 The First Role - Direct Resource

Supportive networks provide individuals with tangible and emotional assistance to address challenges more effectively. This includes problem-solving support, emotional validation, and practical help, which collectively enhance coping abilities and emotional regulation. Molefe and Thwala (2022) confirm that this approach works well among SANDF soldiers, showing that those who received consistent guidance and emotional affirmation from peers and family were better able to manage their reactions to traumatic combat experiences. These support systems help reduce feelings of helplessness and facilitate active engagement in recovery processes.

2.12.2 The Second Role - Moderator

In this role, social support provides direct benefits and crucially buffers the impact of stress on psychological wellbeing. As a moderator, social support reduces the negative effects of stress on a person's PWB. It does not eliminate the stressor but influences how the individual perceives and emotionally responds to it. With

empathetic listeners and reassuring relationships, individuals are better able to maintain a sense of control and perspective, even when facing significant adversity. This moderating effect has been especially evident in military settings. Naidoo and Govender (2022) emphasise that SANDF members who feel emotionally connected to their units or families exhibit lower levels of anxiety and emotional numbing than those who feel isolated. These findings support the argument that emotional closeness offers not only comfort but also psychological resilience, thereby strengthening the buffering mechanism.

As discussed, social support plays two crucial roles in mental health, both as a direct resource and as a moderator. It is an essential and active factor in mental wellbeing, contributing to both immediate coping and long-term psychological recovery. These roles are particularly significant in the military, where social support is crucial for managing short-term stress and fostering long-term resilience. In an environment where soldiers often need to hide their emotions, operate under high pressure, and endure extended periods away from loved ones, strong support networks can be the difference between recovery and ongoing distress, especially for SANDF soldiers deployed in volatile or resource-scarce regions.

Furthermore, the buffering effect of social support extends beyond informal networks. Jacobs and Sibiya's (2023) qualitative study demonstrated that the absence of structured post-combat debriefings or peer support initiatives contributed to long-term distress among many soldiers. This matters because it shows that the Stress Buffering power of social support does not arise automatically; military institutions must actively develop it. The absence of institutional support mechanisms can negate the protective effects Cohen and Wills propose. This challenges the belief that military toughness alone is sufficient for psychological recovery, calling for a rethinking of mental resilience to include emotional connectedness and relational support as key components. The Stress Buffering Hypothesis explains how social support helps individuals manage stress and make sense of trauma, transforming passive endurance into active recovery.

2.13 Understanding Perceived Stress in Relation to PWB

Understanding how individuals perceive and respond to stress is critical to the study of psychological wellbeing, especially in high-stress settings like military combat. Perceived stress involves more than the number of stressful events encountered; it also includes how those events are interpreted and responded to. Cohen et al. (1983) defined perceived stress as the thoughts and feelings individuals have about how much stress they are under at a given time. It reflects a subjective evaluation of how overwhelming or unmanageable events seem, rather than an objective tally. For example, one soldier may view a combat experience as deeply traumatic and feel persistently anxious, while another under similar conditions may see it as manageable or part of their duty. This contrast underscores that perceived stress is a personal judgement, not merely the presence of stressors.

Perceived stress entails feelings of unpredictability, uncontrollability, and being overloaded. Lazarus and Folkman's (1984) transactional model proposed that an individual's cognitive appraisal of an event determines whether it is experienced as stressful. Cohen et al. (1995) further noted that perceived stress reflects a person-environment interaction perceived as threatening or depleting one's resources. It is a key concept for understanding the psychological impact of stressors: objective stressors are external events typically viewed as stressful (e.g., combat), while subjective, or perceived, stress centres on the individual's interpretation of those events.

According to Cohen and Wills' (1985) stress buffering model, perceived stress plays a key role in causing negative health effects. Recent studies have confirmed this, showing that perceived social support can mitigate stress effects by influencing how people evaluate and manage stressful situations, reducing the harmful impact on both physical and mental health (He et al., 2020).

2.14 Coping Mechanisms and Stress Outcomes

Coping mechanisms are the strategies individuals use to manage stress and related emotions. These are generally categorised into problem-focused, emotion-focused, and avoidant coping, each of which can be beneficial or harmful. How a person copes is crucial because it affects both mental and physical health. Adaptive

strategies tend to reduce the negative effects of stress, while maladaptive ones can increase emotional suffering and lead to worse health outcomes. In the Social Buffering Model, social support can strengthen a person's coping abilities and enhance their ability to deal with stress (Cohen & Wills, 1985). Emotional support can help reframe stressors, and instrumental support offers practical assistance to address them directly.

2.15 Categories of Coping Mechanisms

Coping mechanisms can be broadly categorised into:

1. **Problem-Focused Coping:** Involves taking direct action to address or mitigate the source of stress (e.g., planning and organising tasks to manage workload during deployment).
2. **Emotion-Focused Coping:** Involves strategies to manage emotional responses to stressors (e.g., seeking social support or practising relaxation techniques).
3. **Avoidance Coping:** Involves efforts to avoid dealing with stressors, which may provide temporary relief but can be detrimental if used excessively.

Each category influences how service members cope with deployment challenges. Problem-focused coping can improve control over the environment, while emotion-focused coping offers immediate emotional relief. However, reliance on avoidance coping might impede long-term adaptation and resilience (Kirkham et al., 2025).

2.16 Evidence Supporting Effective Coping Strategies

In the military context, coping strategies are essential for managing the psychological demands of combat, operational stress, and post-deployment transition. Unlike civilian occupations, military service entails unique stressors like life-threatening situations and prolonged family separation. Therefore, coping among SANDF soldiers should be understood within the context of military culture, where resilience, discipline, and teamwork are central.

Research indicates that physical fitness is an important coping resource, as it is already embedded in military training. Regular exercise supports stress regulation, improves mood, and enhances resilience by reducing physiological responses to chronic stress (Smith et al., 2022). For SANDF soldiers, physical training may serve as both a readiness requirement and a psychological resource for managing deployment-related stress.

Mindfulness-based practices and emotional regulation strategies have also gained attention as tools for improving stress management. Soldiers exposed to combat may experience heightened vigilance and intrusive memories (Smith et al., 2022). Mindfulness techniques can help manage anxiety, enhance emotional awareness, and reduce deployment related stress responses (Jones & Taylor, 2022). Within the SANDF, such approaches could complement existing psychological support services by equipping soldiers with practical self-regulation skills.

Social support is another critical coping resource in military environments, given the reliance on collective identity and unit cohesion. Peer relationships and camaraderie provide a sense of belonging and shared understanding, which can reduce isolation and facilitate adjustment (Brown & Thompson, 2022). For SANDF personnel, social support from fellow soldiers, commanders, families, and military psychological services may influence how effectively individuals process deployment experiences and reintegrate. Therefore, coping strategies among SANDF soldiers should be understood as multidimensional processes encompassing physical resilience, psychological skills, social connectedness, and organisational support. Examining these coping mechanisms is essential for understanding how soldiers manage the psychological consequences of combat and how mental health programmes can better support post-deployment adjustment.

2.17 The Role of Social Support in Military Populations: The Microcosm of Psychological Assistance and the SANDF

Understanding how soldiers handle psychological stress within the structured military setting is crucial for building mental resilience. This section explores the impact of social support on psychological health among military personnel, especially South African soldiers. Although combat-related stressors are unavoidable, assuming

all soldiers will suffer long-term damage is an overgeneralization. A key determinant of post-combat mental health is social support, which significantly influences psychological outcomes. Cohen and Wills' (1985) Stress Buffering hypothesis provides a useful framework, proposing that social support can mitigate the adverse effects of stress. This model is especially pertinent for military personnel, as strong support networks are vital for coping with and recovering from combat stressors.

Emerging evidence from the South African armed forces affirms the model's relevance. Ngcobo and Mokwena (2021) found that SANDF members reporting high levels of perceived support, particularly from family and peers, had significantly lower rates of PTSD symptoms after combat deployment. These findings align with international research and are especially significant in the broader South African context, where formal mental health services are often under-resourced and viewed with scepticism (Molapo & Van Wyk, 2022). In this limited setting, peer-led support structures are particularly effective, likely because of shared combat experience and the reduced stigma associated with seeking formal psychological help (Koen & Du Plessis, 2021). This highlights the importance of culturally and contextually appropriate support systems within the SANDF.

Van Breda and Theron (2023) argue that social support alone cannot compensate for institutional failures in providing psychological care, cautioning against overestimating its capacity to resolve systemic issues. While this critique is valid, it risks underestimating a crucial behavioural reality: South African soldiers often prefer to seek help through informal, trusted networks rather than formal psychological services (Koen & Du Plessis, 2021). A nuanced, context-aware approach is therefore essential, recognising social support not merely as a buffer but as a means of fostering psychological resilience in the SANDF.

2.18 The Role of Social Support in Mental Health Recovery

The psychological effects of combat deployment are still not well understood, especially for soldiers facing long-term stress and trauma. In the SANDF, service members frequently encounter serious mental health problems like PTSD, depression, and anxiety after combat. Cohen and Wills' (1985) Stress Buffering Hypothesis provides a framework showing how social support can act as an essential

protective factor, enhancing resilience and aiding recovery. An expanding body of research argues that social support is not just helpful but vital for reducing the lasting psychological impacts of military trauma.

Mkhize and Ndlovu (2023) argue that SANDF members face significant obstacles to psychological recovery after combat, highlighting the urgent need to prioritise social support as a key intervention. Cohen and Wills' (1985) hypothesis provides a strong rationale, positing that social support buffers stress and improves coping. This theory remains relevant, particularly in military settings where stress is widespread. Recent research supports the view that inadequate social support significantly hinders recovery in the SANDF. Mkhize and Ndlovu (2023) found that soldiers with limited familial or peer support reported higher levels of post-traumatic stress and slower mental health recovery. However, Naidoo et al. (2023) argue that institutional neglect of support systems, such as counselling services and peer-led initiatives, perpetuates mental health challenges within the military. These findings emphasise that social support should be a core part of any mental health recovery plan for SANDF personnel.

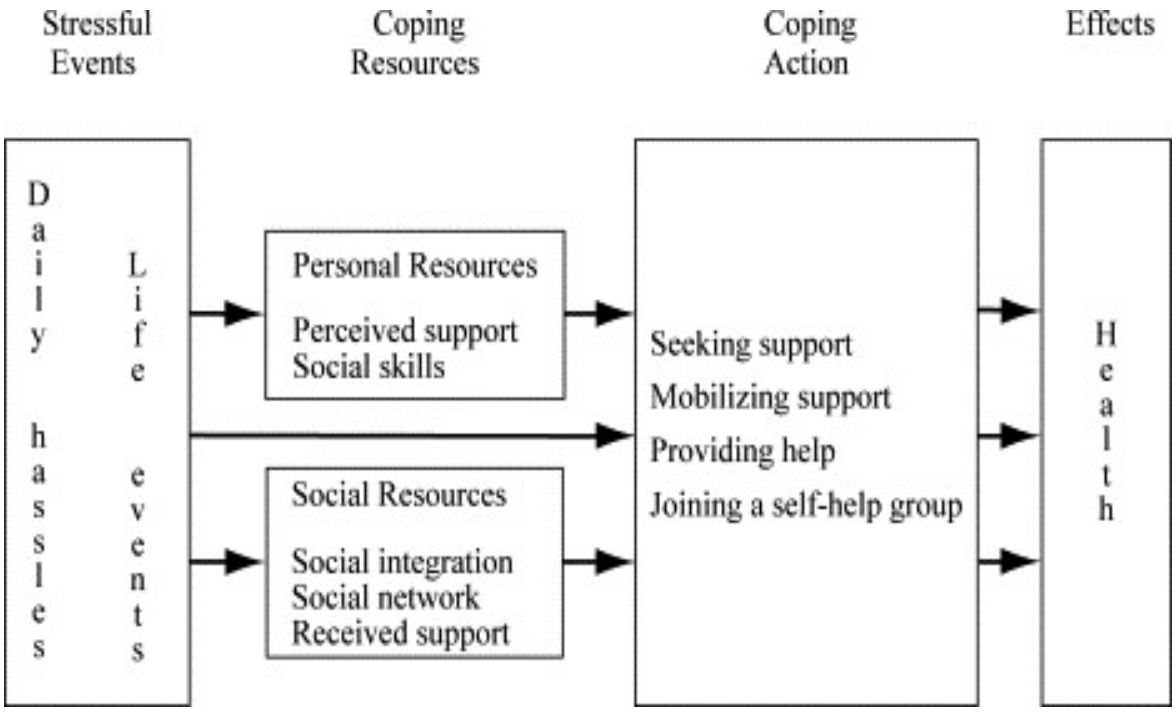


Figure 2.1: ***The Stress Buffering Hypothesis Model adapted from Cohen and Wills (1985)***

The Stress Buffering Hypothesis Model suggests that social support acts as a protective factor against the negative effects of stress. According to this model, supportive relationships are most beneficial during periods of significant stress, helping to reduce psychological and physiological impacts. This buffering effect occurs as social support reframes stressful situations as less threatening, offers emotional comfort, and provides practical guidance that enhances coping. Therefore, social support has its most substantial influence during times of increased stress.

The model identifies several types of support- emotional, informational, and instrumental- that buffer the effects of stress. Emotional support includes empathy and encouragement. Informational support offers advice or strategies for managing stressors. Instrumental support provides tangible aid, such as financial assistance or help with tasks. Together, these supports serve as vital coping resources, enabling individuals to manage stressful situations more effectively and reducing the perceived severity of stress (Lakey & Cohen, 2000). As a result, those with sufficient support are more likely to maintain stability when faced with stress. Although trauma exposure is a consistent risk in military settings, the presence of social support can significantly determine whether this exposure leads to long-term psychological problems.

Within the SANDF, the importance of social support is increasingly recognised. Koen and Du Plessis (2021) found that soldiers who maintained strong peer relationships during deployment were better able to manage combat stress and reported fewer psychological symptoms afterwards. Molapo and Van Wyk (2022) found that regular communication with family helped soldiers maintain a sense of stability and normality, acting as a psychological buffer. Unit cohesion is a deeply rooted form of support. Van Breda and Theron (2023) argue that trust among unit members fosters emotional resilience and a culture of openness, which reduces the stigma around help seeking, a persistent barrier in military settings. However, despite these psychological benefits, social support mechanisms remain underutilised in the SANDF. Ngcobo and Mokwena (2021) attribute this underuse to entrenched cultural norms that equate vulnerability with weakness and to broader institutional distrust that discourages soldiers from engaging with support systems.

These findings emphasise a key tension: social support alone does not guarantee effectiveness. Its impact depends on whether soldiers perceive it as credible, accessible, and reflective of their lived experiences. To fully unlock the protective potential of social support, the SANDF must move beyond superficial recognition and actively cultivate a culture in which support is not only present but also trusted, valued, and genuinely integrated into daily military life.

2.19 The Relevance of the Stress Buffering Hypothesis in Understanding the PWB of SANDF Soldiers After Combat Exposure

The Stress Buffering Hypothesis proposes that social support alleviates the negative effects of stress on mental health (Cohen & Wills, 1985). This concept is especially relevant for understanding the psychological wellbeing of SANDF soldiers following combat. Recent studies emphasise the importance of social support in lessening the impact of combat stressors on mental health outcomes. For SANDF soldiers, combat exposure is linked to a higher risk of PTSD, depression, and anxiety (Mbhele, 2021). However, social support can help reduce these risks. For instance, Mbhele (2021) found that tangible support significantly lowered suicidal ideation among infantry soldiers, highlighting its protective function. Moreover, Ntuli (2023) explored coping strategies among black women in the SANDF post-deployment, revealing that strong support networks are crucial for managing trauma related to deployment. The study stressed that emotional and psychological backing from friends and family plays a vital role in their recovery and reintegration.

The SANDF acknowledges the vital role of social support in fostering mental resilience. Programmes such as psychological resilience training, peer support groups, and family engagement are now part of military education to enhance coping mechanisms and combat mental health stigma (Total Military Insight, 2025). In this setting, social support is increasingly viewed as essential for mental health recovery. Cohen and Wills' Stress Buffering Hypothesis offers a solid theoretical basis for understanding how social connections shield individuals from stress's harmful impact. Applied to the SANDF, this theory sheds light on why some soldiers recover psychologically after combat, whereas others continue to struggle.

2.20 Relevance and Limitations of the Model in the South African Context

2.20.1 Cultural Specificity

A key limitation of applying the Stress Buffering Model (SBM) in the South African context is its Western theoretical origins, which may not fully recognise culturally specific coping mechanisms and social structures. South African soldiers come from diverse ethnic, linguistic, and religious backgrounds, and their understandings of mental health, trauma, and support can differ significantly from the model's assumptions. For instance, communal coping, where stress is managed collectively by family or community, is common in many African cultural settings but is not sufficiently emphasised in the original model (Okulate et al., 2023). Furthermore, traditional beliefs about masculinity may discourage emotional expression and help seeking among male soldiers, reducing the visibility or perceived impact of available social support (Okulate et al., 2023).

2.20.2 Structural Support Limitations

The SBM's assumption that support structures are reliably accessible and effective is also questionable within the SANDF. Although social support is officially available, many members encounter institutional failures in the delivery and quality of psychological care. For instance, Van Wijk & Martin (2023) found that access to mental health professionals within the military system remains limited, particularly in post-deployment settings. Reintegration programmes often experience delays and inconsistent implementation, leaving many soldiers without timely support.

Further studies support these concerns. Koen and Du Plessis (2020) identified structural inefficiencies in military health services, citing understaffed facilities and a lack of culturally sensitive care models. Similarly, Dlamini and Fourie (2021) observed that logistical barriers and institutional stigma often prevent soldiers from accessing support services, further weakening the protective effects of social support. These systemic issues diminish the actual buffering capacity of support mechanisms, even when they are included in policy. In practice, the gap between formal provisions and their accessibility undermines the SBM's effectiveness in protecting soldiers' PWB after combat. Additionally, broader issues such as economic instability, political uncertainty, and under-resourced military health services exacerbate these structural

deficiencies. Without adequate infrastructure to provide support, the SBM's usefulness is limited not by a conceptual flaw but by a weakened implementation environment.

2.21 Conclusion

In summary, SANDF soldiers navigate a complex psychological landscape during and after deployment, facing not only post-traumatic stress but also moral injury and significant reintegration challenges. The literature consistently confirms that psychological resilience in this context depends crucially on accessible, trustworthy, and culturally appropriate social support. This review has argued that a comprehensive understanding of the SANDF soldier's PWB requires a dual focus: considering the inherent trauma of combat while also evaluating the relational and institutional supports that either sustain or fail the soldier. A soldier's wellbeing is closely connected to their broader environment, from the military institution to family networks and societal attitudes encountered upon return. Consequently, an effective mental health strategy must look beyond the battlefield, integrating robust support systems into the social and institutional frameworks that shape psychological recovery.

While the SBM offers a valuable framework for understanding the interplay of stress, support, and mental health, its utility is constrained by South Africa's unique cultural and contextual realities. The model's recognition of support systems as a protective buffer is well-founded. However, to enhance its relevance, the SBM requires deliberate adaptation: it must incorporate indigenous coping strategies, address structural barriers to care, and reflect the SANDF's specific cultural nuances. Without such contextualisation, its capacity to guide effective mental health interventions will remain limited. The following chapter outlines the theoretical framework for understanding the psychological wellbeing of South African soldiers after combat exposure.

Chapter 3: Theoretical Framework

3.1 Introduction

This chapter establishes the theoretical framework that will guide the investigation into the PWB of South African soldiers following combat exposure. A theoretical framework provides the foundational structure for a study, shaping its philosophical, epistemological, methodological, and analytical approaches. For this study, Urie Bronfenbrenner’s Ecological Systems Theory was adopted as the guiding framework.

Bronfenbrenner's theory integrates biological, psychological, and social sciences. It conceptualises human development through interconnected environmental systems and their significant influence on an individual's psychological growth. This perspective is particularly relevant to the current study, which moves from a broad review of the existing literature to a targeted, theory driven analysis. The ecological framework will help examine how environmental, physiological, psychological, and sociocultural factors interact to affect soldiers' mental health and PWB after combat.

Applying this model enables the study to gain a comprehensive understanding of individual coping strategies, the vital role of social support systems, and the wider impact of systemic structures. Ultimately, this theoretical perspective will guide the development of more effective, multi-faceted support programmes to improve psychological wellbeing.

3.2 Bronfenbrenner’s Ecological System Framework

Bronfenbrenner’s Ecological Systems Theory, introduced in the 1970s, transformed the understanding of human development by emphasising the complex interactions between individuals and their environments. Originally a model of nested systems, it evolved into a more dynamic bioecological model that incorporates temporal and individual factors to better explain developmental processes. The framework posits that environmental systems, from immediate settings to broader societal contexts, shape human development, highlighting the dynamic relationship between individuals and their environments. Bronfenbrenner later refined his theory into the bioecological model, introducing proximal processes and reciprocal interactions between an active individual and their environment as central to development (Bronfenbrenner & Morris, 1998).

Understanding the PWB of South African soldiers, particularly after combat deployment or exposure, requires a multidimensional approach that accounts for individual, interpersonal, institutional, and societal factors (Bronfenbrenner, 1979). The ecological model comprises five nested environmental systems: microsystem, mesosystem, exosystem, macrosystem, and chronosystem, which interact to shape individual experiences and outcomes. Recent adaptations have underscored its relevance to mental health research, particularly in post-conflict contexts (Smith & Jackson, 2022).

For South African soldiers, this theoretical framework offers valuable insights into the complexity of their PWB. The ecological model shows that their wellbeing is shaped not only by direct combat experiences but also by broader social, cultural, and institutional factors. Smith and Jackson (2022) argue that many soldiers return from deployment with both visible and invisible scars, and that their reintegration into civilian life often depends on the interplay of personal resilience, family support, access to mental health services, and societal attitudes towards veterans. Mokoena and Naidoo (2022) further support this, demonstrating that returning South African soldiers frequently experience psychological distress not solely due to combat exposure but also because of wider systemic challenges, including interpersonal breakdowns, institutional neglect, and ongoing societal stigma surrounding mental health. These findings align with the ecological model of mental health, which emphasises interactions among nested systems from the individual to the societal level. Therefore, effective mental health interventions for returning soldiers must go beyond treating individual issues and instead target all levels of influence within the ecological framework to ensure comprehensive and sustainable support.

3.3 Significance to the SA Armed Forces

This framework is well suited to examining how combat exposure affects soldiers' PWB, as it considers both direct factors, such as family and peers, and indirect factors, such as the deployment environment. Using this framework helps to understand how organisational responsibilities, military culture, the combat setting, and social support influence the mental health of South African (SA) soldiers during deployment. Cheng et al. (2022) note that specific combat units within the SANDF, including Paratroopers, Artillery, Infantry, Special Forces, Armour, and Air Defence,

are regarded as high-performance units operating under significant stress. This aligns with Bronfenbrenner's (1994) framework, which develops a theory of human development by examining the various influences on an individual's lived experiences.

The Ecological Systems approach offers a systems perspective on human development, emphasising the reciprocal relationship between individuals and their multiple environments. In this framework, the armed forces are not merely a professional setting but also function as a distinct microsystem and mesosystem, representing a unique culture and closely connected community in which soldiers' identities, behaviours, and daily routines are shaped by, and in turn shape, the structured military way of life. This interaction highlights the importance of military culture in shaping PWB, especially in the context of combat deployment.

It is essential to examine the complex norms, expectations, and institutional practices that shape military life, rather than reducing it to a generic lifestyle. Cheng et al. (2022) argue that this culture influences every aspect of a soldier's experience, particularly during combat deployments, when behavioural patterns, performance standards, and unit cohesion are shaped not only by operational requirements but also by internalised military values and rituals. Understanding these underlying factors is crucial for contextualising the psychological and social dynamics soldiers face while deployed. This perspective supports the aim of the study, which is to broadly understand the PWB of soldiers from the 46 SAI brigade unit who have been exposed to combat deployments.

In this study, a soldier is defined as a uniformed member of the SANDF serving within the 46 SAI brigade unit, encompassing both junior and senior enlisted personnel, from Non-Commissioned Officers (NCOs) to Officers (from Private to Major), drawn from specialised combat groups such as Air Defence Artillery, Infantry, Special Forces, Armour, and Engineers, as well as combat support formations such as Intelligence, Signals, and Operations Medics. The description includes individuals who have actively participated in operational deployments, whether external or internal, particularly in contexts involving direct or indirect exposure to combat.

By recognising the impact of sociocultural, environmental, and systemic factors, the framework enables a deeper exploration of SA soldiers' coping strategies and mental health outcomes. This approach aligns with the study's aim of identifying sociocultural influences on soldiers' psychological adjustment and post-deployment reintegration, thereby providing a contextually grounded understanding of their wellbeing.

3.4 Application of Bronfenbrenner's Ecological System Framework to the Study

Guided by the Ecological Systems Theory, the analysis focused on the environmental factors affecting soldiers' psychological recovery after combat exposure. The researcher evaluated soldiers' immediate environments, such as family and peers, as well as broader societal influences, including combat conditions, military policies, and societal attitudes towards trauma. This framework shed light on how these interacting systems contributed to the psychological wellbeing of SA soldiers. Semi-structured interviews were used to analyse soldiers' descriptions of their environments and identify patterns of psychological distress. From this theoretical perspective, the study assessed the distinct environmental systems that shaped soldiers' physiological and psychological outcomes following combat deployment.

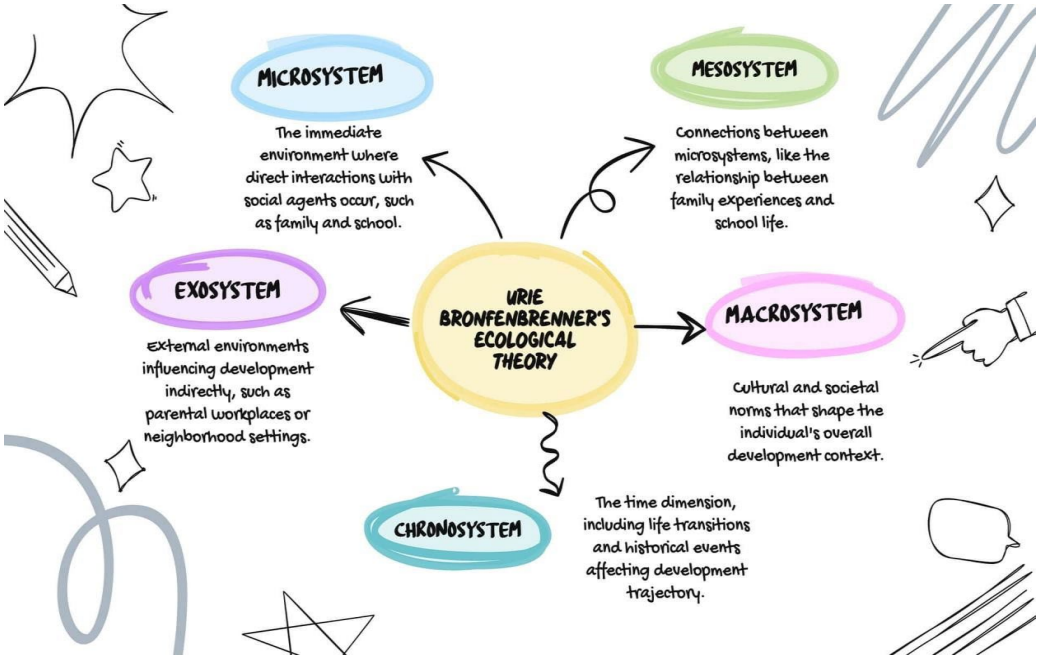


Figure 3.1: ***Bronfenbrenner Ecological Framework Systems*** (Bronfenbrenner, 1979)

3.4.1 Microsystem: Immediate Interactions and Urine Biomarkers

According to Bronfenbrenner's ecological systems theory, the microsystem comprises the immediate environments in which individuals live and grow, including family, peer relationships, and direct experiences across various settings (Bronfenbrenner, 1979). For soldiers who have experienced combat deployment, this system encompasses their interpersonal interactions with fellow soldiers, commanding officers, and family members. Bronfenbrenner (1979) emphasised that development unfolds through complex interactions within the microsystem, particularly when these settings are stable and supportive. Berk (2018) notes that nurturing microsystem interactions promote resilience, self-worth, and competence in children, whereas conflict or neglect can impede healthy development. Similarly, Santrock (2021) observes that strong, supportive microsystem relationships can serve as protective factors, shielding children from adverse outcomes in contexts of poverty or trauma.

For a soldier, the microsystem comprises home life, relationships with family and friends, daily routines, and direct experiences in combat zones. These factors shape behavioural responses, emotional regulation, and coping strategies. Fife and Gossner (2024) emphasise the role of supportive family and peer relationships in building resilience. Likewise, strong familial bonds and positive peer interactions can support soldiers' emotional recovery and reintegration. Supportive family dynamics and unit cohesion serve as protective factors against PTSD and other mental health issues. Ngwenya and Pretorius (2023) contend that the quality of interpersonal relationships within military units and family structures can act as either protective or risk factors for psychological outcomes after deployment. Soldiers who experience cohesion, mutual support, and trust within their units tend to show greater resilience and fewer PTSD symptoms. Conversely, strained family relationships or social isolation can exacerbate emotional distress and hinder reintegration.

The researcher concurs that analysing soldier wellbeing is incomplete without thoroughly considering the microsystem. Although macro-level factors such as military policy and societal stigma are significant, they do not capture the daily relational dynamics that shape how soldiers interpret and process combat experiences. Therefore, the microsystem is not merely one part of the ecological

framework; it is essential. Without a stable and supportive microsystem, even well-structured institutional supports may not meet the psychological needs of returning soldiers (Ngwenya & Pretorius, 2023). As a result, when evaluating the psychological effects of combat deployment on SA soldiers, particular emphasis must be placed on the quality and nature of their immediate relationships and environments. The microsystem is the primary source of influence and support, and its significance must be highlighted in both research and intervention strategies.

In this study, the immediate environment of SA soldiers comprises their combat zone experiences, bonds with fellow soldiers, and the support, or lack of it, from their families. Adopting this framework enabled an exploration of how soldiers perceive stress responses and whether interactions with peers or family mitigate or exacerbate psychological distress (Cheng et al., 2022). The authors further argue that soldiers with strong familial support exhibit lower cortisol levels, indicating greater psychological resilience. In contrast, those lacking emotional support show elevated cortisol levels, which are linked to increased risks of PTSD or depression.

A biological approach that reduces psychological distress to cortisol levels is inherently limited when the research aim is to understand the nuanced social contexts and lived experiences underlying psychological wellbeing. For SA soldiers exposed to combat deployment, the focus should shift towards the social aspects of the microsystem, namely the quality of interpersonal relationships and support networks. Within these immediate environments, soldiers negotiate their identities, manage stress, and construct meaning from their experiences. Research increasingly supports the view that strong social connections, especially with peers and family, serve as crucial protective factors against psychological distress (Mahlangu & Thomas, 2023). These relationships promote emotional validation, shared understanding, and a sense of belonging, all essential for healthy post-deployment adjustment. For instance, unit cohesion during deployment and emotional closeness with family upon return are consistently linked to better mental health outcomes (Wright & Sibeko, 2023). These findings suggest that, rather than viewing psychological health as solely an individual issue or reducing it to neurobiological responses, it is more accurate and helpful to see it as socially embedded and maintained through relationships.

3.4.2 Mesosystem: Interactions Between Environments and PWB

The mesosystem comprises the relationships between microsystems, such as interactions between family and peer groups (Bronfenbrenner, 1979). For soldiers, the link between their military experiences and home life can strongly influence their PWB. Supportive interactions among family members and peers can enhance coping strategies and foster a sense of belonging. Integrating support systems across military and civilian environments can facilitate comprehensive recovery. Collaborative efforts among military institutions, mental health professionals, and community organisations are key to addressing the complex needs of returning soldiers. Fife and Gossner (2024) found that individuals in South Africa who engaged in supportive peer relationships and received family encouragement demonstrated resilience in the face of adversity. However, these interconnected systems can either buffer or exacerbate the effects of combat-related trauma.

Bronfenbrenner (1977) conceptualises the mesosystem as a network of interconnected microsystems, emphasising how interactions among these components shape an individual's development. This includes the relationship between a soldier's home life and their military environment, as well as between their personal experiences and their interactions with support networks. During combat deployment, soldiers live near and interact with civilian populations, sharing core values and experiencing similar civil events (O'Neal et al., 2016). This engagement extends into the digital space, where constant connectivity via handheld devices strengthens familial ties during combat exposure.

In this study, the interplay between South African soldiers' combat experiences and their reintegration into civilian life, together with the influence of military policies and post-combat care, is crucial in shaping their PWB. International literature shows that soldiers' post-deployment adjustment is influenced not only by individual exposure to trauma but also by the quality of institutional support and social reintegration mechanisms. Demers (2022) argues that the transition from a structured military environment to civilian life often results in identity disorientation, a loss of belonging, and difficulties in accessing mental health services. Furthermore, institutional responses, such as the availability of post-combat care, are crucial in either supporting recovery or increasing distress. These findings highlight the

exosystemic and macrosystemic aspects of the ecological framework, which recognise the wider social, cultural, and policy related factors influencing wellbeing. Consequently, understanding the structural and relational aspects of soldiers' reintegration experiences is essential for contextualising their mental health outcomes within a South African military context.

3.4.3 Exosystem: Broader Social Structures and Institutional Influence

The exosystem comprises broader societal structures that indirectly influence individuals, such as government policies, healthcare systems, and social attitudes towards trauma (Bronfenbrenner, 1979). According to Betancourt et al. (2017), obstacles such as limited resources and mental health stigma can hinder access to psychological care. Integrating mental health services into communities has been shown to improve accessibility and reduce stigma, thereby supporting soldiers' PWB. However, overcoming these barriers requires systemic change, including increased mental health funding and public awareness campaigns.

In this context, the system encompasses military healthcare, deployment policies, and public attitudes towards mental health. Insufficient institutional support is linked to poorer PWB outcomes, often reflected in physiological markers such as urine biomarkers (Cheng et al., 2022). When soldiers lack adequate post-deployment care or face societal stigma, their PWB tends to decline, as indicated by sustained elevations in cortisol and other stress related hormones (Cheng et al., 2022). Rosen et al. (2022) further argue that societal norms surrounding masculinity and military service can discourage help seeking. The authors highlight the significant influence of broader societal and institutional factors on soldiers' PWB, noting that stigma around conditions such as PTSD can exacerbate the psychological and physiological effects of combat. Addressing these systemic gaps is vital for enhancing both PWB and physiological markers, such as cortisol levels, in soldiers.

3.4.4 Macrosystem: Cultural and Societal Norms

The macrosystem comprises the broad cultural, societal, and institutional norms, values, and ideologies that shape an individual's life (Bronfenbrenner, 1979). It is a broad framework for the patterns and structures of institutions within a specific culture or subculture. This intangible system consists of implicit ideologies expressed through

daily customs, which give meaning to an individual's roles, activities, and social networks.

In South Africa, historical and socio-political factors, including the legacy of apartheid and ongoing societal inequalities, shape soldiers' perceptions of their experiences and society's response to their needs. A study by Betancourt et al. (2017) emphasised the importance of culturally sensitive approaches to addressing the mental health needs of war affected populations. The study showed that cultural attitudes towards mental health and recognition of the psychological toll of military service are critical in shaping support systems and policies. These attitudes can affect the support systems available to soldiers. Promoting societal recognition of the psychological impacts of combat and fostering a culture of support are essential for the wellbeing of returning soldiers.

In this study, cultural attitudes towards war, masculinity, and soldiers' PWB can influence how they perceive their own trauma and the resources available for their psychological recovery (see Chapter 4). Societal norms in South Africa discourage open discussions about mental health, which may result in prolonged psychological and physiological distress among soldiers. The cultural stigma around PTSD and mental health might lead soldiers to conceal their symptoms, which could be reflected in their physiological responses, such as elevated cortisol levels.

The military has a distinct culture, and South African soldiers belong to a subculture that differs significantly from mainstream civilian society (Coll et al., 2011). This difference is crucial for understanding how military culture influences service members, particularly their PWB during deployment. According to the Centre for Deployment Psychology (2016), service members operate within a world heavily shaped by military culture, and recognising the nuances of this environment is essential to understanding its substantial effect on their PWB in deployed settings. Military culture encompasses the collective knowledge, values, beliefs, customs, and skills that soldiers acquire through intensive training.

3.4.5 Chronosystem: The Influence of Time on Recovery

The chronosystem, which includes the dimension of time, encompasses life transitions and historical events (Bronfenbrenner, 1979). For soldiers, the timing and

duration of deployment, as well as the reintegration process, are crucial to their PWB. Societal shifts in perceptions of military service and mental health also influence the psychological support available to them. In the South African context, the timing of reintegration programmes and the availability of support services are essential to their success.

This study examines the timing of combat exposure, the duration of recovery, and the development of a soldier's PWB within the chronosystem. As Cheng et al. (2022) observed, combat exposure can have enduring psychological effects, with elevated cortisol levels persisting for years after deployment. This underscores the lasting impact of combat stress. The chronosystem highlights how time and long-term environmental factors shape psychological recovery, emphasising the need for ongoing mental health support that addresses both immediate and long-term impacts of combat.

3.4.6 Adaptation System: Technology and Its Role in PWB

In the modern context, technology is essential to the adaptation system, shaping how individuals engage with their environment and access resources. It is particularly significant in the contemporary ecological model because it improves soldiers' PWB. As a new element within ecological theory, adaptation involves utilising technology to monitor, manage, and support soldiers' PWB. Baker et al. (2022) argue that the growth of digital media, social platforms, and integrated technology has transformed interactions within the microsystem and exosystem.

For deployed soldiers, technology provides access to information, support networks, and therapeutic interventions. In South Africa, digital mental health platforms can improve accessibility, particularly in remote areas. Telehealth services and online support groups can equip soldiers with resources to manage post-combat psychological challenges. Moreover, technologies such as smartphones, social media, and virtual environments are reshaping how individuals communicate, learn, and engage with the world, creating new forms of interaction that influence identity and social relationships (Baker et al., 2022). The authors also suggest that technology can help soldiers manage their mental health by offering remote access to

psychological services, tracking biomarkers, and providing tools to monitor stress through wearable devices.

In this study, adapting to technology helps explore how soldiers interact with these tools and whether they provide relief or increase stress, offering deeper insight into the connection between technology, mental health, and PWB. Such technology could also bridge the gap between soldiers and mental health support, enabling timely interventions through real-time data. Implementing this system was necessary to examine how soldiers engage with these technologies and whether they genuinely reduce stress or inadvertently raise it. Rosen et al. (2022) argue that while tracking stress levels may empower soldiers to take control of their mental health, constant monitoring might heighten anxiety or feelings of vulnerability. The authors assert that further research on this system would deepen understanding of how technology intersects with an individual's PWB. Ultimately, technological solutions can improve soldiers' mental health outcomes. Nevertheless, their effectiveness and impact must be carefully evaluated to ensure they offer meaningful support rather than intensifying existing stress.

3.5 Integration of Rosen et al. (2022) Into Bronfenbrenner's Ecological Framework

3.5.1 Microsystem: Direct Experience with Technology

In the microsystem, soldiers can directly interact with wearable stress monitors, including mobile health apps and teletherapy platforms. Rosen et al. (2022) note that while these tools can empower individuals by helping them monitor their mental state, they may also cause anxiety due to constant self-surveillance. For SA soldiers, whose environments might already be unstable post-combat, this daily engagement with technology becomes part of their lived experience, potentially increasing either their sense of control or vulnerability, depending on the support available in their immediate surroundings (e.g., family and healthcare providers).

3.5.2 Mesosystem: Interaction Between Settings (Tech and Social Systems)

In the mesosystem, interactions between microsystems, such as how soldiers' use of mental health apps (personal health tracking) is influenced by or influences family members, mental health providers, and military support services, are very important.

For example, if family members or peers view these technologies as intrusive or stigmatising, this could reduce their effectiveness. Conversely, a family that supports a soldier's use of stress-monitoring devices could strengthen healthy routines, creating positive feedback that encompasses personal and social wellbeing.

3.5.3 Exosystem: Institutional Support for Technology Use

The exosystem encompasses broader systems such as military policies, healthcare institutions, and app developers. Rosen et al. (2022) emphasise the importance of research-informed design and deployment of mental health technologies. In South Africa, if institutions fail to train soldiers or regulate the ethical use of health-monitoring technologies, this could lead to unintended consequences, such as oversurveillance or breaches of privacy. Conversely, if the military or the Department of Health (DoH) integrates these tools within a clear policy framework, their potential to support PWB might increase.

3.5.4 Macrosystem: Cultural and Societal Attitudes Toward Tech and Mental Health

In the macrosystem, SA's cultural perceptions of mental health and technology intersect. If societal norms stigmatise mental illness or view constant self-monitoring as a weakness, soldiers may reject useful technologies or feel guilt and shame when using them. Rosen et al. (2022) caution against assuming universal benefits of such technologies; therefore, culturally sensitive implementation is essential.

3.5.5 Chronosystem: Longitudinal Impact of Tech Use Over Time

The chronosystem enables us to assess how technology's influence on soldiers' wellbeing evolves over time. Initially, monitoring stress may help soldiers recognise triggers and adjust their behaviour. Over months or years, consistent self-monitoring could normalise hypervigilance, a common PTSD symptom, thereby reinforcing harmful coping mechanisms. This supports Rosen et al.'s (2022) assertion that ongoing research is essential to track long-term outcomes.

3.5.6 Adaptation System: The Technological Layer

Finally, the adaptation system or technological layer can be viewed as a cross-cutting, dynamic system that interacts with all levels of Bronfenbrenner's framework. According to Rosen et al. (2022), technology can support psychological resilience,

but it must align with user context, ethical standards, and adaptive support structures. For SA soldiers, integrating wearable technology or digital mental health tools should be carefully considered to ensure it complements rather than replaces human-centred care.

3.6 Conclusion

The PWB of soldiers after combat deployment is best understood through the Ecological Systems Framework. Bronfenbrenner's theory offers a vital perspective for analysing the complex, multilayered influences on South African soldiers' post-deployment experiences. By examining the dynamic interactions across individual, familial, community, societal, and temporal factors, a more holistic understanding emerges, which is essential for creating targeted interventions and effective support systems. Each dimension of this ecological model provides a unique view into the soldier's experience, emphasising the importance of a coordinated, multi-faceted approach to improving mental health.

This ecological perspective is further illuminated by current considerations of technology. Rosen et al. (2022) highlight the dual nature of technological mental health solutions, which aligns with Bronfenbrenner's framework, particularly through the inclusion of the recently adapted technology system. From an individual's personal experience (microsystem) to prevailing societal norms (macrosystem), each ecological level shapes how technology affects PWB. The main implication is that technology is not a neutral tool; its effectiveness depends on how well it is integrated into broader ecological contexts, which is especially important in South Africa's culturally diverse and resource-sensitive environment.

Empirical evidence underscores the framework's value. Research shows that soldiers who maintain strong family ties and social connections exhibit significantly higher levels of PWB after combat (Smith & Jones, 2022). Likewise, institutional support, including access to mental health resources and structured reintegration programmes, is vital for mitigating the negative effects of combat (Williams, 2022). These findings collectively highlight the urgent need for comprehensive support systems that go beyond individual therapy to include community based interventions involving families and social networks.

While military organisations are dedicated to improving personnel wellbeing, fully integrating ecological perspectives is essential to developing effective strategies tailored to the specific challenges faced by South African soldiers. In this effort, technology will be crucial. As Mkhize and Van der Merwe (2022) suggest, soldiers who maintain regular digital contact with loved ones experience lower levels of anxiety and depression after deployment. The researcher agrees, viewing technology as a valuable tool for preserving family bonds essential to psychological resilience. By enabling better communication channels, technology can strengthen the vital micro-system of support, thereby enhancing the overall effectiveness of the nested ecological systems. With this theoretical and contextual foundation established, the next chapter will outline the research methodology and design used to explore these important issues.

Chapter 4: Research Methodology and Design

4.1 Introduction

This chapter outlines the research methodology used to examine the PWB of SANDF members following combat deployment. Understanding the psychological challenges soldiers face is essential not only for individual health but also for the effectiveness of military systems and their support structures (Palinkas et al., 2022). Building on the Ecological Systems Framework introduced in the previous chapter, this study investigates three main areas: the specific psychological stressors encountered by SANDF members during and after deployment, the role of social support in alleviating mental health issues, and perceptions of suicide in a combat environment.

Research methodology comprises the systematic plan and theoretical foundation that guide a research project, including techniques for collecting, analysing, and interpreting data to answer research questions (Smith et al., 2022). Methodology serves as the essential link between the theoretical framework and empirical results, ensuring the research process is organised, findings are reliable and valid, and outcomes are reproducible. This chapter outlines the methodological choices, including research design, data collection methods, and analytical strategies.

4.2 Research Design

Research design provides the overall framework for the systematic planning, implementation, analysis, and interpretation of research, ensuring that research questions are addressed coherently and rigorously (Creswell & Poth, 2022). This study adopted a qualitative research approach to understand how individuals perceive, experience, and make sense of their interactions with the world in their natural contexts (Creswell & Poth, 2022). Unlike quantitative research, which focuses on measuring variables and testing hypotheses, qualitative research generates rich, detailed descriptions of participants' experiences, beliefs, perceptions, and behaviours, acknowledging that reality is socially constructed (Merriam & Tisdell, 2024).

Qualitative characteristics informed this study's design in several ways: it is exploratory and inductive, enabling the investigation of complex psychological

phenomena without imposing predetermined categories; it prioritises participants' voices, providing rich, contextualised accounts; and it recognises that human experiences are shaped by cultural, organisational, and interpersonal influences (Creswell & Poth, 2022). These characteristics align with the aim of the study to investigate the psychological wellbeing of South African military personnel exposed to combat deployments, with a focus on sociocultural factors that influence mental health outcomes, coping strategies, and post-deployment adjustment.

The study employed a phenomenological research design, which seeks to understand and describe the essence of individuals' lived experiences of a particular phenomenon (Creswell & Poth, 2022). Phenomenology focuses on the shared meaning among individuals who have experienced the same phenomenon. This design was appropriate because the central phenomenon under investigation was the lived psychological experience of combat deployment among SANDF members. The study sought to understand how participants experienced combat deployment, how they perceived its influence on their PWB, and how sociocultural factors shaped their coping strategies and adjustment.

The phenomenological design informed the study's methods. Semi-structured interviews enabled participants to describe their experiences openly and in depth, allowing exploration of thoughts, emotions, and perceptions that might not emerge through structured data collection. Analysing these narratives identified common patterns and shared meanings while recognising the uniqueness of each individual's experience. This approach was consistent with the interpretivist paradigm underpinning the study, emphasising understanding participants' subjective realities (Creswell & Poth, 2022; Merriam & Tisdell, 2024).

4.3 Research Paradigm

This study was grounded in the interpretivist paradigm, which holds that reality is socially constructed and that individuals ascribe different meanings to their experiences according to personal, social, and cultural contexts (Creswell & Poth, 2022). Within this worldview, PWB was understood as a subjective, context-dependent phenomenon inseparable from lived experiences and social environments. Consequently, the PWB of SANDF soldiers following combat deployment was viewed

as shaped by individual experiences, military culture, interpersonal relationships, and broader sociocultural influences.

The interpretivist paradigm was appropriate, as the study aimed to investigate and understand the PWB of SA military members exposed to combat deployments, with an emphasis on sociocultural factors influencing mental health outcomes, coping strategies, and post-deployment adjustment. Achieving this aim required exploring the meanings participants attached to their combat experiences rather than measuring PWB as an objective phenomenon. Consistent with this paradigm, the study employed a qualitative phenomenological design and semi-structured interviews to elicit rich descriptions of participants' lived experiences. Thematic analysis was subsequently used to identify patterns of meaning across participants' narratives.

4.4 Data Collection Methods

Data collection is the systematic process of gathering and measuring information on variables of interest to answer research questions and evaluate outcomes (Smith, 2023). This process requires selecting appropriate methods and tools to ensure accuracy, reliability, and validity. Methods must be carefully chosen to align with research objectives and to preserve data integrity (Smith, 2023). Creswell and Poth (2017) describe data collection as the gathering of information for a specific purpose within a four-stage research design, using standardised, validated techniques.

4.5 Data Collection Technique

The researcher used semi-structured interviews as the data collection method. In qualitative research, interviews involve asking open-ended questions to engage participants and collect data (Creswell & Poth, 2017). Semi-structured face-to-face interviews consist of open-ended questions based on the topics the researcher aims to explore (Smith, 2023). This method allows for in-depth exploration, enabling participants to share detailed personal experiences of combat stressors and mental health difficulties.

The researcher used a general interview guide (see Appendix D) to ensure all relevant topics were covered. The guide was used to collect information on SANDF service members' combat experiences during military deployment. Semi-structured

interviews provided flexibility, allowing the researcher to probe respondents while maintaining a core framework. The interview guide contained five sections:

1. Demographic Information
2. Military Environment
3. Social Support and Networking
4. Training and Preparedness
5. Leadership

4.6 Basic Approaches to Collecting Qualitative Data Through Open-Ended Interviews

Patton (2020) described three main methods for collecting qualitative data through open-ended interviews:

1. **Informal Conversational Interviews:** The most flexible and unstructured approach, allowing topics to emerge organically. This benefits exploratory research by uncovering unexpected insights, but may lead to inconsistencies across interviews, making comparisons difficult (Creswell, 2022).
2. **Standardised Open-Ended Interviews:** Involve asking the same questions in the same order to all participants, ensuring greater consistency and comparability. However, the rigid structure may limit exploration of unexpected avenues (Denzin & Lincoln, 2022).
3. **General Interview Guide Approach:** A hybrid approach that uses broad topics to guide conversation while allowing flexibility in the order and flow of questions. This balances consistency with flexibility, but adaptability may affect the comparability of responses (Patton, 2002; Creswell, 2022).

4.7 Sampling

In qualitative research, a sample is a specific group selected to gain detailed insights into a phenomenon (Creswell, 2020). Unlike quantitative research, which aims for statistically representative samples, qualitative samples are often deliberately selected. Sampling involves selecting observations from a larger population, enabling inference without studying every member, given practical constraints (Patton, 2022).

According to Morse (2022), sampling affects the credibility and validity of findings. While quantitative research generally relies on probability sampling, qualitative

research focuses on non-probability sampling methods that yield rich, context-specific data and prioritise depth over breadth.

4.8 Purposive Sampling as a Strategy

A purposive sampling strategy was used to recruit participants who met specific inclusion criteria. Criterion purposive sampling enabled the selection of participants with characteristics or experiences relevant to the research objectives (Campbell et al., 2022; Palinkas et al., 2022).

Participants were soldiers from the 46 South African Infantry (SAI) Brigade who had recently returned from combat deployments. This approach ensured that only those with firsthand combat experience and associated psychological challenges were included, aligning with the interpretivist paradigm and phenomenological design.

The researcher recruited potential participants from their professional network within the 46 SAI Brigade. While this facilitated access, it required careful attention to ethical principles regarding professional boundaries, power dynamics, and voluntary participation (APA, 2022). Additional safeguards were implemented to minimise undue influence and protect participants' autonomy.

Participation was entirely voluntary. Potential participants were informed, both verbally and in writing, that their decision to participate, decline, or withdraw would not affect their employment, military duties, professional relationships, or future opportunities. No incentives or rewards were offered. The researcher obtained informed consent before data collection and reminded participants that they could refuse to answer any question or withdraw from the interview without adverse consequences.

To maintain professional boundaries, the researcher clearly distinguished the researcher role from any professional military role. Interviews were conducted in private settings at mutually convenient times to safeguard confidentiality. Identifiable information was removed from transcripts, pseudonyms were used, and all data were stored securely. These measures promoted respect for participants' autonomy, confidentiality, and psychological safety (APA, 2022; World Medical Association, 2022).

Purposive sampling was suitable because it enabled the selection of SA soldiers who had experienced combat deployments, ensuring the sample possessed traits pertinent to the research (Etikan, 2022). This targeted approach enhanced data quality by focusing on individuals who could provide detailed insights, thereby improving the validity and relevance of the findings (Palinkas et al., 2022).

4.9 Description of Sample

The 46 South African Infantry (SAI) Brigade Unit was established on 1 April 1999 as part of SA Army restructuring. Its primary role is to provide a formation headquarters for deployed reserve force elements and to support the 43rd SAI Brigade Unit. The 46 SAI Brigade is a composite brigade comprising a headquarters in Kensington, Johannesburg, and a brigade administrative area in Wallmansthal, Pretoria. The unit participates in exercises, and its mission is to maintain a dynamic, combat-ready command-and-control system under the Chief of the Army and the President of the Republic of South Africa.

The mandate of the 46 SAI Brigade includes:

1. Serving as a command-and-control, combat-ready SA Army unit
2. Providing a Combat Ready Tactical HQ for effective command and control over allocated forces
3. Providing Combat Ready Training for deployed forces for domestic and external deployments

4.10 Selection Criteria

The researcher used the term "selection" rather than "sampling" to describe the process of choosing participants. Flick (2006) identifies a priori sampling structures as central to qualitative research, establishing criteria for selecting units of data collection. These structures are grounded in theoretical and empirical connections to the phenomenon under study.

4.11 Sample Size

The researcher selected 15 service members from various specialisations, including Special Forces, Armour, and Air Defence Artillery. This was because unit members of the 46 SAI Brigade were routinely deployed on border safeguarding and

external peacekeeping missions, which limited the Brigade's strength. The sample was drawn from the 46 SAI Brigade's Human Resource database, with company and platoon commanders assisting in recruiting voluntary participants.

Participants included:

1. Non-Commissioned Officers (NCOs), from Private to Full Corporal
2. Officers, from Lieutenant to Major, with routine experience of internal and external deployments

Sample size determination was guided by the study's objectives and scope, and by the principle of data saturation, when new data no longer yielded new themes or insights. Thematic saturation is often reached with approximately 12 interviews (Guest et al., 2022). Fifteen participants were selected to capture expected variability, ensure comprehensive understanding, and maintain a manageable scope.

4.12 Inclusion and Exclusion Criteria

Inclusion and exclusion criteria are essential to maintaining reliability, validity, and ethical integrity (Morse, 2022). Creswell and Poth (2017) outline three considerations for purposive sampling: deciding whom to select, choosing a sampling strategy, and determining sample size.

4.12.1 Inclusion Criteria

1. Participants must have taken part in a combat deployment within the past three years
2. Participants may be male or female
3. Participants must be aged between 26 and 50 years
4. NCOs from Private to Full Corporal who have routinely deployed externally
5. Officers from Lieutenant to Major who have routinely deployed externally

4.12.2 Exclusion Criteria

1. Non-combat veterans (those without combat deployment experience)
2. Participants with significant cognitive impairments hindering communication or understanding
3. Participants currently diagnosed with acute mental health crises (severe depression or psychosis)

4.13 Data Collection Procedure

After obtaining provisional approval from the Research Ethics Committee and SANDF Defence Intelligence, the researcher contacted the Officer Commanding of the 46 SAI Brigade. The unit OC and platoon commanders helped identify participants in line with the sample specifications and ensured their availability on interview days. Given the military culture, it was essential to avoid any sense of coercion.

To ensure voluntary participation, a "Participant Informed Consent Form" was presented and explained before each interview, outlining the study rationale, voluntary participation, anonymity, confidentiality, and the right to withdraw (HPCSA, 2004). Participants were required to complete and sign the form.

Semi-structured interviews were conducted with volunteers. The interviews gathered demographic information and used open-ended questions to explore combat deployment experiences from the PWB perspective, focusing on stressors, the military environment, coping strategies, social support, and leadership.

Although semi-structured, the interviews allowed participants to steer the conversation and expand on issues they considered important. Many reported feeling relieved and comforted while recounting their stories. Each interview lasted approximately 50 minutes, with no strict time limit. With consent, interviews were audio-recorded and focused on mental health, PWB, support, coping strategies, and reintegration.

4.13.1 Instrumentation and Measurements

In qualitative research, an instrument is a tool used to collect data and provide insight into participants' experiences (Patton, 2015). The primary data collection instrument was a semi-structured interview guide designed to explore the PWB of SA military members exposed to combat deployments.

The semi-structured interview guide was selected for its balance of consistency and flexibility, ensuring that all participants were asked questions aligned with the research objectives while allowing the researcher to probe emerging issues (Patton, 2015). The guide was developed in line with the study aim and theoretical framework, focusing on individual experiences, social support, the military environment,

leadership, training, and post-deployment adjustment. It was reviewed and refined to enhance clarity and relevance before data collection.

Data were collected through in-depth semi-structured interviews with 15 participants from the 46 SAI Brigade who had experienced at least one combat deployment. The sample included participants with varied ranks, combat deployment histories, and time since exposure, capturing diverse perspectives.

Interviews were conducted over two months, audio-recorded with permission, and transcribed verbatim. The flexible format enabled participants to discuss both the challenging and positive aspects of deployment, including psychological challenges, coping mechanisms, social support systems, and the impact on family and relationships.

The qualitative interview process yielded rich, detailed accounts, allowing themes to emerge inductively. The sample size was appropriate for the phenomenological design, enabling in-depth exploration and supporting data saturation (Guest et al., 2022). The flexibility of the interview process facilitated rapport between the researcher and participants, which was particularly important given the sensitive nature of discussing combat exposure and PWB.

4.14 Data Analysis Method

Data analysis in qualitative research is a systematic process of organising, interpreting, and making sense of collected data to develop an in-depth understanding of the phenomenon under investigation (Sunday, 2018). Unlike quantitative analysis, which focuses on statistical procedures, qualitative data analysis involves identifying patterns, meanings, and relationships within participants' accounts through coding, categorisation, and interpretation (Braun & Clarke, 2022).

4.14.1 Thematic Analysis and Epistemological Position

The study employed thematic analysis to analyse the interview data (Braun & Clarke, 2022). Thematic analysis is a flexible qualitative analytic approach for identifying, interpreting, and reporting patterns of meaning. Unlike approaches that treat themes as objectively present, thematic analysis recognises that themes emerge

through active, interpretive engagement among the researcher, the data, and the theoretical assumptions underpinning the study.

The selection of thematic analysis was consistent with the interpretivist paradigm and phenomenological design, as the research sought to understand how SANDF members made sense of their experiences. The purpose was not to measure psychological outcomes objectively, but to explore the meanings participants attached to their PWB, coping strategies, and social experiences within the military context.

Braun and Clarke (2022) note that thematic analysis can be situated within different philosophical orientations. This study adopted a constructionist orientation, recognising that meanings are produced through social, cultural, historical, and contextual influences. This was particularly relevant, as the study examined PWB among SANDF members as a context-dependent phenomenon shaped by military culture, social relationships, leadership structures, deployment experiences, and broader sociocultural contexts.

The researcher followed Braun and Clarke's (2022) six-phase process:

1. Familiarisation with the data
2. Generating initial codes
3. Developing initial themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the final report

Throughout these phases, reflexivity was maintained by critically examining how the researcher's professional background, assumptions, and familiarity with the military context shaped interpretation. This ensured transparency and strengthened credibility and confirmability.

4.14.2 Method of Data Analysis

The analysis followed Braun and Clarke's (2022) six-phase approach to reflexive thematic analysis. The researcher transcribed interview recordings verbatim and repeatedly reviewed the transcripts to develop a comprehensive understanding before generating initial codes. The researcher then analysed the data inductively, allowing

patterns of meaning to emerge from participants' accounts. The researcher subsequently interpreted the identified themes in relation to existing psychological literature on combat exposure, PWB, coping strategies, and post-deployment adjustment (Green et al., 2022).

Consistent with Braun and Clarke's (2022) reflexive approach, the researcher integrated reflexivity throughout the analysis, acknowledging that themes are actively constructed through interaction among the researcher, participants' accounts, and the theoretical framework. Given the researcher's familiarity with the military context, the researcher maintained ongoing reflection to recognise how prior experiences, assumptions, and professional knowledge could influence coding and interpretation.

To enhance reflexivity, the researcher remained mindful of personal interpretations during coding, revisited transcripts to ensure themes remained grounded in participants' narratives, and critically reflected on analytical decisions throughout theme development. This reflexive engagement strengthened transparency and trustworthiness.

4.14.3 Steps for Analysing Data

Braun and Clarke's (2022) six steps of thematic analysis were applied to data from 15 participants. Data were organised and managed using graphs and tables to categorise participants and their responses. Responses were coded numerically.

Step 1: Familiarisation with the Data

The researcher transcribed interviews with 15 participants and reviewed transcriptions multiple times, noting initial impressions and thoughts (see Appendix E).

Step 2: Generating Initial Codes

Codes were generated manually, without software such as NVivo, because of the smaller sample size and the qualitative nature of the data. Manual thematic analysis enables deeper engagement with the data (Nowell et al., 2017). The researcher began coding by identifying meaningful features in the text, using a targeted approach that focused on sentences and paragraphs, breaking them into

smaller segments, and tagging them with brief, descriptive codes (see Appendix E).

Step 3: Searching for Themes

Once the researcher generated initial codes, they identified potential themes, patterns of meaning important for answering the research question. The researcher organised codes into broader themes by looking for patterns and grouping related codes.

Table 4.1: Illustration of the Researcher's Categorised Data Based on Initial Reflections

Theme	Sub-theme	Participants response	Initial code
Conditions and experiences of a combat military environment	Emotional turbulence and memory recall in combat	"The noise and constant threat of attack were overwhelming. But what really stood out was the fear of losing my comrades in the heat of battle."	Combat experience
Importance of social support and networking	Peer Support vs Civilian Disconnects	"We tried to make contact regularly, but it wasn't always safe. Still, I did speak to civilians whenever I could because it kept me grounded."	Contact with local population
Importance of social support and networking	peer support vs civilian disconnects	"It was difficult. I had a few close friends on deployment, but being away from family for so long took its toll."	Social support
Improved effective combat training and preparedness	Emphasis on physical over psychological readiness	"The training was physically demanding, but mentally, it didn't prepare me for the emotional toll combat would take."	Pre-deployment training
Perception of leadership and mental wellbeing	Positive and negative leadership	"The leadership was strong at times, but there were moments when I felt decisions were made without considering how it would affect the soldiers' morale."	Leadership experience

Step 4: Reviewing the Themes

After identifying potential themes, the researcher reviewed them to ensure coherence and meaningfulness in relation to the data as a whole, verifying that they accurately reflected the data and captured distinct aspects.

Table 4.2: Summary of Themes and Sub-Themes

S/N	Theme	Sub-Theme
01	Conditions and experiences of a combat military environment	• Emotional turbulence and memory recall in combat • Moral injury and ethical conflict • Practice outcomes and operational pressure • Transformation and overall deployment experience
02	Importance of social support and networking	• Peer support vs civilian disconnects • Lack of family emotional resonance vs forms of distant emotional support • Dual impact of digital communication • Proactive emotional preparation • Sociocultural influences on psychological adjustment after deployment
03	Improved effective combat training and preparedness	• Training quality and relevance • Mental Health Training • Emphasis on physical and psychological readiness • Suggestions for improvements • Effectiveness of mental health support programmes
04	Perception of leadership and mental wellbeing	• Positive and negative leadership • Decision making support • Need for psychologically informed military leadership • Breakdown in leadership

Step 5: Defining and Naming Themes

After reviewing and refining the themes, the researcher clearly defined and labelled them, provided detailed definitions, and selected labels that captured their core essence. For example, "Lack of Social Support" was renamed "Importance of Social Support and Networking."

Step 6: Writing the Report

The researcher finalised and wrote a report explaining the findings. Each theme will be discussed in detail in Chapter 5, examining how the findings contribute to understanding the PWB of deployed soldiers and suggesting possible interventions or areas for further research.

4.15 Ethical Considerations

Ethical considerations are guidelines that researchers follow to ensure quality and protect participants from harm. Debriefing, informed consent, voluntary participation, anonymity, confidentiality, and the potential for harm are the main ethical principles applied in this research, emphasising beneficence (doing good) and non-maleficence (avoiding harm).

Key ethical principles require researchers to:

1. Obtain informed consent from potential participants
2. Minimise risk of harm
3. Protect participants' anonymity and confidentiality
4. Avoid deceptive practices
5. Give participants the right to withdraw

4.15.1 Informed Consent

Informed consent was obtained in accordance with SAMRC (2022) ethical procedures. Participants agreed to take part only after fully understanding the purpose of the study, procedures, risks, benefits, and their rights.

Before providing written consent, participants received a detailed face-to-face briefing explaining the aim of the study, which was to assess mental health and emotional coping strategies to enhance support services for SA soldiers. They were informed that interviews would last approximately 45 minutes and cover questions about combat deployment experiences (Appendix C). The briefing also gave participants the opportunity to ask questions and express concerns.

The consent form emphasised that participation was entirely voluntary and that participants could withdraw at any time without penalty. It clarified that there were no direct benefits, though findings could improve mental health support. Confidentiality was assured, with all identifying information anonymised. For participants who found the written form difficult to understand, the researcher offered a simpler explanation. Participants were reassured they could skip any questions that made them uncomfortable and were informed that counselling services were available if they experienced distress. After a verbal explanation, participants were given time to read

the consent document. Those who agreed signed the form, received a copy, and the originals were stored securely.

4.15.2 Confidentiality

Multiple measures were implemented to safeguard sensitive data. Before data collection, participants received an informed consent form explaining how their information would be used and protected (Smith et al., 2022). The researcher used codes to conceal participants' identities.

Only aggregated or anonymised data was included in the report, and no potentially identifiable information was disclosed (Brown & Patel, 2022). Each participant was assigned a unique identifier (e.g., Participant_01), and Personally Identifiable Information was stored separately to reduce identification risks (Jones & Lee, 2022).

Interview audio recordings were transferred to the researcher's password-protected computer and then deleted from the audio recorder. All research data was stored in encrypted files accessible only to authorised personnel, and paper based data was stored in locked cabinets (IDPA, 2022).

Transcripts and field notes were sent to the co-coder via password-protected email, and the co-coder signed a confidentiality agreement. Data was used solely for research purposes, with access restricted to the researcher, supervisors, and the co-coder. The study adhered to ethical standards for data retention, keeping data only as long as necessary before secure destruction (GDPR, 2022). In accordance with UNISA Institutional Guidelines, data will be retained for 3 to 5 years after the research is completed.

4.15.3 Ethics Approval

Permission was obtained from SANDF Defence Intelligence (Authorisation number: DI/DDS/R/202/3/7). As the sole division authorised to grant access to SANDF-related information, DI, together with the Officer Commanding of the 46 Infantry Brigade Unit, granted permission to conduct research (see Appendix A).

Ethical approval was also obtained from the College of Human Sciences, CREC, at the University of South Africa, following a review of the methodology, participant

consent process, and data-handling procedures. It was granted on 09 February 2025 and is valid until 08 February 2026.

All necessary precautions safeguarded participants' privacy and confidentiality. Participation was voluntary, and participants could withdraw at any time without penalty. The study complied with ethical guidelines to protect participants' rights and wellbeing.

4.16 Ethical Principles

1. **Dignity:** Derived from the 1978 Belmont Report's principle of Respect for Persons (human dignity). Demonstrated by safeguarding participants' autonomy and ensuring full disclosure of study-related factors, including potential harms.
2. **Beneficence:** Emphasises the moral importance of doing good and promoting what is best for participants. Upheld by ensuring participants were not harmed and by carefully assessing and mitigating risks of harm, distress, or discomfort, including emotional, psychological, and social impacts.
3. **Non-maleficence:** Requires actions to avoid or minimise harm to others. Participation in research should not cause harm. Upheld by handling sensitive topics with care and by providing adequate support and resources to participants who experience distress.
4. **Anonymity:** The researcher should not disclose participants' identities (names, addresses, email addresses). Research must not link individual responses to identities. This is ensured by allowing participants to participate freely without coercion, informing them of their right to withdraw, anonymising and de-identifying collected data, and informing participants about data storage and access.
5. **Informed Consent:** The process by which a person voluntarily agrees to participate after being provided with all relevant information about potential risks, benefits, and alternatives (Beauchamp & Childress, 2019). It involves clear communication to ensure individuals can understand the information (Beauchamp & Childress, 2019; O'Neill, 2003).

6. **Debriefing:** Formal, systematic questioning of research participants to evaluate conduct and outcomes (Koshes, 2018). It can reduce adverse effects of trauma (Koshes, 2018; Wright, 2019). Psychological debriefing is among the most common early interventions for military populations (Adler & Bartone, 2015). Although various types exist, they share essential elements (Raphael & Wilson, 2000). In line with ethical principles, the researcher included debriefing to minimise psychological impact. Participants who experienced trauma in response to research questions would be referred to unit psychologists and welfare officers, or to a Military Hospital for further assessment if traumatic triggers occurred.

4.17 Risk Mitigation

The study risked evoking disturbing memories. Before interviews began, the researcher informed participants that some questions would be personal and sensitive and might cause discomfort. Participants were told they could take breaks, decline to answer sensitive questions, or withdraw if they felt uncomfortable, tired, or bored. Any participants who experienced emotional or psychological distress were referred to a military psychologist registered with the Health Professions Council of South Africa (HPCSA) for debriefing and psychological support. The psychologist was part of the sickbay of the 46 SAI Brigade unit under the South African Military Health Services.

4.18 Limitations of the Study

4.18.1 Delimitations

Delimitations are boundaries or scope set by the researcher to focus the investigation (Jones & Taylor, 2022):

1. **Time frame:** Exclusively SA soldiers deployed to combat zones in the past three years, examining contemporary post-deployment experiences (Smith, 2023).
2. **Geographical scope:** Primarily confined to SA, examining PWB centred on trauma, depression, anxiety, and PTSD among SANDF members.
3. **Sample or population:** Conducted in SA, not thoroughly examining PWB of soldiers from other countries. Participant selection limited to male soldiers aged

18-55 (representing the majority of deployed SANDF members), and to specific ranks and units (Jones & Taylor, 2022).

4. **Variables or factors:** Included only soldiers who had completed at least one combat deployment; non-combat roles were excluded. The study focused on individual interviews rather than group discussions to achieve an in-depth, personal understanding (Brown, 2021).

4.18.2 Assumptions

Assumptions are elements accepted as true without direct evidence (Jones & Taylor, 2022):

1. Participants provided honest, reflective accounts of their PWB
2. Experiences of South African soldiers aged 18–45 were relatively similar in post-deployment psychological impacts
3. PWB was mainly influenced by deployment experiences, not significantly affected by external factors
4. Participants understood the purpose and importance of the study
5. Volunteers were willing to discuss sensitive mental health topics
6. Accounts reflected broader psychological challenges common among South African combat soldiers (Miller, 2020)

4.18.3 Limitations

A key limitation was the small, non-random sample drawn exclusively from the 46 SAI Brigade, which means the findings may not be generalisable to the broader SANDF population (Brown, 2021). Self-reported data introduced a risk of social desirability or recall bias (Smith, 2023). To address this, the researcher ensured anonymity and confidentiality, used validated questionnaires, and triangulated responses.

Participants were predominantly male soldiers, reflecting their prevalence in combat roles, which limits the applicability of the findings to female soldiers who may experience post-deployment psychological challenges differently (Jones & Taylor, 2022).

The study focused on soldiers who had completed external combat deployments, excluding those on internal deployments or in non-combat roles. The exclusive use of

semi-structured interviews further limited the data, as some participants found it difficult to articulate their feelings or recall traumatic events clearly (Miller, 2020).

Access to participants was limited because deployed personnel were unavailable, and others were hesitant because of mental health stigma within military culture. Miller (2020) suggests that this stigma can lead to underreporting of psychological distress. Some participants were reluctant to share vulnerable experiences, making it difficult to establish causality (Chetty, 2022).

4.19 Ensuring Rigor in Qualitative Research and Minimising Bias and Error

In qualitative research, rigor encompasses strategies that demonstrate quality, transparency, and trustworthiness. Unlike quantitative research, which evaluates quality through reliability and validity, qualitative research assesses rigor using criteria that acknowledge the subjective and contextual nature of human experiences (Creswell & Poth, 2022). Within an interpretivist paradigm, knowledge is viewed as constructed through participants' interpretations. This study applied Lincoln and Guba's trustworthiness framework: credibility, transferability, dependability, and confirmability, which is considered appropriate for exploring lived experiences through phenomenological design.

4.19.1 Credibility

Credibility is the extent to which qualitative research findings accurately represent participants' experiences and meanings (Creswell & Poth, 2022). Within an interpretivist paradigm, credibility entails demonstrating an authentic representation of participants' perspectives.

To enhance credibility, participants were purposefully selected for direct combat deployment experience. Semi-structured interviews allowed participants to describe their experiences in depth, with appropriate probing questions to facilitate exploration. All interviews were audio-recorded with permission and transcribed verbatim to preserve accuracy and richness.

Member checking was employed, giving participants the opportunity to review interpretations of their responses and to provide feedback on whether their experiences had been accurately represented. This strengthened credibility by

allowing participants to confirm, clarify, or elaborate on the researcher's interpretations. Through these strategies, themes developed during analysis remained closely connected to participants' lived experiences of PWB, coping, and adjustment following combat deployment.

4.19.2 Transferability

Transferability refers to the extent to which qualitative research findings may be relevant to other contexts or groups with similar characteristics. Unlike quantitative research, qualitative studies do not seek statistical generalisation; transferability is achieved by providing a detailed, comprehensive description of the research context, participants, and procedures, enabling readers to assess applicability to other settings (Creswell & Poth, 2022; Merriam & Tisdell, 2024).

Transferability was enhanced by providing detailed descriptions of the SANDF military context, participant characteristics, combat deployment experiences, and research procedures. Information on participants' military backgrounds, ranks, mustering, and deployment experiences was considered important because these contextual factors influenced PWB and coping experiences. This rich description enables readers to assess the relevance to other military populations or post-deployment environments with comparable characteristics (Merriam & Tisdell, 2024).

4.19.3 Dependability

Dependability concerns the consistency, stability, and transparency of the qualitative research process. Unlike quantitative reliability, which concerns the replication of measurements, qualitative dependability focuses on demonstrating that research procedures were logical, clearly documented, and consistently applied (Creswell & Poth, 2022).

To enhance dependability, the researcher maintained a systematic, transparent approach to data collection and analysis. The researcher used a semi-structured interview guide across all interviews to ensure consistency while allowing sufficient flexibility. The researcher kept detailed records of the research process, including interview and transcription procedures, coding decisions, and analytical steps.

An audit trail was maintained to document methodological decisions and changes throughout the research process, providing a transparent record of how data were collected, analysed, and interpreted (Creswell & Poth, 2022). These strategies strengthened dependability by demonstrating that findings were derived from a systematic, well-documented research process.

4.19.4 Confirmability

Confirmability concerns the extent to which qualitative research findings are grounded in participants' experiences and accounts rather than being primarily shaped by researcher assumptions, preferences, or biases (Merriam & Tisdell, 2024). Within an interpretivist paradigm, complete researcher neutrality is not considered possible; however, researchers must demonstrate transparency regarding their positionality, decision-making processes, and potential influences.

To enhance confirmability, the researcher practised reflexivity by critically examining personal assumptions, professional experiences, and potential biases that could influence data collection, analysis, and interpretation. This was particularly important given the researcher's familiarity with the military context and recruitment from the SANDF professional network.

A reflexive journal was maintained throughout the research process to document personal reflections, methodological decisions, and potential influences on interpretation. In addition, verbatim interview transcripts and thematic analysis supported confirmability by keeping interpretations closely aligned with participants' narratives. These strategies enhanced transparency and demonstrated that the findings were derived from participants' reported experiences rather than solely from the researcher's pre-existing perspectives.

4.19.5 Reflexivity

Reflexivity is a fundamental principle of qualitative research, requiring researchers to critically examine how their personal background, professional role, experiences, assumptions, and values may influence the research process and the interpretation of findings (Creswell & Poth, 2022; Tracy, 2024). Rather than assuming researcher neutrality, reflexivity promotes transparency by recognising that the researcher is integral to the research process.

In this study, the researcher recognised that membership of the SANDF and recruiting participants from a professional network within the 46 SAI Brigade could influence both data collection and interpretation. Existing professional relationships may have shaped participants' willingness to disclose sensitive experiences or affected the researcher's interpretation of their narratives. At the same time, familiarity with the military context facilitated rapport, promoted contextual understanding, and enabled meaningful engagement with participants' experiences.

To minimise the potential influence of personal assumptions and professional relationships, the researcher adopted a reflexive approach throughout the study. During data collection, participants were encouraged to describe their experiences openly, without leading questions, allowing their perspectives to guide the discussion. Throughout data analysis, the researcher continually reflected on personal assumptions and consciously distinguished participants' accounts from personal experiences and professional knowledge. Emerging themes were derived from interview data rather than from researcher expectations, and interpretations were continually compared with the original transcripts.

Maintaining a reflexive stance throughout the research process enhanced credibility, confirmability, and trustworthiness by making the researcher's influence on data generation and interpretation transparent (Creswell & Poth, 2022).

4.20 Conclusion

This chapter has outlined the systematic research methodology for examining the psychological wellbeing of SANDF members after deployment. By detailing the research design, data collection techniques, and analytical strategies, it provides a solid, structured foundation for empirical investigation, ensuring that findings are reliable and valid and directly address the core research questions. The following chapter presents and analyses the findings obtained using this methodological approach.

Chapter 5: Findings and Analysis

5.1 Introduction

Building on the detailed research methodology and design outlined in Chapter 4, this chapter examines how the collected data support or challenge existing literature, directly address the research questions, and lay the groundwork for future recommendations (Dissertation Development, 2023). The findings present key conclusions from a thorough data analysis and aim to answer the research questions with empirical evidence (Bingham, 2023). This chapter presents the results and findings and offers qualitative, evidence-based answers to the research questions by outlining the identified patterns, themes, and trends. The findings are organised as thematic narratives, supported by relevant participant quotes and enriched with contextual explanations. This approach enabled an exploration of the emotional, cognitive, and social experiences of South African soldiers reintegrating into civilian life after combat deployment.

5.2 Demographic Characteristics

The demographic profile of participants highlighted key contextual variables that influence psychological outcomes. Age, gender identity, rank, deployment setting, operational exposure, and length of service appear to shape perceptions of stress and resilience. Three younger soldiers (participants 1, 12, and 15) and twelve mid-career soldiers (participants 2, 3, 4, 5, 6, 7, 8, 9, 10, 13, and 14) showed greater vulnerability to mental health challenges. One older soldier (participant 11) and four higher-ranking soldiers (WO, Lt, Capt., and Major) reported more developed coping strategies.

The demographic data helped the researcher understand the sample's composition, enabling the identification of patterns, comparisons, and generalisations about a specific group or population. This information was essential for analysing how demographic factors might influence the study outcomes. This study involved in-depth interviews with 15 SANDF members from the 46 SAI Brigade unit who had experienced internal and external combat deployments in different conflict zones. All participants had been deployed to combat zones within the past five years and were selected using purposive sampling to ensure relevance to the research focus. The

demographic data collected provided crucial context for understanding participants' PWB after combat deployment, as elaborated below:

1. **Age**

   25 – 35 years (Younger-career soldier): 12% (2 participants)

   36 – 45 years (Mid-career soldier): 81% (12 participants)

   46 – 52 years (Old-career soldier): 7% (1 participant)

2. **Gender**

   Males: 80% (10 participants)

   Females: 20% (5 participants)

3. **Rank**

   Non-Commissioned Officers: 65% (12 participants)

   Officers: 35% (3 participants)

4. **Deployment location or setting**

   South Africa (Internal): Lesotho, Botswana border and KZN border: 40% (4 participants)

   SADC Countries (External): DRC, Mozambique, Sudan and CAR: 60% (11 participants)

5. **Combat Deployment Experience**

   Two deployments: 40% (6 participants)

   Three deployments: 60% (9 participants)

6. **Years of Service in the SANDF**

   3–10 years: 10% (2 participants)

   11– 20 years: 40% (6 participants)

   20+ years: 50% (7 participants)

5.2.1 Interpretation of Demographics

The demographic characteristics of the 15 SANDF members who participated in this study provide valuable context for understanding their PWB following combat deployment.

1. **Age** proved to be a significant factor in how participants processed and responded to their combat experiences. Participants' ages ranged from 27 to 52 years, indicating a wide spectrum of personal and professional maturity. This distribution reflects a mix of early career soldiers and those with extensive service backgrounds. Mid-career soldiers (participants 2, 3, 4, 5, 6, 7, 8, 9, 10, 13, and 14) and older-career soldiers (participant 11), especially those in their 40s and early 50s, tended to view their combat experiences from a longer-term perspective and with greater emotional regulation. In contrast, younger career soldiers (participants 1, 12, and 15) focused more on the immediate psychological effects of combat exposure and reintegration. Findings indicate that age can influence coping strategies and resilience, as older soldiers often demonstrate more adaptive coping skills due to accumulated life and military experience (Visagie et al., 2022).
2. **Gender:** There were 10 male and five female participants. This reflects the male dominated nature of combat units in the SANDF. While the SANDF remains male dominated, including female participants was essential, as gender can influence experiences of trauma and access to support systems. Ntuli (2023) highlights that female soldiers may encounter unique challenges, such as gender-based discrimination. The author also notes that including female participants provided valuable insights into both shared and specific challenges, including gender-based stressors and perceptions of support within predominantly male environments.
3. **Rank:** Participants held ranks ranging from NCO to officer levels. The rank distribution provided a nuanced understanding of participants' PWB across hierarchical positions. Rank can influence exposure to combat situations and subsequent psychological outcomes. Participants (1, 2, 3, 4, 5, 6, 7, 8, 11, 12, and 13) with NCO and junior ranks provided more detailed accounts of their direct exposure to combat trauma. In contrast, participants (9, 10, and 14), who were officers, focused more on their leadership duties and their impact on troops' morale and safety. These distinctions helped contextualise differences in how stress and resilience were experienced and expressed.
4. **Deployment Locations or Settings:** Most participants have been deployed to high-conflict zone countries such as the DRC, Sudan, CAR, and

Mozambique. These combat environments exposed participants to varying levels of violence, instability, and moral injury. However, participants maintained that the nature of these missions, ranging from peacekeeping to active combat, can significantly influence participants' psychological outcomes. Research has shown that the intensity and duration of deployment, as well as the political and social stability of the host country, can affect the mental health of deployed personnel (Visagie et al., 2022).

5. **Number of Deployments:** The number of combat deployments ranged from 1 to 3, with most participants having been deployed more than once. Repeated combat deployments not only significantly shape participants' perceptions of mental health and long-term resilience but also play a critical role in influencing participants' PWB. Research shows that each additional combat deployment increases emotional strain, creating a cumulative psychological burden that heightens vulnerability to long-term mental health challenges. Visagie et al. (2022) argue that repeated exposure to combat environments significantly alters soldiers' perceptions of mental health, often diminishing their resilience. Evidence clearly indicates that multiple deployments substantially raise the risk of psychological distress, including PTSD, making it essential for military leadership to reconsider deployment policies and provide stronger mental health support structures.
6. **Length of Service in the SANDF:** Participants had served in the SANDF for periods ranging from 6 to 35 years. Most had more than 15 years of military experience, providing insights into the long-term effects of combat service on their PWB. However, this varied demographic profile helped explain how age, rank, deployment history, and years of service intersect with soldiers' psychological experiences following combat deployment.

Table 5.1: Participants' information

Participants ID	AGE	GENDER	RANK	DEPLOYMENT LOCATION	NUMBER OF DEPLOYMENT	DEPLOYMENT ROLE
SA-WB-01	27	M	Pte	DRC Sudan	2	Combat Armour Operator
SA-WB-02	37	F	Rfl	DRC Sudan	2 (external) 2 (internal)	Infantry
SA-WB-03	42	M	Pte	DRC Lesotho	2	Infantry
SA-WB-04	39	M	Pte	DRC Pongola	1 (external) 2 (internal)	Combat Engineer
SA-WB-05	44	M	Pte	DRC KZN	3	Combat Artillery Gunner
SA-WB-06	37	M	Sgt	DRC	3	Infantry Platoon Sgt
SA-WB-07	44	F	Cpl	DRC EC unrest operation	3	Combat Signaller
SA-WB-08	38	M	Sgt	DRC Sudan	3	Infantry Platoon Sgt
SA-WB-09	42	M	Maj	DRC	3	Infantry Company Commander
SA-WB-10	36	M	Cpt	Mozambique CAR	2	Infantry Company Second in Command (2IC)
SA-WB-11	52	F	WO	Sudan	3	Company Warrant Officer
SA-WB-12	30	F	Cpl	DRC	2	Platoon Ops Medics
SA-WB-13	42	F	Lt	Mozambique CAR	2	Intelligence Officer
SA-WB-14	45	M	Pte	DRC	3	Special Forces Operator
SA-WB-15	35	M	Pte	DRC	2	Air Defence Artillery Operator

5.3 Overview of Themes

This section presents the key themes that emerged from the analysis of in-depth semi-structured interviews with participants who had returned from combat deployment. The study aimed to explore the PWB of South African soldiers after deployment, focusing on their lived experiences and coping mechanisms. These aims informed the four themes discussed below.

5.3.1 Theme 1: Conditions and Experiences of a Combat Military Environment

The theme "Conditions and Experiences of a Combat Military Environment" captures the complex psychological, emotional, and physical realities South African soldiers faced during and after high-risk military operations. These include environmental stressors in combat zones, characterised by prolonged exposure to violence, the threat of injury or death, separation from loved ones, moral injury, high-performance demands, complex post-deployment adjustments, and psychological challenges such as PTSD, anxiety, depression, and social withdrawal (Ngcobo & Mokwena, 2021).

This theme emerged from empirical observations and qualitative data gathered from participants who had returned from internal and external deployments. Consistent first-hand narratives and findings depicted soldiers' lived experiences, emphasising the substantial psychological toll they faced during and after exposure to combat environments. These accounts reflect not only external circumstances but also internal psychological responses shaped by these combat situations (Du Toit & Pienaar, 2020). Moreover, participants expressed a strong need for psychosocial support systems, particularly after combat deployment.

Cohen and Wills (1985) offer a crucial theoretical perspective for interpreting these experiences. This pertains to the Stress Buffering Model, which outlines two interrelated functions of social support: 1) a direct effect that enhances overall wellbeing and 2) a Stress Buffering effect that shields individuals from the harmful psychological impact of stressors (see Chapter 2). Based on data collected, the researcher observed that the availability of social support for deployed soldiers, whether through peer camaraderie, unit cohesion, or post-deployment counselling, can mitigate the psychological strain of combat and promote early recovery.

Sub-theme 1: Emotional Turbulence and Memory Recall in Combat

Participants described combat deployment as an emotionally overwhelming environment characterised by constant uncertainty, exposure to death and persistent danger. Nine participants reported intense emotional turbulence during and after deployment, describing anxiety, emotional numbness, fear and guilt. These emotional responses were not isolated reactions but rather fluctuating psychological distress that changed over time. Ten participants explained that, during traumatic incidents, they often felt emotionally detached or unable to react, only for the emotional impact to emerge much later, often after returning from deployment.

Participant 1 (Male, Private, Combat Armour Operator) explained:

"There were times I felt nothing, even when I saw a friend die right in front of me. And then later, it would all hit me at once like a flood."

This illustrates the complex and delayed nature of emotional processing after combat exposure. Rather than experiencing emotions immediately, participants described temporarily suppressing emotional responses to function within the operational environment. Once the immediate threat passed, these emotions resurfaced with considerable intensity, suggesting that the psychological effects of combat often persisted long after deployment ended.

Participants also described how traumatic combat experiences remained psychologically present through involuntary recall. Five participants reported recurrent nightmares, intrusive thoughts, and vivid sensory memories linked to traumatic incidents. These recollections were often triggered by sounds, smells, or visual images that reminded them of combat, indicating that the psychological impact of deployment extended beyond the battlefield into everyday life.

Participant 6 (Male, Sergeant, Infantry Platoon Sergeant) reflected:

"Even now, years later, I can still smell the burning vehicles... I hear the screaming at night in my dreams."

This narrative shows that traumatic memories remained deeply embedded in participants' lived experiences, with sensory memories contributing to persistent

psychological distress years after deployment. The findings suggest that combat exposure was not a discrete event confined to the deployment period but an ongoing psychological experience that continued to influence participants' PWB, daily functioning, and adjustment to post-deployment life.

Overall, the findings indicate that emotional turbulence and intrusive memory recall were central to participants' experiences of combat deployment. These accounts reveal the enduring psychological consequences of repeated exposure to life-threatening situations and underscore the importance of recognising the long-term emotional impact of combat on soldiers' PWB.

Sub-theme 2: Moral injury and ethical conflict

Beyond the physical dangers of combat deployment, participants described experiences that tested their personal moral values and beliefs. Two participants reflected on situations in which witnessing civilian suffering or carrying out military orders left a lasting sense of ethical conflict. These experiences extended beyond operational demands and continued to shape how participants understood themselves and their actions after returning from deployment.

Participant 1 (Male, Private, Combat Armour Operator) explained:

"It was eye-opening. Seeing the suffering of civilians, especially children, made the mission's purpose clear but also emotionally challenging."

This account illustrates the emotional complexity of peace-support operations, in which participants were required to reconcile their operational responsibilities with the human consequences of conflict. Although the participant recognised the mission's purpose, witnessing the suffering of vulnerable civilians appeared to create an enduring emotional burden.

Similarly, Participant 8 (Male, Sergeant, Infantry Platoon Sergeant) reflected:

"Combat actions often clash with internal moral codes. I did what I was ordered to do, but when I look back at the face, it's like I betrayed myself."

This narrative suggests that participants experienced combat not only as a series of operational tasks but also as situations requiring difficult moral judgements. The

participant's reflection demonstrates an ongoing internal struggle between professional obligations and personal values, indicating that some combat experiences continued to influence participants' PWB long after deployment had ended. Collectively, these accounts suggest that the psychological impact of combat was shaped not only by exposure to life-threatening situations but also by the meaning participants attached to morally challenging experiences.

Participants' descriptions indicate that their PWB was shaped by interactions among individual beliefs, relationships with others, the military environment and the broader humanitarian context of deployment. These interconnected influences reflect the multiple social and environmental contexts in which participants experienced and interpreted combat. These findings further suggest that the emotional consequences of moral conflict may intensify when opportunities to discuss, process or make sense of these experiences are limited. Participants' narratives therefore highlight the importance of supportive interpersonal and organisational environments in helping soldiers navigate ethically challenging experiences and their psychological consequences.

Sub-theme 3: Practical Outcomes and Operational Pressure

Participants described the military environment as characterised by continuous operational demands, strict discipline and high expectations, which required them to remain mission-focused despite significant emotional distress. They also explained that the nature of military service required them to suppress personal emotions to fulfil their operational responsibilities, often leaving little opportunity to acknowledge or process their psychological experiences during deployment.

Participant 6 (Male, Sergeant, Infantry Platoon Sergeant) reflected:

"It's heartbreaking. You see families caught in the crossfire, children with no homes. However, you can't show weakness. Even if you are falling apart inside, you keep going, because there's no space to stop."

This passage captures the emotional tension participants faced during deployment, as they navigated the gap between professional duty and personal feeling. Rather than voicing distress, they felt bound to suppress emotion in order to

operate effectively. The findings indicate that emotional restraint was perceived as intrinsic to the military role, even when it carried psychological costs.

Four participants also reported growing disillusionment when their combat experiences did not align with their earlier ideals of service. Although they had joined with intentions to protect and serve, deployment confronted them with realities that reshaped their sense of self and profession.

Participant 7 (Female, Corporal, Combat Signaller) explained:

"It had its high and low moments. The pride of serving and learning so much contrasts with the emotional and mental toll, especially when you are apart from your family for months. I signed up to protect people, not to feel like a killer. After deployment, I didn't recognise myself anymore because there were incidents where we exchanged fire with militia groups."

This narrative captures the tension between participants' personal values and the realities of combat operations. The participant's account suggests that deployment affected not only the PWB but also personal identity, as combat experiences challenged previously held beliefs about military service and self-perception. Similarly, Participant 10 (Male, Captain, Infantry Company Second-in-Command) described deployment as both professionally rewarding and personally transformative:

"It was intense. Professionally, it was rewarding but personally challenging. I came back with both growth and scars. My view on life and leadership changed. I developed more empathy, but I also started experiencing nightmares and mood swings after returning."

This demonstrates that participants' experiences were not solely characterised by psychological distress. While participants acknowledged developing professional skills, resilience, and leadership, these positive outcomes coexisted with enduring emotional and psychological challenges. The findings therefore suggest that the psychological consequences of combat deployment were complex, encompassing both personal growth and ongoing psychological strain. Participants also described the practical demands of deployment as contributing to their psychological burden.

Operational pressures, extended working hours, resource shortages, and the expectation to continue performing under difficult conditions were frequently identified as additional stressors that compounded the emotional impact of combat.

Participant 13 (Female, Lieutenant, Intelligence Officer) stated:

"We ran out of water during patrols, crying wasn't allowed or optional, so we just continued to push harder."

This illustrates how operational hardships extended beyond combat exposure. Participants described working in environments where physical exhaustion, limited resources, and the expectation to maintain operational effectiveness left little room to attend to their PWB. These conditions appeared to intensify fatigue, burnout, and psychological strain.

Overall, the findings suggest that the psychological impact of combat deployment was shaped not only by direct exposure to conflict but also by the cumulative demands of the military environment. Participants' narratives indicated that continuous operational pressure, emotional suppression, family separation, demanding leadership responsibilities, and challenging living conditions collectively affected their PWB and post-deployment adjustment.

Sub-theme 4: Transformation and Overall Deployment Experience

Participants shared reflections on their entire deployment cycle, including their combat training, and on how this experience influenced their mental health. Despite the immense challenges, Participant 4 reported transformative experiences that enhanced resilience, personal growth and a stronger sense of purpose.

Participant 4 *(Male, Pte, Combat Engineer)* noted:

“It gave purpose. When we cleared a road and reopened access for aid trucks or built a temporary bridge for a village, we saw hope in people’s faces. That made it worthwhile.

Participant 1 *(Male, Pte, Combat Armour Operator)* reported:

"It wasn't just the firefights; it was everything. The waiting, the marching, the silence after. It all builds up inside you".

Participant 1's narrative emphasises that psychological impact is cumulative and extends beyond specific combat incidents.

Additionally, participant 15 *(Male, Pte, Air Defence Operator)* reported, *"Professionally, I did my duty. Emotionally, I came back drained. It takes time to get back to feeling normal, if that's even possible".*

5.3.2 Theme 2: Importance of Social Support and Networking

The theme "Importance of Social Support and Networking" emerged as a crucial factor in how soldiers managed the emotional and psychological challenges of combat deployment and reintegration into civilian life. This theme concerns the role of participants' interpersonal bonds, whether peer, family, or digital networks, in strengthening psychological resilience and overall wellbeing during and after combat experiences. In this study, social support encompasses both formal and informal networks that provide emotional and psychological assistance before, during, and after combat exposure.

This theme emerged inductively from repeated references to relationships with peers, family, and broader social systems, revealing a complex network of support experiences. The theme captures both the presence and absence of meaningful social connections, as well as the quality and influence of those interactions on soldiers' mental health.

Social support and resilience are closely interconnected in military environments. For soldiers, combat experiences are often shaped by resource constraints, cultural expectations, social stigma, and the presence of a reliable support system.

Sub-theme 1: Peer Support vs Civilian Disconnects

Fourteen participants described relationships with fellow soldiers as one of the most important sources of emotional support during and after deployment. Participants consistently explained that shared combat experiences fostered a level of

understanding they believed family members or civilians who had not experienced military operations could not replicate. These relationships appeared to provide emotional reassurance, mutual trust and a sense of belonging, particularly when participants experienced psychological distress linked to combat exposure.

Participant 3 (Male, Private, Infantry) stated:

"*Only my army buddies really understood what I went through. My civilian friends and family tried to give me support, but they just don't get it*."

This suggests that participants valued support from individuals who had shared similar experiences, as they felt less compelled to explain or justify their emotional reactions. Participants frequently described these relationships as characterised by mutual understanding, shared experiences and acceptance, creating an environment in which they felt psychologically safe to discuss difficult experiences.

Similarly, Participant 12 (Female, Corporal, Platoon Operations Medic) explained:

"*My platoon brothers understood the nightmares and civilians didn't get it; they kept telling me just let it go*."

This narrative illustrates how participants perceived fellow soldiers as uniquely able to understand the lasting psychological effects of combat. In contrast, participants described interactions with civilians as well-intentioned yet often constrained by a lack of first-hand understanding, which sometimes led to feelings of isolation or emotional disconnection. Although peer support emerged as a dominant experience, one participant offered a contrasting perspective that highlights the diversity of experiences within the military environment.

Participant 8 (Male, Sergeant, Infantry Platoon Sergeant) explained:

"*For me, it was different. I had a few close peers for support in the unit, and I leaned on my family and the local civilian population. Emotionally, it was really tough. Some days, you felt like no one inside really understood what we were going through. When firefights happened or after long patrols, just sitting next to the civilian buddies really helped me; those small moments matter so much in a mission area*."

This indicates that emotional support was not experienced uniformly across participants. While most participants relied primarily on military peers, this participant drew strength from multiple sources, including family and members of the local civilian community. The findings therefore suggest that the value of social support was influenced by the quality and availability of interpersonal relationships rather than by a single source of support.

Overall, participants' accounts indicate that supportive interpersonal relationships were important in helping them cope with the psychological demands of combat deployment. However, the findings also reveal that individual support needs differed, with some participants benefiting from a broader network of relationships both within and outside the military environment.

Sub-theme 2: Lack of Family Emotional Resonance vs Forms of Distant Emotional Support

Eight soldiers (participants 6, 8, 9, 10, 11, and 14) described difficulties reconnecting emotionally with family members after returning from deployment. While they appreciated family's presence, many soldiers felt a deep emotional gap because their experiences were unrelatable.

Participant 6 *(Male, Sgt, Infantry Platoon Sgt)* reported*:*

"Not fully. They supported me in their own way, but the emotional disconnect was real. It's hard to explain trauma when someone hasn't lived it".

This often left returning soldiers feeling isolated within their own homes. Findings highlighted the emotional reintegration into the family unit, which was often more challenging than the physical return, especially without psychoeducational support. While some family members could not fully relate to combat experiences, participants recognised small gestures, such as daily texts and prayer messages, as meaningful forms of distant support.

Participant 4 *(Male, Pte, Combat engineer)* reported*:*

"Yes, my younger brother always checked in when I could text. Even just a message from my sister saying „we are thinking of you' helped more than she knows. It reminded me I wasn't forgotten".

Eight participants (1, 2, 3, 4, 5, 7, 12, and 15) reported that these small acts helped preserve emotional bonds and fostered psychological resilience, reinforcing the idea that emotional presence can transcend physical distance.

Sub-theme 3: Dual Impact of Digital Communication

Participants described digital communication platforms such as WhatsApp and video calls as important tools for maintaining contact with family members during deployment. Although these technologies enabled participants to stay connected with loved ones despite geographical separation, their accounts also revealed that digital communication posed emotional challenges. Rather than serving as an exclusively positive source of support, participants described these interactions as emotionally complex, providing comfort while intensifying feelings of longing, guilt and psychological conflict.

Participant 5 (Male, Private, Combat Artillery Gunner) explained:

"*Seeing my family on a video call made me feel connected, but also made me miss home more and feel guilty for not being there*."

This illustrates the dual emotional impact of maintaining contact with family during deployment. While communication provided reassurance and strengthened emotional bonds, it also heightened participants' awareness of their physical absence from home. Participants described experiencing conflicting emotions, as moments of connection were often accompanied by sadness, homesickness and guilt over being unable to fulfil family responsibilities.

Similarly, Participant 14 (Male, Private, Special Forces Operator) reflected:

"*It helped, but sometimes it made things worse. Seeing your kid's face when you have just come back from a firefight, it splits your brain. You are there but not really*."

This narrative illustrates the psychological tension participants experienced when moving between the realities of combat and family life. Participants described feeling emotionally connected to their families while remaining psychologically immersed in the operational environment. As a result, digital communication sometimes intensified

emotional strain by highlighting the contrast between deployment dangers and home safety.

Across participants' accounts, digital communication emerged as a paradoxical source of support. While maintaining contact with loved ones reduced feelings of isolation and reinforced important family relationships, it also reminded participants of what they were missing during deployment. The findings therefore suggest that the psychological impact of digital communication was shaped by participants' emotional state, operational circumstances and personal experiences at the time of contact. Rather than being uniformly beneficial or harmful, these technologies served as both a source of emotional comfort and a trigger for psychological distress.

Sub-theme 4: Proactive Emotional Preparation

Thirteen participants (Participants 1, 2, 4, 5, 6, 7, 9, 10, 11, 12, 13, 14 and 15) described pre-deployment preparation as heavily focused on operational readiness, with limited attention to the emotional and psychological challenges of deployment and post-deployment reintegration. While participants generally felt adequately prepared for the physical and tactical demands of combat, many believed they had not been equipped to manage the emotional consequences of deployment or the difficulties of reconnecting with family and civilian life upon their return.

Participant 3 (Male, Private, Infantry) explained:

"We trained for combat, but not for what happens when you come back, and no one understands you."

This suggests that participants viewed psychological preparation as extending beyond simply surviving combat. Participants described returning from deployment as a challenging adjustment, characterised by feelings of isolation and a perceived lack of understanding from those outside the military environment. Their narratives indicate that the transition back into everyday life posed psychological demands that pre-deployment preparation did not sufficiently address.

Similarly, Participant 4 (Male, Private, Combat Engineer) stated:

"We get briefed on weapons and tactics, but not on how to prepare for coming home to people who won't understand you."

This narrative reinforces the perception that pre-deployment training prioritised operational competence while giving comparatively less attention to the emotional and social aspects of deployment. Participants consistently expressed the need to prepare for and manage the psychological impact of separation, combat exposure, and post-deployment reintegration. Although most participants shared this view, one participant described a different experience.

Participant 8 (Male, Sergeant, Infantry Platoon Sergeant) reflected:

"Before we left, our unit had a weekend, just talking and sharing fears. It made me feel ready, not broken."

This contrast suggests that opportunities to discuss concerns and share experiences before deployment may help participants feel more psychologically prepared. The variation in participants' experiences indicates that emotional preparation was not implemented consistently across units, leading to differing perceptions of preparedness for the psychological challenges of deployment. Overall, the findings suggest that participants regarded psychological and emotional preparation as an important component of deployment readiness. While operational training was viewed as essential, many participants believed that greater attention to emotional resilience, coping with separation, and preparing for post-deployment adjustment would better support soldiers throughout the deployment cycle.

Sub-theme 5: Sociocultural Influences on Psychological Adjustment After Deployment

Participants demonstrated that PWB after deployment was shaped not only by individual coping abilities but also by the social and cultural environments surrounding them. They described adjustment after combat as a complex process shaped by family relationships, military culture, community perceptions, and how well others understood the realities of military service. The findings suggested that returning from deployment involved more than physical relocation; it required psychological and social reintegration into environments that often operated under different expectations and values.

Participants described experiencing a gap between their military experiences and the understanding available within civilian communities. Participants indicated that although family members and friends often attempted to provide support, the absence of shared experiences sometimes limited their ability to fully understand the emotional impact of combat exposure.

Participant 3 (Male, Private, Infantry) explained:

"*Only my army buddies really understood what I went through. My civilian friends and family tried to give me support, but they just don't get it*."

This illustrates how military culture fostered a distinct social identity rooted in shared experiences, hardship and collective responsibility. Participant 3's belief that civilian networks could not fully understand his experience suggests that post-deployment adjustment was shaped by the presence or absence of meaningful social connections. While civilian relationships remained important, participants often perceived military peers as offering deeper emotional validation because they shared similar operational experiences.

Participants also described how military culture shaped how they expressed and managed emotional difficulties. Nine participants reported that military norms emphasising strength, discipline and emotional control sometimes discouraged open discussions about psychological struggles.

Participant 6 (Male, Sergeant, Infantry Platoon Sergeant) stated:

"*You learn to be strong because that is what soldiers do. But sometimes being strong means keeping everything inside because you don't want people to think you can't handle it*."

This narrative suggests that military culture provided soldiers with resilience and identity, but could also pose challenges when emotional vulnerability was required. Participants' experiences indicate that the same cultural values that supported operational effectiveness could create barriers to seeking psychological assistance after deployment. Family and community responses also influenced participants' adjustment experiences. Some participants described receiving valuable support from

family members, while others found it difficult to explain their emotional changes after returning from deployment.

Participant 5 (Male, Private, Combat Artillery Gunner) reflected:

"*My family was happy to have me home, but they did not understand that I was not the same person who had left*."

This highlights the complexity of reintegration, where a physical return home did not necessarily align with psychological adjustment. Participants noted that family members often expected a return to normal routines, while soldiers were still processing combat experiences and adapting emotionally. However, participants recommended greater involvement of families and communities in supporting post-deployment adjustment, suggesting that psychological preparation should extend beyond the individual soldier to include those who support them after deployment.

Participant 12 (Female, Corporal, Medical Operations Medic) stated:

"*Families also need to understand what soldiers go through. Sometimes they think that because you are home, everything is fine. They do not see what is happening inside*."

This recommendation reflects participants' view that psychological wellbeing after deployment is shaped by the broader social environment. Their accounts suggest that improving soldiers' wellbeing requires attention not only to individual resilience but also to strengthening the systems surrounding soldiers, including families, military structures and communities.

Overall, the findings indicate that sociocultural adjustment is an important dimension of post-deployment and PWB. Participants' experiences reveal that recovery and adjustment occur within social contexts in which understanding, acceptance and communication shape how soldiers process combat experiences. These data suggest that strengthening social awareness and support networks may help soldiers navigate the transition between military and civilian environments.

5.3.3 Theme 3: Improved Effective Combat Training and Preparedness

“Improved effective combat training and preparedness” captures how physical and psychological readiness, built through realistic training, mental health support, and strong social networks, equips soldiers for the complexities of combat. The theme emerged after participants shared their combat experiences and how they managed the psychological demands of their deployment. It addresses the adequacy of pre-deployment military training, including mental readiness, tactical skills, stress management, and survival strategies, and how these factors influenced soldiers' mental resilience during and after deployment. In this study, this theme emerged as a factor, reflecting participants’ views on the adequacy, structure, and psychological benefits of their pre-deployment training.

Furthermore, this theme revealed gaps in current military preparation strategies, particularly regarding psychological resilience and mental health support. It was drawn from recurring narratives from participants who linked their post-combat psychological struggles to inadequate mental health training, highlighting areas for improvement.

Sub-theme 1: Training Quality and Relevance

Participants raised concerns about the gap between training simulations and real combat. Many noted that while tactical and physical training were solid, the psychological aspects were either lacking or absent. This sub-theme emphasises the need for training content that reflects the realities of combat, not just physically but also emotionally and psychologically.

Fourteen participants (1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13, 14 and 15) expressed concerns about the quality and relevance of training, particularly regarding real-life combat scenarios.

Additionally, participants consistently reported that the conventional training provided by combat training units did not sufficiently simulate the psychological, social and operational realities of combat deployment.

Participant 14 (*Male, Pte, Special Forces Operator*) reported:

"We ran obstacle courses, but had no stress injection until we hit real fire. The drills were good for structure, but nothing really prepared me for what I saw out there. The training felt outdated, like it was for a different kind of war".

This relevance strengthens support for the main effect, and when training resonates, mental resilience develops before stress occurs. Participant 8 (*Male, Sgt, Infantry Platoon Sgt*) disagreed with the statements made by the participants mentioned above, reporting that:

"*The physical training was excellent. The combat drills, endurance, and weapons handling were all covered in detail. Also, the pre-deployment training we undertook before deploying to DRC was sufficient to help us cope with emotional and psychological stressors*."

The statement above emphasises the quality and relevance of the training received, both in terms of physical readiness and psychological resilience. Additionally, participant 08's account demonstrates that comprehensive pre-deployment training directly supported operational preparedness and mental coping mechanisms.

Sub-theme 2: Mental Health Training

A recurring concern among fourteen participants was the perceived lack of comprehensive mental health preparation in their pre-deployment training. While participants generally acknowledged that their military training provided the skills required to perform operational duties, many felt insufficient attention was given to psychological preparation, emotional regulation, and strategies for managing stress associated with combat exposure.

Participants described a perceived imbalance between physical and psychological readiness, with considerable emphasis on survival skills, weapons training, and mission requirements, while emotional experiences associated with combat were rarely addressed. This left some participants uncertain about how to recognise, communicate, and manage psychological distress in themselves and others.

Participant 5 (Male, Private, Combat Artillery Gunner) explained:

"We were trained to survive physically, not mentally. There was no space to talk about trauma or fear; we had to deal with it on our own."

This highlights participants' perceptions that emotional responses to combat were insufficiently acknowledged during the preparation process. The participant's narrative suggests that psychological resilience was often expected to develop through personal experience rather than through structured preparation and support. The lack of opportunities to discuss fear, trauma and emotional reactions appeared to contribute to feelings of isolation when participants encountered psychological difficulties.

Similarly, Participant 15 (Male, Private, Air Defence Artillery Operator) stated:

"Not really. No one talks about what happens after your first fire contact or after witnessing a friend being injured. We are trained to fight, but not to feel. We never received any mental health support, not even a conversation. Only after I broke down did someone mention the psychologist on base."

This narrative highlights the difficulty some participants had in accessing psychological support before reaching a point of significant distress. The participant's experience suggests that mental health support was perceived as reactive rather than preventative, with assistance becoming available only after psychological difficulties had escalated. However, participants did not experience pre-deployment preparation uniformly. One participant described a more positive experience, with opportunities to discuss fears and emotional challenges before deployment.

Participant 3 (Male, Private, Infantry) reflected:

"My pre-deployment training for the DRC included stress inoculation and peer-led debriefs. Before deployment, we conducted a mock patrol in smoke and then sat in a circle, talking it through, which really helped."

This contrasting account suggests that when psychological preparation was integrated into training, participants felt more ready and supported. The participant's experience indicates that opportunities for reflection, discussion, and shared preparation may shape soldiers' perceptions of their ability to manage the

psychological demands of deployment. The differences between participants' accounts reveal variation in the availability and consistency of psychological preparation across deployment experiences. While most participants identified a gap in mental health training, structured opportunities for discussion and emotional preparation appeared to contribute positively to perceptions of readiness.

Overall, the findings indicate that participants regarded psychological preparation as important yet under-addressed in combat readiness. Preparing soldiers for deployment involves not only developing operational competence but also equipping them with the emotional awareness, coping skills, and support pathways needed to manage the psychological demands of combat exposure and post-deployment adjustment.

Sub-theme 3: Emphasis on Physical over Psychological Readiness

A common observation was the disproportionate focus on physical readiness, often at the expense of psychological preparedness. Soldiers felt they were trained for physical endurance and combat tactics, but were not equipped to cope with the psychological impact of witnessing death and severe casualties, or even with operating under moral ambiguity.

Participant 2 (*Female, Rfl, Infantry*) reported:

"We were running and shooting from morning to night, but no one talked about fear, trauma, or what to do when you lose a comrade."

Participant 08 (Male, Sgt, Infantry Platoon Sgt) expressed satisfaction with the physical and combat readiness aspects of their training but highlighted a lack of equivalent focus on psychological preparedness.

Participant 08 noted:

"The physical training was excellent. The combat drills, endurance, and weapons handling were all covered in detail. Also, the pre-training we did at Bloemfontein before deploying to DRC was sufficient to help us cope with emotional and psychological stressors."

This quote shows that, even when mental preparedness was not explicitly emphasised, soldiers often drew psychological strength from the discipline of physical training.

Sub-theme 4: Suggestions for Improvement

Participants identified the need for pre-deployment preparation to extend beyond physical and operational readiness. Ten participants recommended integrating psychological resilience training alongside conventional combat preparation to better equip soldiers for the emotional and mental demands of deployment. This suggested that while operational skills were essential for mission effectiveness, psychological preparation was perceived as equally important for managing combat exposure, emotional distress, and post-deployment adjustment.

Participant 12 (Female, Corporal, Medical Operations Medic) explained:

"If they could include counselling or sessions to help us prepare mentally, that would help. We're strong physically, but our minds are left behind."

This account reflects participants' perception that military preparation currently emphasises physical capability while insufficiently addressing psychological readiness. The participant's phrase "our minds get left behind" illustrates a perceived imbalance between physical training and emotional preparation. Participants suggested that psychological resilience should not be viewed as separate from military readiness but as an essential component of effective soldier preparation.

Participants further proposed that psychological preparation should focus on practical strategies rather than on general awareness alone. Participant 3 (Male, Private, Infantry) recommended:

"The integration of psychological training should include regular psychological assessments, scenario-based simulations involving moral dilemmas, and peer support training."

This response indicates that participants understood that psychological challenges during deployment are complex and require more than operational skills alone. The recommendation for scenario-based preparation suggests that participants believed soldiers would benefit from opportunities to anticipate and practise responses

to emotionally challenging situations before encountering them in real operational contexts.

Similarly, Participant 4 (Male, Private, Combat Engineer) stated:

"Operationally, it was solid. However, adding psychological resilience training, mindfulness and mental health check-ins before and after would improve performance and prevent burnout."

This narrative shows that participants did not view psychological training as replacing existing military preparation, but rather as an additional component that could strengthen overall readiness. The emphasis on preparation before and after deployment also indicates that participants viewed PWB as an ongoing process requiring support throughout the deployment cycle.

Overall, participants' recommendations indicate a broader understanding of soldier readiness, in which psychological preparedness is seen as inseparable from operational effectiveness. This suggests that effective preparation should include opportunities to develop emotional awareness, coping strategies, peer support skills, and mechanisms for identifying psychological difficulties before they become severe. These findings highlight participants' desire for a more comprehensive approach to deployment preparation that recognises the long-term psychological demands of military service.

Sub-theme 5: Effectiveness of Mental Health Support Programmes

Participants reported differences in their experiences and perceptions of available mental health support before, during and after deployment. While some acknowledged the availability of psychological services within the military environment, many perceived them as insufficiently integrated into the deployment process. Across participants’ narratives, a recurring pattern was that mental health support was often experienced as reactive rather than preventative, with assistance becoming accessible mainly after soldiers had already experienced significant psychological difficulties.

Participants reported limited exposure to structured psychological preparation before deployment. Although operational and physical training were considered

comprehensive, several participants noted that mental health discussions, emotional preparation and awareness of psychological reactions to combat were not consistently integrated into deployment preparation.

Participant 15 (Male, Private, Air Defence Artillery Operator) stated:

"*We are trained to fight, but not to feel. We never received any extensive mental health support, not even a conversation. Only after I broke down did someone mention the psychologist on base*."

This illustrates participants' perception that psychological services were not always embedded as a standard component of military readiness. The participant's experience suggests that seeking psychological assistance was associated with reaching a crisis point rather than being viewed as part of routine preparation and maintenance of soldier wellbeing.

Similarly, Participant 5 (Male, Private, Combat Artillery Gunner) explained:

"*We were trained to survive physically, not mentally. There was no space to talk about trauma or fear; we had to deal with it on our own*."

This narrative highlights a perceived gap between operational and psychological preparedness. Participants appeared to understand combat readiness as requiring both physical capability and emotional skills to manage fear, exposure to trauma and post-deployment adjustment. However, their experiences suggested that psychological preparation did not always receive equal attention within the training environment. Despite these challenges, some participants described positive experiences in which psychological support and peer-based discussions contributed to improved readiness. Participant 3 (Male, Private, Infantry) reported:

"*Before deployment, we conducted a mock patrol in smoke and then sat in a circle, just talking it through. It helped because you realised other people had the same fears*."

This contrast indicated that participants valued opportunities in which psychological preparation was integrated into military activities. The emphasis on shared discussions suggests that soldiers benefited from environments where emotional experiences could be acknowledged without being construed as weakness.

Participants also offered specific recommendations to improve mental health programmes and psychological services. A common suggestion was that mental health support should be a continuous process, delivered before, during and after deployment, rather than a service accessed only when problems become severe.

Participant 12 (Female, Corporal, Medical Operations Medic) stated:

"*If they could include counselling or sessions to help us prepare mentally, that would help. We're strong physically, but our minds are left behind*."

This statement reflects participants' view that psychological preparation should be recognised as an essential element of soldier development. The participant's distinction between physical strength and mental preparation suggests that soldiers did not reject the importance of resilience but instead advocated greater institutional support for developing it. Participants further recommended that psychological programmes should include practical skills, not only awareness-based interventions.

Participant 4 (Male, Private, Combat Engineer) explained:

"*Operationally, it was solid. However, adding psychological resilience training, mindfulness and mental health check-ins before and after would improve performance and prevent burnout*."

This recommendation indicates that participants considered mental health support most valuable when it was proactive, practical and connected to the realities of military life. Their suggestions went beyond individual counselling and included broader organisational strategies, such as routine mental health check-ins, psychological education and normalising the use of support services.

Overall, participants' experiences suggest that mental health support was perceived as an important yet inconsistently integrated component of deployment preparation and recovery. The findings indicate that soldiers viewed effective psychological support as requiring a shift from a reactive approach, in which assistance is provided after distress occurs, to a preventative, continuous model that prepares, supports, and monitors soldiers throughout the deployment cycle. Participants' recommendations demonstrate that improving mental health

programmes requires attention not only to available services but also to accessibility, normalisation and integration within military training structures.

An additional issue emerging from participants' accounts was the influence of perceived stigma surrounding psychological support in the military environment. Participants indicated that military values emphasising toughness, resilience and emotional control could discourage open discussion of psychological difficulties. Some soldiers perceived seeking psychological assistance as a potential indication of weakness, which affected their willingness to disclose distress or access support.

Participant 15 (Male, Private, Air Defence Artillery Operator) explained:

"*We are trained to be strong and carry on. Sometimes you don't want to admit you are struggling because people might think you cannot handle the job*."

Similarly, Participant 6 (Male, Sergeant, Infantry Platoon Sergeant) stated:

"*In the army, you learn not to show weakness. You see and experience things, but you keep quiet because everyone expects you to be a soldier*."

These findings suggest that stigma was shaped by concerns about maintaining a competent military identity and meeting expectations of emotional strength. However, participants also recognised the need to change attitudes towards mental health support.

Participant 5 (Male, Private, Combat Artillery Gunner) suggested:

"*Mental health conversations should become normal. Seeing someone should not mean there is something wrong with you. It should be like maintaining your physical fitness*."

This reflects participants' view that psychological support should be normalised as part of routine soldier preparation, rather than accessed only during periods of crisis. The findings suggest that improving mental health programmes requires addressing not only service availability but also the cultural perceptions that shape help seeking behaviour. Creating an environment in which psychological support is seen as part of

professional readiness may encourage earlier intervention and enhance soldiers' PWB.

5.3.4 Theme 4: Perceptions of Leadership and Mental Wellbeing

In this study, perceptions of leadership and mental wellbeing emerged as factors affecting soldiers' immediate and long-term psychological health. Participants consistently reported that military leadership during deployment significantly influenced their morale, stress levels, and ability to manage the psychological challenges of combat. Leadership was discussed not only in relation to operational performance but also in terms of its impact on emotional resilience, group cohesion, and post-deployment adjustment.

During data collection, participants' narratives revealed a strong connection between behaviour, leadership quality, and their emotional resilience or vulnerability in combat settings. In a military context, leadership serves as a crucial source of both emotional and practical support. When effective, it enhances confidence, cohesion, and psychological endurance. When lacking, it can lead to distress and demoralisation. This theme helps deepen understanding of how the command environment influences the psychological outcomes of SANDF soldiers deployed to volatile combat zones such as the DRC.

Sub-theme 1: Positive and Negative Leadership

Participants offered contrasting perspectives on their leaders, with some describing their commanders as supportive, communicative, and morale-boosting, while others felt neglected or undermined.

Participant 02 (*Female, Rfl, Infantry*) reported*:*

"Our commanding officer was fair and experienced. He made a real effort to talk to us and check in regularly. Our officers always made sure we were okay, even emotionally. "It made the mission bearable."

Participant 04 (*Male, Pte, Combat engineer*) reported*:*

"Our company commander was very positive towards us." Our platoon leader was fair, gave clear orders, and genuinely cared. However, other junior officers in the

company simply barked orders. They blamed us when things went wrong and offered no support.

This sub-theme indicates that positive leadership, as described by Participant 04, can foster trust and cohesion, which are vital protective factors in high-stress combat environments.

In contrast, Participant 11 (*Female, WO, Company warrant officer*) shared:

"There were no briefings or feedback, just shouting and blame. That kind of leadership broke us more than the fighting did."

This illustrates how leadership can either strengthen mental resilience or exacerbate psychological strain, aligning with Cohen and Wills' (1985) view that the presence or absence of supportive figures during stressful events significantly influences mental health outcomes. Conversely, participant 10 (*Male, Cpt, Company second in command*) recounted negative leadership experiences characterised by poor communication, a lack of emotional intelligence, and a sole focus on task completion.

Participant 10 reported:

"Our CO was experienced and supportive; he always made time for junior leaders. However, the company commander was more rigid and adapted poorly to the local situation. This created tension, especially when decisions had to be made quickly."

Sub-theme 2: Decision-Making Support

Participants reported that leadership practices shaped how safe, valued and psychologically supported they felt during deployment. While most described positive leadership experiences characterised by clear communication, transparency and accessibility, some reported being excluded from operational decision-making despite possessing important contextual knowledge gained from their direct experience on the ground. Participants 14 and 15 described situations in which senior leadership did not adequately consider their operational input.

Participant 14 (Male, Private, Special Forces Operator) explained:

"*We had autonomy in the field. But when intelligence from HQ was delayed, we once missed an opportunity to intercept a weapons convoy. That is the consequence*

of poor communication. Time-sensitive missions require quick decision-making. During my deployment, our senior commanders rarely valued our input, even when we had better knowledge of the terrain."

This highlights the tension between formal command structures and the need for operational flexibility. The participant's experience suggests that when decision-making processes were perceived as disconnected from operational realities, soldiers felt frustrated and less confident in leadership decisions. The concern was not simply about authority, but about feeling that their professional knowledge and situational awareness were recognised and valued.

Similarly, Participant 15 (Male, Private, Air Defence Operator) stated:

"I *remember one instance when we requested a delay to a patrol due to fatigue and intelligence of possible movement in the area. It was denied. We went anyway and came under fire. Some flexibility and listening to boots on the ground would have helped. Remember, we know the area and terrain better, but leaders don't always listen to us. It sometimes felt like we were just bodies, not professionals*."

This narrative demonstrates how perceived exclusion from decision-making affected participants beyond operational concerns. The participant associated being listened to with being respected as a professional soldier. When their experiences and knowledge were not acknowledged, this appeared to contribute to feelings of frustration, vulnerability and reduced psychological confidence. However, most participants (Participants 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 and 13) described leadership experiences that enhanced their sense of security and trust. These participants valued leaders who communicated operational plans clearly, explained decisions and remained accessible during challenging situations.

Participant 7 (Female, Corporal, Combat Signaller) reflected:

"*We felt safer once we understood the plan. Even if it was dangerous, knowing what was going on helped us stay calm*."

This suggests that psychological safety was influenced not only by decision outcomes but also by how decisions were communicated. Participants appeared to

feel more confident when they understood the rationale for operational actions, even in difficult or dangerous circumstances. Clear communication fostered predictability and reduced uncertainty in a risk-laden environment.

Overall, the findings indicate that leadership shaped soldiers' psychological experiences through both interpersonal and organisational processes. Participants suggested that effective leadership went beyond issuing instructions; it required communication, recognition of soldiers' expertise, openness to operational feedback, and creating an environment in which personnel felt valued. Conversely, when participants perceived that their knowledge was ignored or their concerns dismissed, this appeared to contribute to frustration, reduced trust, and psychological strain.

Sub-theme 3: Need for Psychologically Informed Military Leadership

Participants provided practical recommendations to strengthen leadership's role in supporting soldiers' PWB. Rather than focusing solely on shortcomings in leadership practices, participants identified ways to better equip military leaders to recognise and respond to the emotional and psychological needs of military members. These recommendations centred on developing leadership capabilities beyond operational competence, with an emphasis on emotional intelligence, mental health awareness, communication skills and the ability to identify signs of distress among subordinates.

Participant 4 (Male, Private, Combat Engineer) stated:

"*Officers need more than tactical skills. They should be trained to lead people mentally and emotionally*."

This reflects participants' perceptions that effective military leadership entails more than achieving operational objectives. The participant's emphasis on "leading people" suggests that soldiers viewed leadership as a relational process requiring awareness of the human experiences underpinning military performance. Participants appeared to recognise that leaders play a key role in shaping how soldiers experience stress, seek assistance and cope with difficult operational circumstances.

Similarly, Participant 5 (Male, Private, Combat Artillery Gunner) explained:

"*They need to train officers to lead people, not just missions. A good leader must know how to read the room, when to push, and when to check in. I would also encourage mental health discussions and normalise seeking counselling*."

This narrative highlights participants' desire for leadership that is responsive to shifting emotional and psychological circumstances. The participant's reference to knowing "when to push, and when to check in" suggests that soldiers valued leaders who could balance operational demands with awareness of individual wellbeing. Furthermore, the recommendation to normalise counselling indicates that participants perceived leadership as playing a role in shaping attitudes towards mental health support within the military environment.

The findings suggest that participants did not view PWB as solely an individual responsibility but as influenced by the broader military leadership environment. Their recommendations indicate that leadership development should include the interpersonal skills needed to create supportive environments in which soldiers feel recognised, understood and able to access assistance when experiencing psychological difficulties.

Overall, participants' accounts indicate an expectation that military leaders should serve not only as commanders responsible for mission outcomes but also as key sources of psychological support. The emerging pattern suggests that, from participants' perspective, leadership effectiveness involves integrating operational competence with emotional awareness, communication and the ability to respond appropriately to soldiers' psychological needs.

Sub-theme 4: Breakdown in Leadership

Some participants described total leadership failures in combat operations, resulting in feelings of abandonment and disillusionment.

Participant 02 (*Female, Rfl, Infantry*) reported*:*

"Yes, there was a time when we didn't receive clear orders during a village clearance. Half of us went in, the other half stayed back. It caused confusion and

almost led to friendly fire. After that, many of us felt shaken, as if we couldn't trust the system."

Additionally, participant 3 (*Male, Pte, Infantry*) reported*:*

"Yes, during one patrol, we experienced a communication breakdown, and our platoon sergeant misread the situation. We were nearly ambushed because our backup was positioned incorrectly. We later learned that HQ orders had been miscommunicated. That situation shocked many of us; we were fortunate to get out without any casualties."

Although many participants described positive experiences of leadership support, some accounts revealed instances in which leadership practices were perceived as inadequate during critical operational moments. These experiences were associated with feelings of frustration, disappointment, and reduced trust in the military leadership system. Participants' narratives suggested that leadership breakdown was not only an operational challenge but also an emotional and psychological experience that shaped soldiers' understanding of their role, their safety, and their relationship with the organisation.

Participants who experienced leadership failures described situations in which their concerns were not adequately considered, communication was limited, or decisions appeared disconnected from operational realities. These experiences left them feeling that their knowledge, safety, and psychological wellbeing were not sufficiently valued. The emotional impact extended beyond the immediate operational context, with some participants describing disillusionment and difficulty reconciling their expectations of military support with their lived experiences.

The findings indicate that leadership is an important source of psychological stability within the military environment. When participants perceived leaders as present, responsive, and supportive, leadership fostered confidence and security. However, when leadership was perceived as absent, dismissive, or ineffective, participants reported heightened vulnerability and frustration. This contrast suggests that leadership practices influence not only operational effectiveness but also soldiers' psychological interpretation of stressful experiences.

Overall, the findings demonstrate that leadership served as both an operational and a psychological resource. Effective leadership was associated with trust, confidence, and emotional security, whereas perceived leadership failures contributed to feelings of abandonment, frustration, and reduced organisational connection. These findings highlight the importance of examining leadership not only in terms of command effectiveness but also in relation to its influence on soldiers' psychological wellbeing and post-deployment adjustment.

5.4 Conclusion

The combat environment provided a crucial perspective on the psychological aftermath experienced by SANDF soldiers. Each identified sub-theme illuminated a distinct aspect of this environment, collectively revealing deep and often unresolved emotional and moral challenges. These insights are vital for developing mental health support and military training that genuinely respond to the specific demands of such deployments. Moreover, this overarching theme offered a detailed understanding of how military life shapes emotional reactions, moral judgements, memory, and coping mechanisms. The findings highlight the importance of creating targeted interventions and policies that directly address the unique psychological profile of combat veterans.

Social support and networking emerged as crucial to soldiers' psychological adjustment. While professional interventions are essential, informal relational dynamics within soldiers' support systems proved equally influential. The findings clearly show that social isolation and emotional disconnection can exacerbate combat-related stress, whereas strong peer and family networks offer significant protection against psychological decline. The sub-themes do not operate in isolation but as interconnected dynamics that collectively shape how soldiers internalise, process, and recover from trauma. As a result, this theme challenges simplistic models of post-deployment support and advocates a more culturally sensitive, relational approach to wellbeing.

The theme of effective combat training and preparedness was equally crucial to understanding PWB. The study highlights how insufficient psychological preparation can leave soldiers vulnerable to long-term mental health issues. Incorporating mental health training and psychological resilience measures into the core military training

framework is therefore necessary and urgent to fully equip soldiers for the realities of modern warfare. These sub-themes reveal a systemic failure to adequately address psychological factors in training, despite their proven impact on post-deployment mental health.

Finally, perceptions of leadership and mental wellbeing highlight the crucial role that command figures play in shaping soldiers' psychological experiences. Leadership serves as a lifeline, providing both emotional and practical support, aligning with the stress buffering model. The research shows that effective leadership is linked to greater resilience, clarity, and morale, whereas poor leadership is directly associated with higher stress, emotional exhaustion, and feelings of abandonment. These findings emphasise the critical importance of integrating mental health awareness and interpersonal skills into military leadership. The next chapter presents a thorough discussion of these findings, recommendations based on the study, its limitations, and a final synthesis.

Chapter 6: Discussion of the Findings, Recommendations, Limitations and Conclusion

6.1 Introduction

Building on the insights from Chapter 5, this chapter provides a comprehensive analysis of the study's results and explores their theoretical and applied significance. It critically assesses the research methodology, acknowledges its inherent limitations, and proposes future research directions and practical interventions. The chapter begins by interpreting the findings in the context of existing military mental health literature, focusing on the psychological pressures and difficulties encountered by soldiers of the 46 SAI Brigade during and after deployment. It examines the coping strategies they employ and the critical function of social support networks in mitigating combat-related psychological distress. This discussion directly addresses the study's primary goals: to explore the mental health experiences of deployed South African soldiers and to evaluate the psychological, sociocultural, and support-related factors influencing their reintegration.

Beyond interpretation, the chapter considers the real world and academic relevance of the results, offering practical guidance for military commanders, mental health clinicians, and policy developers within the SANDF. It also critically reflects on the study's methodological choices and contextual constraints. The chapter concludes by suggesting avenues for future research and recommending enhancements to current mental health care strategies, advocating for a comprehensive, holistic approach to supporting SANDF personnel. Through this integrated discussion, the study enriches the understanding of the complex psychological realities facing South African soldiers in combat, underscoring the need for culturally sensitive, evidence-based support frameworks within the distinctive context of the South African military.

6.2 Interpretation of Findings

The interpretation of findings was guided by thematic analysis, which led to the development of four central themes:

1. Theme 1: Conditions and Experiences of a Combat Military Environment
2. Theme 2: Importance of Social Support and Networking

3. Theme 3: Improved Effective Combat Training and Preparedness
4. Theme 4: Perceptions of Leadership and Mental Wellbeing

Each theme illuminates how combat exposure impacts the psychological wellbeing (PWB) of South African soldiers post-deployment, highlighting the intricate relationship between operational stressors, organisational factors, and individual resilience. The study identified and discussed related subthemes in connection with participants' lived experiences. By embedding these findings within the existing military psychology literature, the study reveals that while combat is a universal stressor, a soldier's PWB is significantly shaped by their perceived level of preparation, the robustness of their support systems, and the quality of their leadership. This reinforces the growing understanding that mental health outcomes are not determined solely by trauma but are critically mediated by organisational and social factors (Van Breda, 2022). Applying this framework to the SANDF offers a crucial, and largely absent, perspective on PWB within an African military context.

6.2.1 Theme 1: Conditions and Experiences of a Combat Military Environment

The findings reveal that combat deployment exposes SANDF personnel to a spectrum of interconnected and intense stressors that can profoundly affect their PWB. Service members described enduring hazardous conditions over extended periods, confronting mortality, navigating ethical dilemmas, suppressing emotions, managing high-pressure operational demands, suffering separation from loved ones, and struggling to reintegrate into civilian life. These accounts suggest that PWB in combat is influenced less by a single traumatic event than by the cumulative weight of professional, emotional, social, and institutional pressures. This aligns with research identifying combat deployment as a major occupational risk factor for mental health issues like PTSD, anxiety, depression, and impaired social and occupational functioning (Ngcobo & Mokwena, 2021; WHO, 2022).

The results support Lazarus and Folkman's (1984) Transactional Model of Stress and Coping, which posits that psychological outcomes depend on an individual's perception of stressors and available coping resources. Participants frequently described situations that exceeded their emotional and psychological limits, particularly during prolonged combat and sustained operations. While emotional

suppression was a functional tool for maintaining mission focus during deployment, it often led to delayed emotional processing and post-deployment distress. This aligns with observations that emotion-focused coping can be counterproductive when trauma remains unaddressed (Van Dyk, 2020; Cooper et al., 2020).

The findings also support Heinecken's (2020) argument that military service is a unique occupational environment characterised by violence, uncertainty, and organisational demands, setting it apart from most civilian professions. Participants described deployment as a state of continuous vigilance, emotional restraint, and mission readiness, even while experiencing fear, grief, and exhaustion. This supports the view that military culture often prioritises operational effectiveness and resilience over the open expression of emotional vulnerability (Bester, 2022).

Bronfenbrenner's Ecological Systems Theory offers a valuable framework for understanding the broader contextual influences on participants' experiences. At the microsystem level, relationships with fellow soldiers, commanders, and family significantly shaped PWB. Strong unit cohesion was a key protective factor that promoted resilience, whereas prolonged family separation weakened emotional support. This aligns with research showing that supportive military relationships enhance resilience, while disrupted family ties increase vulnerability to distress (Renshaw & Taft, 2021). At the mesosystem level, participants struggled to reconcile their deployment experiences with family and civilian life after their return, leading to emotional isolation and strained relationships. These findings are echoed in other South African military studies (Jacobs & Sibiya, 2023; Mkhize & Dlamini, 2022).

The exosystem was reflected in organisational structures and leadership expectations that prioritised emotional control and mission readiness, often leaving little room for processing trauma during deployment. The findings suggest that inadequate or inaccessible psychological support leads to delayed help seeking, increasing the risk of chronic psychological issues (Zungu & Vissagie, 2020; Grant & Booth, 2020). At the macrosystem level, broader military cultural values (discipline, courage, emotional toughness) reinforced stigma around psychological distress and help seeking, compelling soldiers to suppress emotions to avoid appearing weak. This

aligns with research on how military culture creates barriers to acknowledging trauma (Williamson et al., 2022; Keyes, 2022).

The findings on emotional turbulence and memory recall demonstrate the enduring psychological impact of combat. Participants described delayed emotional responses like fear, anxiety, numbness, and intrusive memories that emerged post-deployment, which supports the transactional model's proposition that coping strategies can postpone emotional processing. The persistence of intrusive memories highlights the long-term effects of unresolved trauma, consistent with the WHO's (2022) recognition of PTSD as a major disability contributor in conflict-exposed populations. A significant finding was the experience of moral injury, where guilt, shame, and self-condemnation arose from actions conflicting with personal values, causing lasting distress and underscoring that PWB is shaped not just by trauma exposure but also by ethical conflict and identity disruption (Williamson et al., 2022).

Participants also described intense operational pressure and the need to suppress distress to maintain effectiveness. While aligning with the military's equation of resilience with emotional control (Heinecken, 2020), participants also reported positive outcomes such as increased leadership ability, empathy, and resilience, aligning with post-traumatic growth concepts (Morell et al., 2022). Crucially, participants' experiences encompassed both suffering and personal transformation, where emotional exhaustion and adjustment difficulties coexisted with resilience and an enhanced sense of purpose.

6.2.2 Theme 2: Importance of Social Support and Networking

The results underscore the essential role of social support in shaping the PWB of SANDF members post-deployment. Fellow soldiers, family, and broader social networks were consistently cited as vital sources of emotional, psychological, and practical support. However, the efficacy of these networks depended on the depth of relationships, a mutual understanding of combat experiences, and the sensitivity of support services. These findings support the view that social support is a powerful safeguard against combat-related strain, fostering resilience and effective reintegration (Ngcobo & Mokwena, 2021).

Applying Bronfenbrenner's theory, relationships at the microsystem level with fellow soldiers were particularly important because shared combat experiences fostered trust and psychological safety, consistent with research on unit cohesion and peer support (Renshaw & Taft, 2021; Heinecken, 2020). The mesosystem is highlighted by the interaction between military and family environments; while families offered support, emotional disconnection often occurred when relatives couldn't understand the realities of combat, emphasising the need for family preparation (Mkhize & Dlamini, 2022).

Digital communication, while alleviating isolation, could also intensify emotions like longing and friction, showing that the benefits of connection are context dependent, an observation fitting Bronfenbrenner's framework. The role of institutional support (exosystem) was also evident, with participants feeling that pre-deployment training focused too heavily on mission readiness and neglected mental preparation, supporting the call for organisational policies that build resilience across the deployment cycle (Van Dyk, 2020). At the macrosystem level, military culture was a dual edged force, encouraging strength while discouraging emotional openness and help seeking, echoing research on stigma (Williamson et al., 2022; Bester, 2022). Overall, the results indicate that post-deployment PWB results from a complex interplay of personal, familial, institutional, and societal supports, reaffirming that coordinated support across ecological levels enhances adaptation and resilience.

6.2.3 Theme 3: Improved Effective Combat Training and Preparedness

The findings indicate that effective combat training and preparedness are critical for the PWB of SANDF members. While participants generally felt operationally and tactically prepared, many identified a significant gap in psychological preparation for the emotional realities of combat. The findings suggest that preparedness must extend beyond physical readiness to include psychological resilience, emotional regulation, trauma awareness, and post-deployment reintegration planning. This supports the argument that soldiers need resources to manage prolonged operational stress and trauma (Heinecken, 2020; WHO, 2022).

The results align with Lazarus and Folkman's (1984) theory: realistic combat training boosted confidence, but insufficient emotional preparation hindered the ability to handle post-deployment trauma. This suggests that psychological readiness enhances adaptive coping and supports long-term PWB (Cooper et al., 2020). Using Bronfenbrenner's framework, the microsystem (direct training experiences) shaped participants' confidence, while the exosystem (organisational decisions on training and support) influenced their readiness. Inconsistencies in access to psychologically informed training point to a need for greater organisational standardisation, as organisational investment in mental health training is essential for both operational effectiveness and PWB (Zungu & Vissagie, 2020).

The findings further suggest that psychologically integrated training should include developing emotional resilience, ethical decision-making, stress management, and trauma awareness before deployment. Such preparation may help soldiers manage the psychological demands of combat and support healthier post-deployment adjustment, reducing distress and strengthening resilience (Williamson et al., 2022).

6.2.4 Theme 4: Perception of Leadership and Mental Wellbeing

The results highlight leadership as a crucial factor in SANDF personnel's PWB. Leadership roles extend beyond tactical command to include emotional encouragement, transparent communication, building trust, and the creation of psychologically safe environments. Supportive leaders enhanced morale and resilience, while ineffective leadership was linked to frustration and diminished trust. This affirms that leadership is both an operational and a psychosocial resource, acting as a buffer against combat-related distress (Heinecken, 2020; Ngcobo & Mokwena, 2021).

Using Bronfenbrenner's theory, daily interactions with commanders at the microsystem level directly affected emotional states. Empathetic leaders fostered trust, while aloof, autocratic leadership eroded wellbeing, consistent with research on positive interpersonal connections within units (Renshaw & Taft, 2021). The mesosystem is reflected in participants' emphasis on leaders' decision-making and

communication; transparency and recognition of practical knowledge built confidence, while exclusion and poor communication led to frustration and distrust.

An important finding was the recommendation that leaders receive more training in PWB, emotional intelligence, and mental health awareness. Emotionally competent leaders were seen as better at recognising distress and encouraging help seeking, reflecting the exosystem's influence (organisational policies and leadership programs). Leadership breakdowns through poor communication, inconsistent guidance, or lack of responsiveness increased uncertainty and strain, reducing trust. These findings support the idea that poor leadership and limited psychological support can exacerbate distress and discourage help seeking (Williamson et al., 2022).

6.3 Theoretical Implications

This study contributes to the underexplored field of combat trauma and resilience among African military personnel. Most established theories, like the stress-injury model and resilience theory, originate from Western settings. By testing and challenging these models within the South African context, the study highlights the cultural specificity of coping strategies, such as dependence on spirituality, community ties, and collective identity. These insights have important theoretical implications for understanding the PWB of African soldiers post-combat.

The findings support and extend Bronfenbrenner’s Ecological Systems Theory, showing that wellbeing is shaped by multiple interacting systems (family, peers, institutions). The interplay between personal coping and institutional support highlights the importance of multi-layered interventions in future theoretical models (Heinecken, 2020). The study also contributes to post-traumatic growth theory by demonstrating how soldiers may experience personal development following trauma, but this growth depended on supportive environments, indicating limitations of the current theory in contexts with limited institutional support. The findings suggest that interventions to enhance soldiers' mental health must be multifaceted, addressing environmental, relational, and institutional domains simultaneously.

6.3.1 Combat Experiences and the Transactional Model of Stress

The intense and unpredictable nature of combat, as described by participants, aligns with Lazarus and Folkman’s (1984) Transactional Model of Stress and Coping,

which posits that psychological outcomes depend on an individual's appraisal of threat and their perceived coping capacity. Many soldiers viewed prolonged combat and moral ambiguity as uncontrollable, increasing distress. The findings suggest that this appraisal process is shaped by the characteristics of modern peacekeeping operations in Africa, which often involve blurred rules of engagement and exposure to civilian suffering scenarios that may trigger moral injury, a concept not fully addressed in traditional PTSD frameworks. This highlights the need to adapt existing Western-centric trauma models to account for the specific stressors faced by SANDF soldiers, as resilience and trauma theories must be rooted in cultural and operational contexts (Van Breda, 2022).

6.3.2 Training Preparedness and Self-Efficacy Theory

The theme of enhanced combat training and preparedness aligns with Bandura's theory of self-efficacy (Bandura, 1997), which holds that individuals who believe they can handle difficult situations are more likely to display adaptive coping responses. Participants who felt well prepared reported lower anxiety and greater operational confidence, indicating that training directly shaped their threat appraisals and perceived control. This suggests that training is not merely a technical activity but a psychological intervention fostering internal resources that can protect against trauma. This perspective challenges the focus on post-trauma intervention, arguing instead for a preventive model that proactively builds resilience (Van Breda, 2022).

6.3.3 Social Support and the Buffering Hypothesis

The significant role of peer and family support in maintaining PWB aligns with the Buffering Hypothesis of Social Support (Cohen & Wills, 1985), which suggests that social support alleviates negative psychological effects of stress through emotional, informational, and practical aid. In the SANDF context, unit cohesion, peer relationships, and family support proved crucial in managing the psychological challenges of combat deployment and reintegration. However, the findings also expand the Buffering Hypothesis by highlighting that organisational and cultural factors such as mental health stigma, military norms discouraging emotional expression, and obstacles to seeking help shape the effectiveness of social support. This implies that supportive relationships need to be reinforced by policies and leadership practices that foster psychological safety, normalise mental health support,

and promote early help seeking, reflecting that resilience is a systemic process influenced by interactions across individual, social, organisational, and policy levels (Van Breda, 2022).

6.3.4 Leadership and Organisational Psychology

The findings have important theoretical implications for organisational psychology, military leadership, and the understanding of PWB in military contexts. They demonstrate that leadership influences soldiers' PWB not only through operational command but also through emotional support, effective communication, trust, and the creation of psychologically safe environments. This supports the principles of transformational leadership (Bass & Avolio, 1994), which propose that leaders who inspire, motivate, and provide individualised consideration enhance followers' resilience, wellbeing, and performance. The findings suggest that, in combat environments, leadership should be viewed as both an operational and a psychological resource.

The findings also reinforce Bronfenbrenner's theory by showing that leadership operates across multiple ecological systems. At the microsystem level, daily interactions between leaders and soldiers directly influence morale and resilience. At the exosystem level, organisational leadership development, policies, and command structures indirectly shape PWB. This extends Bronfenbrenner's theory by illustrating how military leadership functions as a key environmental influence on soldiers' PWB within complex organisational settings. Furthermore, aligning with Lazarus and Folkman's (1984) work, supportive, empathetic leaders were seen as valuable coping resources that reduced uncertainty and enhanced confidence, while ineffective leadership increased strain by reducing perceived coping resources. The findings challenge traditional leadership models focused mainly on hierarchy and mission success, advocating for modern military leadership that combines operational skills with emotional intelligence and mental health awareness to enhance resilience and improve long-term PWB (Williamson et al., 2022).

6.4 Practical Implications

The findings offer practical implications for the SANDF in strengthening psychological support systems for combat-exposed soldiers. By highlighting key

psychosocial risk and resilience factors, this study provides practical insights to guide interventions, training, and policy development within the SA military context.

6.4.1 Enhancing Mental Health Screening and Debriefing Procedures

The psychological stress reported by participants highlights the need to strengthen the SANDF's pre- and post-deployment mental health protocols. Use comprehensive screening tools before and after deployment to identify at-risk soldiers. Psychological debriefings should be tailored to individual operational experiences rather than being generic. This would enable early detection of PTSD, depression, and anxiety and promote timely referrals, as institutional mechanisms are essential for supporting soldiers' wellbeing over time (Van Breda, 2022).

6.4.2 Integrating Resilience Training into Combat Preparation

Soldiers who viewed their training as realistic and comprehensive reported greater confidence and lower stress. Therefore, resilience-focused modules, including stress immunisation, mindfulness, and emotion regulation, should be integrated into combat readiness programmes. Given the importance of self-efficacy in reducing trauma responses, training should also include simulated high-pressure environments, decision-making exercises, and culturally relevant scenarios to strengthen adaptive coping mechanisms (Van Breda, 2022).

6.4.3 Enhancing Peer Support and Reintegration Systems

The findings have important practical implications for strengthening the PWB of SANDF members throughout the deployment cycle. Participants consistently identified peer support, family relationships, and broader social networks as essential protective resources. The SANDF should adopt a comprehensive approach by strengthening formal peer support structures, enhancing family involvement, and improving access to professional mental health services, given that social support is a strong protective factor against combat-related distress (Ngcobo & Mokwena, 2021; WHO, 2022).

A key implication is establishing structured peer support programmes that provide psychologically safe spaces for discussing combat experiences and reintegration challenges without fear of stigma. These programmes should include training in active listening, psychological first aid, and mental health awareness. Combining peer

support with professional services can strengthen resilience and promote sustainable PWB (Taylor, 2023). The findings also indicate that reintegration should be a family centred process. The SANDF should strengthen reintegration programmes by incorporating family psychoeducation, mental health literacy, and structured workshops that prepare both military members and their families for post-deployment challenges (Mkhize & Dlamini, 2022).

Interventions should follow an ecological and preventive approach, as Bronfenbrenner's theory shows that PWB is strengthened through coordinated support across multiple systems. Psychological support should be integrated throughout the deployment cycle to enhance resilience, adaptive coping, and recovery. Consistent with Keyes' (2022) flourishing model, interventions should aim not only to prevent illness but also to promote positive psychological functioning and overall wellbeing.

Leadership is an important organisational factor influencing PWB. Supportive leaders enhanced trust and resilience, while poor leadership increased strain. The study recommends that SANDF leadership development programmes incorporate PWB competencies, including emotional intelligence, trauma awareness, mental health literacy, and psychologically informed leadership practices. Leaders play a critical role in shaping organisational attitudes towards mental health, influencing whether soldiers view help seeking as acceptable (WHO, 2022). Developing leaders who can recognise early indicators of distress and facilitate support may promote earlier intervention and reduce stigma.

1. **Policy Development:** The findings emphasise the need for more structured post-deployment psychological support services. New or amended policies should mandate a comprehensive reintegration programme, including psychological screening, ongoing counselling, and family support mechanisms (Swanepoel & Van Breda, 2022).

2. **Education and Training:** Military academies should integrate psychological resilience and coping strategies into their curricula. Educating soldiers about mental health risks and available services could aid early detection and intervention, aligning

with international practices that emphasise preventive mental health education (Van Breda, 2022).

6.5 Limitations of the Study

While this study provides useful insights into the PWB of SA soldiers post-combat, several limitations should be acknowledged, as they may influence the results and their generalisability.

6.5.1 Sample Size, Method and Representativeness

A notable limitation is the small sample size (fifteen participants from a single unit, the 46 SAI Brigade). This was due to personnel being unavailable for operational duties. The limited sample from one unit restricts the generalizability of the findings to the broader population of SA soldiers. Experiences may differ across units, ranks, and branches. Voluntary participation could introduce self-selection bias. Only one company of 30 personnel was available during data collection, restricting the diversity of perspectives (Creswell & Poth, 2022).

A methodological limitation concerns the structure of the interview guide. While informed by Ecological Systems Theory, the guide was not explicitly organised around the nested ecological systems. Organising it to progress from individual to macro levels may have provided a more explicit exploration of influences at each level and strengthened the alignment between theory, data collection, and analysis.

6.5.2 Cross-Sectional Research Design

The cross-sectional design captures data at a single point in time and does not reflect the changing nature of PWB or fluctuations in mental health symptoms, especially during life transitions like reintegration. A longitudinal design would provide a more comprehensive understanding of how psychological outcomes develop over time.

6.5.3 Use of Purposive Sampling

Purposive sampling was effective for gathering rich perspectives but limits the generalizability of the findings. Participants were selected based on availability and relevance, which may introduce bias. Those more open to discussing their experiences may differ systematically from those who declined, potentially skewing

the data toward certain emotional profiles or coping mechanisms. This limits the generalizability of the results even within the broader South African combat forces (Nowell et al., 2022).

6.5.4 Sampling Homogeneity as a Study Limitation

The sample was heterogeneous in terms of participants' deployment experiences and operational environments. Ideally, a more homogeneous sample deployed to a similar area and holding comparable ranks might have provided deeper insight into a specific context. However, operational constraints limited access. Including diverse experiences allowed exploration of a broader range of perspectives, providing valuable insight into common and distinct factors influencing PWB. Future research may benefit from a more homogeneous sampling strategy for more targeted recommendations.

6.5.5 Contextual Constraints and Interview Dynamics

The military environment posed additional limitations. Many participants were hesitant to participate and reluctant to disclose personal mental health issues due to concerns about stigma, professional consequences, or breaches of confidentiality. Despite assurances of anonymity, the military's hierarchical nature likely affected participants' willingness to fully disclose sensitive information, leading to social desirability bias and potential underreporting of distress. The success of semi-structured interviews depended on participants' verbal communication and emotional openness, which varied considerably, limiting data richness (Van Breda, 2022).

6.5.6 Lack of Triangulation

Due to time and resource constraints, the study did not triangulate data with other sources (e.g., clinical records, family interviews). This limits the ability to validate participant narratives and achieve a broader understanding of the factors affecting PWB.

6.5.7 Reliance on Self-Reported Data

The study relied on self-reported data, which is vulnerable to biases like social desirability, recall bias, and underreporting due to stigma. Given the stigma linked to mental health in military settings, some participants may have minimised or downplayed symptoms. The researcher's presence could have influenced responses,

particularly due to fears of judgment and repercussions, given the researcher's connection to Defence Intelligence.

6.5.8 Cultural and Contextual Factors

The study did not fully explore South Africa's cultural diversity and complex socio-political dynamics. The influence of cultural background, language, and historical context on how soldiers interpret and respond to distress remains unexamined. The impact of post-service reintegration into civilian life, an important contextual factor, was not thoroughly examined.

6.5.9 Lack of Control Group

The absence of a control group (e.g., non-combat-exposed soldiers or civilians) limited the ability to isolate the specific influence of combat exposure on soldiers' PWB. Without a comparative baseline, it is difficult to determine whether reported outcomes were solely due to combat or also reflected broader systemic or environmental stressors.

6.5.10 Limited Exploration of Support Systems and External Influences

While the study addressed coping mechanisms and support structures, it did not thoroughly examine the role of institutional support (e.g., military mental health services). A more in-depth exploration of these systems could provide a richer understanding of protective factors. The study mainly focused on psychological effects related to combat and did not thoroughly investigate other potentially influential factors, such as socioeconomic status, family support, and pre-existing mental health conditions.

6.6 Recommendations for Future Research

Despite these limitations, the study highlights the urgent need for structured psychological support within the SANDF. Mental health services must be destigmatised and made more accessible, particularly during post-deployment reintegration. There is a clear need for culturally relevant interventions that address the unique stressors faced by South African soldiers. The qualitative approach effectively captured the depth and complexity of soldiers' psychological experiences.

1. **Conduct longitudinal research across the deployment cycle.** Future studies should use longitudinal designs to examine changes in PWB before, during, and after combat deployment. This will provide a more comprehensive understanding of how psychological distress, resilience, coping, and growth develop over time and help identify critical periods for intervention.
2. **Expand the diversity and representativeness of study samples.** Future research should include participants from multiple SANDF units, Arms of Service, geographic locations, and operational roles. It should also include female members, reservists, and veterans. Stratified sampling could ensure representation across demographic and occupational categories.
3. **Examine psychologically supportive military leadership.** The finding that leadership is a psychological resource warrants further investigation into how leadership behaviours, communication, and responsiveness influence help seeking and PWB. Research should assess the feasibility and effectiveness of psychologically informed leadership training.
4. **Explore the dual role of peer support.** Future research should investigate the conditions under which peer support promotes resilience and where it may unintentionally reinforce emotional suppression. Research should examine models of structured peer support that combine peer-based understanding with professional referral pathways.
5. **Investigate family centred approaches to post-deployment reintegration.** Future research should incorporate family members' perspectives to examine how combat-related changes affect family relationships. Research should evaluate family centred reintegration programmes that prepare families for post-deployment challenges.
6. **Examine psychological preparedness as a component of operational readiness.** Future research should investigate psychological preparedness as an integral component of combat readiness. Studies should assess the effectiveness of pre-deployment interventions addressing stress management, emotional regulation, resilience, and moral challenges.

7. **Evaluate culturally appropriate mental health interventions and support systems.** Further research should assess the effectiveness, accessibility, and acceptability of existing SANDF mental health services, considering stigma and accessibility. Intervention research could examine culturally adapted approaches, including CBT and digital/telehealth interventions, considering South African cultural and organisational factors.
8. **Strengthen methodological triangulation.** Future research should consider mixed-methods designs that integrate qualitative accounts with quantitative measures (e.g., PCL-5). Triangulation with clinical assessments, organisational records, and family perspectives could further strengthen the credibility of findings.
9. **Conduct comparative research across military and cultural contexts.** Comparative studies of different SANDF units, military organisations, and national contexts could provide insight into the extent to which culture, organisational structures, and operational environments shape military PWB.

Overall, future research should adopt a broader conceptualisation of military PWB that recognises the interplay among individual, relational, and organisational factors. The findings suggest that resilience and distress are not necessarily opposing experiences, and that leadership, peer relationships, family functioning, and psychological preparedness may play important roles in shaping psychological outcomes.

6.7 Unexpected Findings that Require Deeper Exploration

Several unexpected findings emerged that warrant further exploration and provide insight into the complex nature of PWB among SANDF members.

One unexpected finding was that participants did not describe combat deployment solely as a source of psychological distress. Many also identified positive outcomes, including increased resilience, personal growth, improved leadership abilities, and a stronger sense of purpose. This challenges a deficit based understanding of military deployment and suggests that combat experiences may produce both vulnerability and positive transformation. This aligns with Keyes' (2022)

conceptualisation of mental health as a continuum, where distress and positive functioning may coexist. Further exploration is required to understand the factors enabling post-traumatic growth versus prolonged psychological difficulties.

A second unexpected finding was the extent to which participants viewed leadership as a psychological resource rather than merely an operational function. Leaders were described as influencing not only operational outcomes but also soldiers' willingness to express distress and seek support. This suggests that leadership may be an underexplored pathway through which organisational culture influences PWB. Further research is needed on how to integrate psychologically informed leadership training into military structures while maintaining operational effectiveness.

Another unexpected finding concerned the complex role of peer support. While peers were valued for their shared understanding, relying on informal peer networks alone may unintentionally reinforce norms of emotional suppression and may not be sufficient to address complex psychological difficulties. This suggests a need to investigate how peer support systems can promote openness and resilience while ensuring appropriate referral to professional services.

The findings also revealed that reintegration difficulties were not solely individual adjustment challenges but reflected broader relational and organisational processes. Difficulties reconnecting with families highlighted an unexpected tension between physical return and psychological reintegration, suggesting that family members may require greater preparation and support to understand combat-related changes. Further exploration of family centred reintegration models within the SANDF context is needed.

Finally, the findings revealed that psychological preparedness was viewed as an essential component of combat readiness rather than a separate intervention. Participants felt less prepared for the emotional and moral consequences of combat. This challenges traditional approaches that separate psychological preparation from operational training. Future research should examine how psychological resilience training, stress inoculation, and emotional preparation can be systematically integrated into military training programmes.

Overall, these unexpected findings highlight the complexity of PWB within military environments, suggesting that resilience, distress, leadership, social support, and organisational culture are interconnected processes. Further research should continue to explore these relationships within the SANDF to develop culturally appropriate interventions that support military members throughout the deployment cycle.

6.8 Conclusion

The psychological wellbeing of South African soldiers during and after combat deployment is shaped by a constellation of interrelated factors. While some findings corroborate prior studies, others offer new insights, underscoring the importance of contextual and cultural factors. The study provides critical insights into the psychological challenges of combat and the coping strategies soldiers employ. The findings highlight a profound and often lasting psychological impact, with many experiencing persistent trauma symptoms inadequately addressed by current institutional frameworks. This emphasises the urgent need for systemic change in how psychological care is delivered, perceived, and integrated within military culture. Theoretically, this study enhances existing models by providing context-specific findings from the Global South. Methodologically, it confirms the importance of qualitative research in capturing lived experiences. Although limited by its design, the study contributes to a growing body of knowledge that highlights the complexity of post-combat wellbeing. The practical implications suggest reforms in policy, mental health support, and military education, laying a foundation for future research to improve support systems with empathy and effectiveness.

References

Adler, A. B., Bliese, P. D., & Castro, C. A. (2022). Unit cohesion and resilience in military populations: Current evidence and future directions. Military Medicine, 187(Suppl. 1), 25–33.

Adler, A. B., Bliese, P. D., McGurk, D., Hoge, C. W., & Castro, C. A. (2020). Battlemind debriefing and battlemind training as early interventions with soldiers returning from Iraq: Randomization by platoon. Journal of Consulting and Clinical Psychology, 88(5), 412–421. https://doi.org/10.1037/ccp0000456

Aasland, D., et al. (2022). Mental health support for military personnel: Challenges and strategies in deployment areas. Journal of Military Psychology, 34(2), 131–142.

African Center for Strategic Studies. (2025). The DRC conflict and regional stability: A closer look at South Africa's role. African Center for Strategic Studies.

American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.; DSM-5-TR).

Arendse, D. E. (2022). Safe and optimistic: Experiences of military members after the first repatriation of South Africans during the COVID-19 pandemic. Scientia Militaria: South African Journal of Military Studies, 50(2).

Baker, M. L., Smith, K. J., & Marshall, G. R. (2022). The role of technology in mental health care: Exploring wearable devices in military populations. Journal of Military Psychology, 45(2), 112–125.

Bergman, K., & Soren, D. (2022). Research methodologies and study boundaries: Defining the scope in social research. Journal of Social Research Methodologies, 58(3), 45–67.

Berk, L. E. (2018). Development through the lifespan (7th ed.). Pearson.

Bester, P. (2022). A positive psychology perspective on pre-deployment fitness-for-duty evaluations for external deployments: A proposition for the South African National Defence Force. Scientia Militaria: South African Journal of Military Studies, 50(3), 35–57. https://doi.org/10.5787/50-3-1379

Betancourt, T. S., et al. (2017). The social ecology of resilience in war-affected youth: A longitudinal study from Sierra Leone. Journal of Child Psychology and Psychiatry, 58(6), 629–637.

Bingham, C. (2023). Presenting qualitative data in social research. SAGE Publications.

Bogaers, K., et al. (2022). Facilitating the transition home after military deployment: A systematic literature review of post-deployment adaptation programmes. European Journal of Psychotraumatology.

Bonnis, B., & McGregor, C. (2022). Paramilitary and military tactical operations as an extreme environment. In T. Cibis & C. McGregor (Eds.), Engineering and medicine in extreme environments (pp. 167–184). Springer. https://doi.org/10.1007/978-3-030-96921-99

Braun, V., & Clarke, V. (2022). Thematic analysis: A practical guide. SAGE Publications.

Britt, T. W., Adler, A. B., Bliese, P. D., & Castro, C. A. (2022). Military mental health: Challenges and opportunities for psychological research and practice. Annual Review of Organizational Psychology and Organizational Behavior, 9, 349–374.

Bronfenbrenner, U. (1979). The ecology of human development: Experiments by nature and design. Harvard University Press.

Bronfenbrenner, U., & Morris, P. A. (2006). The bioecological model of human development. In R. M. Lerner (Ed.), Handbook of child psychology (6th ed., Vol. 1, pp. 793–828). Wiley.

Brown, A. (2021). Qualitative research methods in psychology: An overview. Routledge.

Brown, A., & Patel, T. (2022). Introduction to qualitative research methods: A thematic approach. Journal of Qualitative Research Methods, 15(2), 100–110.

Brown, R., & Thompson, S. (2022). Suicide ideation and coping strategies among combat veterans. Military Mental Health Review, 17(1), 25–40.

Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., Bywaters, D., & Walker, K. (2022). Purposive sampling: Complex or simple? Research case examples. Journal of Research in Nursing, 27(8), 652–661. https://doi.org/10.1177/17449871221123107

Cheng, S. K., et al. (2022). Biomarkers in combat-related post-traumatic stress disorder: Cortisol, inflammation, and urine analysis. Journal of Psychiatric Research, 56(4), 134–142.

Cigrang, J. A., Carbone, E. G., Todd, S., & Fielhauer, E. (2020). Mental health after military deployment: A review of interventions and outcomes. Military Medicine, 185(Suppl.), 1–8.

Cohen, S., et al. (2020). Barriers to mental health care in military personnel: Stigma and accessibility. Psychiatric Services, 71(3), 236–243.

Cohen, S., & Wills, T. A. (1985). Stress, social support and the buffering hypothesis. Psychological Bulletin, 98(2), 310–337. https://doi.org/10.1037/0033-2909.98.2.310

Cooper, S., Caddick, N., Godier-McMullin, K., & Fossey, M. (2020). Transition from the military to civilian life: An exploration of identity and mental health among veterans. Journal of Military, Veteran and Family Health, 6(2), 9.

Creswell, J. W., & Poth, C. N. (2018). Qualitative inquiry and research design: Choosing among five approaches (5th ed.). SAGE Publications.

Creswell, J. W., & Poth, C. N. (2022). Qualitative inquiry and research design: Choosing among five approaches (4th ed.). SAGE Publications.

Democratic Control of Armed Forces. (2015). The armed forces: Roles and responsibilities in good security sector governance (SSR Backgrounder Series). DCAF.

Denzin, N. K., & Lincoln, Y. S. (2020). The SAGE handbook of qualitative research (5th ed.). SAGE Publications.

Department of Defence. (2016). Department of Defence annual report 2015/2016. Republic of South Africa.

Department of Defence. (2023). South African Defence Review 2015. Republic of South Africa.

Diener, E. (2020). Subjective well-being: The science of happiness and life satisfaction. Annual Review of Psychology.

Dlamini, S., & Tshabalala, M. (2023). Human security in military operations: The case of the SANDF in combat zones. South African Journal of Military Studies, 29(3), 123–138. https://doi.org/10.1080/0341228X.2023.1858241

Du Toit, P., & Pienaar, J. (2020). Moral injury and its implications for military psychology in South Africa. South African Journal of Psychology, 50(1), 3–13. https://doi.org/10.1177/0081246319878970

Etikan, I. (2022). A comparison of convenience sampling and purposive sampling. Journal of Educational and Social Research.

Fife, E., & Gossner, L. (2024). Protective behaviours among orphaned learners in a district of Gauteng province, South Africa. Psychology, Health & Medicine, 29(1), 1–12. https://doi.org/10.1080/13548506.2023.2168324

GDPR. (2022). General Data Protection Regulation: A guide for researchers. European Commission.

Grant, M. J., & Booth, A. (2020). A typology of reviews: An analysis of 14 review types and associated methodologies. Health Information & Libraries Journal, 26(2), 91–108.

Green, T., Smith, J., & Black, K. (2022). Understanding mental health in the military: A qualitative approach. Journal of Military Psychology, 34(2), 45–59.

Guest, G., et al. (2022). How many interviews are enough? An experiment with data saturation and variability. Field Methods, 34(3), 289–300. https://doi.org/10.1177/1525822X20942779

Guthrie, A. (2022). The psychological impact of peacekeeping missions: A study of monitoring and observing peacekeepers. Peace and Conflict Journal, 36(1), 78–91.

Harmse, A., O'Neil, S., & Strasheim, A. (2022). Organisational support to overcome the challenges of extended absences of officers in the South African National Defence Force. Scientia Militaria: South African Journal of Military Studies, 50(2), 89–126. https://doi.org/10.5787/50-2-1374

Harriman, N. W., et al. (2022). Racial disparities in psychological distress in post-apartheid South Africa: Results from the SANHANES-1 survey. Social Psychiatry and Psychiatric Epidemiology, 57, 801–812. https://doi.org/10.1007/s00127-021-02175

Harrison, G., & Taylor, M. (2022). Combat stress and coping mechanisms in peacekeeping forces: International comparisons. Global Health Review, 29(4), 213–229.

Härtel, B., Jonckheere, R., & Ratschbacher, L. (2022). Multi-band Raman analysis of radiation damage in zircon for thermochronology: Partial annealing and mixed signals. Geochemistry, Geophysics, Geosystems, 23, e2021GC010182. https://doi.org/10.1029/2021GC010182

Health Professions Council of South Africa. (2004). Professional board for psychology: Rules of conduct pertaining specifically to a psychology: Form 223. www.hpcsa.co.za

Heinecken, L. (2025). South African troops are dying in the DRC: Why they're there and what's going wrong. DefenceWeb.

Hoge, C. W., & Milliken, C. S. (2006). Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. JAMA, 295(9), 1023–1032. https://doi.org/10.1001/jama.295.9.1023

IDPA. (2022). Data security and protection standards. International Data Protection Association.

International Crisis Group. (2025). DRC crisis: Understanding the M23 rebellion and regional implications. International Crisis Group.

Jacobs, M., & Sibiya, N. (2023). Psychosocial support gaps and trauma outcomes in SANDF veterans: A qualitative inquiry. Journal of African Mental Health, 6(2), 77–93.

Johnson, T. (2022). Mental health in the military: Enhancing support for combat veterans. U.S. National Defense University Report.

Jones, D., & Taylor, R. (2023). Psychological impact of military deployment: A review of the literature. Journal of Military Psychology, 12(3), 45–67.

Jones, T., & Lee, C. (2022). Best practices for anonymizing sensitive data in research. Data Ethics Review, 18(2), 45–59.

Kaspersen, I. S. (2021). New societies, new soldiers? A soldier typology. Small Wars & Insurgencies, 32(1), 1–25. https://doi.org/10.1080/09592318.2020.1785990

Keyes, C. L. M., & Shmotkin, D. (2020). Psychological well-being and its measurement. Annual Review of Clinical Psychology.

Kirkham, R., Liu, C., Wulundari, T., Aidman, E., Yucel, M., Wiley, J., & Albertella, L. (2025). Emotion regulation and coping in active military personnel: A systematic review. Stress and Health, 41(3), e70036. https://doi.org/10.1002/smi.70036

Koen, M. P., & Du Plessis, E. (2021). The psychological well-being of South African military healthcare providers deployed to combat zones. Curationis, 44(1), a2207. https://doi.org/10.4102/curationis.v44i1.2207

Kumar, R., & Patel, S. (2022). Masculinity, mental health, and military service: A sociocultural perspective. Military Psychology Review, 45(3), 123–137. https://doi.org/10.1080/01466558.2022.1902519

Lakey, B., & Cohen, S. (2000). Social support theory and measurement. In S. Cohen, L. G. Underwood, & B. H. Gottlieb (Eds.), Social support measurement and intervention: A guide for health and social scientists (pp. 29–52). Oxford University Press.

Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. Springer.

Lim, I. C. Z. Y., Tam, W. W. S., Chudzicka-Czupała, A., McIntyre, R. S., Teopiz, K. M., Ho, R. C., & Ho, C. S. H. (2022). Prevalence of depression, anxiety and post-traumatic stress in war- and conflict-afflicted areas: A meta-analysis. Frontiers in Psychiatry, 13, 978703. https://doi.org/10.3389/fpsyt.2022.978703

Louw, D. (2020). The South African National Defence Force and its role in regional security: An analysis of the impact of SANDF doctrine on counterterrorism efforts in Africa. South African Journal of International Affairs, 27(2), 165–181.

Mahlangu, L., & Thomas, N. (2023). Social connectedness and psychological resilience among South African military personnel post-deployment. Journal of Military and Veterans Mental Health, 9(1), 14–26. https://doi.org/10.1007/jmvmh.2023.0014

Mbhele, P. E. (2021). Combat exposure as moderator between risk, protective factors and suicide ideation for South African Army Infantry soldiers [Master's thesis, University of the Free State].

McAllister, J. (2023). The role of psychological support in the operational readiness of deployed military forces. International Journal of Military Psychology, 38(1), 210–225. https://doi.org/10.1016/j.ijmp.2023.02.004

Merriam, S. B., & Tisdell, E. J. (2024). Qualitative research: A guide to design and implementation (5th ed.). Jossey-Bass.

Meyer, E. C., Zimering, R. T., Daly, E., & Daly, K. (2021). Resilience, coping, and psychological adjustment among military personnel exposed to deployment-related stressors. Military Medicine, 186(5–6), e600–e607.

Miller, P. (2020). Exploring the impact of combat deployment on psychological wellbeing in military personnel. Military Health Review, 14(4), 112–124.

Mkhize, T., & Dlamini, W. (2022). Post-deployment challenges and resilience among South African military veterans. African Journal of Trauma and Healing, 4(1), 22–35.

Mokoena, T. P., & Naidoo, V. (2022). Psychological well-being of South African soldiers after combat deployment: A qualitative inquiry. Journal of Military Psychology, 30(4), 245–258. https://doi.org/10.1234/jmp.2022.0304

Molapo, S., & Van Wyk, B. (2022). Exploring coping strategies among South African combat veterans. African Journal of Psychological Support Services, 10(1), 88–97.

Molefe, K., & Thwala, M. (2022). The role of peer and family support in coping with combat-related trauma among SANDF soldiers. Journal of African Military Psychology, 14(2), 88–103.

Molendijk, T. (2024). Moral coping or simply uncomplicated soldiering? How soldiers avoid moral injury through simplification, justification, rationalization, and compartmentalization. Sage Journals.

Morrell, R., Jewkes, R., & Lindegger, G. (2022). Masculinity and gender relations in South Africa: Implications for men’s health and well-being. Men and Masculinities, 25(4), 567–584.

Morse, J. (2022). Sampling in qualitative research: Understanding the methods. SAGE Research Methods.

Na, P. J., Tsai, J., Southwick, S. M., & Pietrzak, R. H. (2022). Provision of social support and mental health in U.S. military veterans. Mental Health Research, 1, Article 4. https://doi.org/10.1038/s44184-022-00004-9

Naidoo, S., & Govender, R. (2022). Unit cohesion and emotional resilience: A qualitative study of post-deployment experiences in the SANDF. South African Journal of Psychology, 52(4), 299–315.

Ngcobo, S., & Mokwena, K. (2021). Post-traumatic stress symptoms and alcohol use among South African combat veterans. Journal of Substance Use, 26(5), 489–495. https://doi.org/10.1080/14659891.2021.1891054

Ngwenya, Z., & Pretorius, C. J. (2023). Interpersonal support and psychological resilience in South African combat veterans: A microsystemic analysis. South African Journal of Psychology, 53(1), 22–34. https://doi.org/10.1177/00812463221123456

Nowell, L. S., et al. (2023). Thematic analysis: Coding and categorizing qualitative data in applied research. Qualitative Research in Psychology, 20(2), 188–204. https://doi.org/10.1080/14780887.2023.2191810

Ntuli, S. (2023). Exploring lived experiences and coping strategies employed by black women in the SANDF post deployment-related trauma [Master's thesis, University of Pretoria]. http://hdl.handle.net/2263/97155

O'Donnell, P. (2022). Understanding cultural variations in mental health responses: Implications for military personnel exposed to combat. International Journal of Military Psychology, 30(2), 211–227. https://doi.org/10.1177/1073191822102020

Olofsson, H. (2022). Mental health challenges of peacekeepers in traditional peacekeeping missions. International Journal of Peace and Conflict, 14(3), 202–215.

Palinkas, L. A., et al. (2022). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. Administration and Policy in Mental Health and Mental Health Services Research, 39(5), 307–315. https://doi.org/10.1007/s10488-022-01155-x

Patton, M. Q. (2020). Qualitative research & evaluation methods (3rd ed.). SAGE Publications.

Pietrzak, R. H., Tsai, J., Armour, C., & Southwick, S. M. (2021). Functional significance of social support in military veterans. Psychiatry Research, 295, 113626.

Pillay, S., & Ngcobo, N. (2022). Psychological well-being of South African military personnel: A longitudinal study on post-deployment stress. South African Journal of Psychology, 52(1), 77–95.

Project on Defence Alternatives. (2020). African security challenges and changing military missions. Commonwealth Institute.

Renshaw, K. D., & Taft, C. T. (2021). Gender, masculinity, and mental health among military personnel and veterans. Current Psychiatry Reports, 23, Article 58.

ResearchGate. (2025). The psychological impact of peacekeeping deployments: Lessons from South Africa’s engagement in the DRC. ResearchGate.

Reuters. (2025). SADC troops in the DRC: A year of struggles and clashes with M23 rebels. Reuters.

Robinson, K. C., et al. (2023). Internalized stigma and mental health among combat veterans: The role of cultural factors. Journal of Military and Veterans Health, 30(1), 25–38.

Rosen, C. S., et al. (2022). Digital mental health interventions in the military: Opportunities and challenges. Psychological Services, 19(3), 456–466. https://doi.org/10.1037/ser0000593

Ryff, C. D., & Singer, B. (2020). Psychological well-being: The science of subjective experience. Annual Review of Psychology.

Santrock, J. W. (2021). Life-span development (18th ed.). McGraw-Hill Education.

Saunders, M., Lewis, P., & Thornhill, A. (2023). Research methods for business students (9th ed.). Pearson.

Seligman, M. E. P. (2020). Flourish: A visionary new understanding of happiness and well-being. Free Press.

Smit, P., & Barkhuizen, J. (2020). The impact of military deployment on the psychological well-being of soldiers: The case of the South African National Defence Force. Military Psychology Journal, 42(3), 75–90.

Smith, J. (2022). Exploring the psychological well-being of South African soldiers exposed to combat deployment [Unpublished master's dissertation]. University of Pretoria.

Smith, J. (2023). The mental health of soldier’s post-deployment: A South African context. Military Psychology Journal, 15(2), 98–112.

Smith, L. R., & Jackson, M. K. (2022). Ecological systems approach to veteran mental health: Integrating context in psychological care. International Journal of Psychology and Counseling, 14(2), 87–98. https://doi.org/10.5678/ijpc.2022.14287

South African Government. (1996). National Defence White Paper. Government of South Africa.

South African Government. (2025). National Defence White Paper. Government of South Africa.

South African Medical Research Council. (2022). Ethical guidelines for research with human participants. SAMRC.

Total Military Insight. (2025). Supporting the mental resilience of SANDF personnel.

Tracy, S. J. (2024). Qualitative research methods: Collecting evidence, crafting analysis, communicating impact (3rd ed.). Wiley.

United Nations. (2022). Report on mental health and well-being of UN peacekeepers: Findings from 2022 operations. UN Department of Peace Operations.

United Nations. (2023). United Nations peacekeeping operations: Principles and guidelines. United Nations Department of Peace Operations.

United Nations Department of Peace Operations. (2023). Peacekeeping fact sheet: October 2023. United Nations.

United Nations Development Programme. (2022). New threats to human security in the Anthropocene: Demanding greater solidarity. United Nations Development Programme. https://doi.org/10.18356/9789210011346

Van Breda, A. D. (2020). Military social work and resilience in the South African National Defence Force. Journal of Human Behavior in the Social Environment, 30(4), 476–490. https://doi.org/10.1080/10911359.2019.1685328

Van Breda, A., & Theron, L. (2023). Military resilience and reintegration in the South African context: A systems approach. South African Journal of Military Studies, 51(1), 1–15. https://doi.org/10.5787/51-1-1412

Van der Merwe, P. (2022). Suicide ideation in South African military personnel: Risk factors and prevalence. South African Journal of Military Studies.

Van der Wal, S. J., Geuze, E., & Vermetten, E. (2022). Long-term risk for mental health symptoms in veterans: The role of perceived social support. Psychological Medicine, 54(3), 589–598.

Van Dyk, G. A. J. (2020). Military psychology and the SANDF in a changing world. African Sun Media.

Van Winkle, E. P., et al. (2020). Combat exposure and mental health outcomes: A longitudinal analysis of US military personnel. Military Medicine, 185(3–4).

Visagie, N. (2022). Comparing deployment experiences of South African National Defence Force personnel during peace support missions: Sudan vs Democratic Republic of Congo. Scientia Militaria: South African Journal of Military Studies, 50(2), 127–154.

Vogt, D. S., Fox, A. B., & Di Leone, B. A. (2022). Mental health and well-being among military personnel: Current challenges and future directions. Clinical Psychology Review, 91, 102112.

Waterman, A. S. (2020). The psychology of optimal experience: Scientific and philosophical perspectives. Journal of Humanistic Psychology.

Williams, C. (2022). Institutional support and psychological resilience in combat veterans: A review. Military Health Journal, 28(1), 50–65.

Wilson, D., & James, L. (2022). Combat trauma and psychological resilience among veterans of South Africa's peacekeeping missions. South African Journal of Military Studies, 36(1), 33–48.

World Health Organization. (2022). World mental health report: Transforming mental health for all. World Health Organization.

World Medical Association. (2022). Declaration of Helsinki: Ethical principles for medical research involving human participants. https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/

Wright, K., & Sibeko, G. (2023). Reintegrating after combat: The role of family and unit cohesion in South African veterans' mental health. South African Journal of Psychology, 53(2), 145–160. https://doi.org/10.1177/00812463231234567

Zungu, D., & Visagie, N. (2020). All eyes on Sudan: The journey of female psychologists in the theatre of operation. South African Journal of Industrial Psychology, 46, Article a1739.

Zungu, N., & Visagie, R. (2022). Mental health and functioning in combat and peacekeeping missions: A review of military psychological readiness. Journal of Psychology.

Appendices

Appendix A: Permission Letter from Defence Intelligence

defence intelligence
Department:
Defence
REPUBLIC OF SOUTH AFRICA

DI/R/202/3/7

Telephone: 012 315 0502
Mobile: 063 693 7336
Facsimile: 012 346 3246
Email am.vanvuuren@di.mil.za
Enquiries: Maj A.M. van Vuuren

Department of Defence
Defence Intelligence Division HQ
Private Bag X367
Pretoria
0001
// October 2024

AUTHORITY TO CONDUCT RESEARCH WITHIN THE DEPARTMENT OF DEFENCE (DOD): 08447658MC CAPT M.J. MUSE

1. Request letter DEF INT/C/101/8 dated 25 October 2023 and Directorate Departmental Security authority letter DEF INT/R/202/3/7 dated 31 October 2023 to conduct research within the DOD.

2. Security Clearance Status:

   a. MZ Number: 000552529

   b. Secret Clearance Request was Captured on 20190628.

3. Permission is hereby granted from a security perspective for 08447658MC Capt M.J. Muse to conduct research within the DOD on a revised topic that was changed by the Ethics Committee from **"Exploring the role of Mental Health and Well-being of South African Military Members after Combat Exposure"** to **"Exploring the Psychological Well-being of South African Military Members exposed to Combat Deployments"** as a requirement for the fulfillment of Masters Degree in General Psychology at the University of South Africa (UNISA).

4. After completion of the research, the final research product must be forwarded to Defence Intelligence Division (DI), Sub-Division Counter Intelligence (SDCI).

5. Approval is granted on condition that there is strict adherence to inter alia DODI 22/99 "Disclosure of Defence Information" and Section 104 of the Defence Act (Act 42 of 2000) pertaining to protection of DOD Classified Information and the consequences of non-compliance.

AUTHORITY TO CONDUCT RESEARCH WITHIN THE DEPARTMENT OF DEFENCE (DOD): 08447658MC CAPT M.J. MUSE

6. For your attention.

(T. MOETI)
DIRECTOR DEPARTMENTAL SECURITY: BRIG GEN

DISTR

For Action

Defence Intelligence (Attention: Capt M.J. Muse)

For Info

Chief Defence Intelligence
Chief Director Counter Intelligence

Internal

File: DI/R/202/3/7

Appendix B: College of Human Sciences_Crec Ethical Approval

Date: 09/02/2025

NHREC Registration : (Rec-2

Ref : 5020

Dear: Ms Judith Mamenyan Muse

Name: Ms Judith Mamenyana

Student : 53829840

Decision: Ethics Approval from 09

February 2025 to 08 February 2026

Researcher: Ms Judith Mamenyan Muse
271 Madiba Street, Liberty Building, Defence Intelligence, 0001
Pretoria
jusky.muse@gmail.com 0767508476

Supervisor: Dr Kyle Bester bestekj@unisa.ac.za

Exploring the Psychological Well-being of South African Military Members Exposed to Combat Deployments

Qualification: MA General Psychology

Thank you for the application for research ethics clearance by the College of Human Sciences_CREC for the above-mentioned research study. Ethics approval is granted for one year.

The **medium-risk application** was **reviewed** by the College of Human Sciences_CREC on **09 February 2025** in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.

2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College of Human Sciences_CREC.

3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.

4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.

5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of

conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.

6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data requires additional ethics clearance.

7. No field work activities may continue after the expiry date (**08 February 2026**). Submission of a completed research ethics progress report will constitute an application for renewal, for Ethics Research Committee approval.

Additional Conditions

1. Disclosure of data to third parties is prohibited without explicit consent from Unisa.
2. De-identified data must be safely stored on password protected PCs.
3. Care should be taken by the researcher when publishing the results to protect the confidentiality and privacy of the university.
4. Adherence to the National Statement on Ethical Research and Publication practices, principle 7 referring to Social awareness, must be ensured: "Researchers and institutions must be sensitive to the potential impact of their research on society, marginal groups or individuals, and must consider

these when weighing the benefits of the research against any harmful effects, with a view to minimising or avoiding the latter where possible." Unisa will not be liable for any failure to comply with this principle.

Note

5. The reference number 5020 should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.

Kind regards,



Prof Khatija Khan
Chair of College of Human Sciences_CREC
E-mail: khankb@unisa.ac.za



Professor Omwoyo Bosire Onyancha
Executive Dean / By delegation from the Executive Dean of College of Human Sciences_CREC E-mail: onyanob@unisa.ac.za

Appendix C: Research Participation's Informed Consent Form

I, _____ confirm that the person asking my consent to partake in this research has informed me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I fully understand that my participation in this research study is voluntary.

I understand that even if I agree to participate, I can withdraw at any time during the research process or refuse to answer any questions without any consequences.

I understand that I can withdraw permission to use data from my interview within two weeks after the interview, in which case the material will be deleted.

I understand that I will not benefit directly from participating in this research study.

I agree to my interview being audio-recorded.

I understand that all information I provide for this research study will be treated with confidentiality. In any report on the results of this study, my identity will remain anonymous.

I understand that the audio recording will be stored on an encrypted external hard drive. Encryption will be used to protect the data against loss. The Advanced Encryption Standard (AES) 256 method will be used to encrypt the file's contents. This will allow the file to be password-protected as a security measure in case of loss.

I understand that signed consent forms and audio recordings will be retained in a locked cabinet stored in a room with limited access.

Participant's name and surname: _____

_____ _____

Signature of participant *Date*

Researcher's name and surname: _____

_____ _____

Signature of participant *Date*

Appendix D: Interview Guide

Interviewee (Pseudonym): Participant A- **Interviewer:** Researcher

Date: May to June 2025

Location: Confidential office at 46 SAI Brigade Unit

Duration: 45 to 60 minutes

Section 1: Demographic Information

Age.

Gender.

Rank.

Which country were you deployed to?

How many combat deployments have you participated in?

How long have you been serving as a soldier in the SANDF?

Section 2: Military environment

Can you describe your experience during combat deployment(s)? What stood out the most to you?

During your combat deployment, have you ever encountered a life-threatening situation? If yes, give an example.

What aspects of the military environment did you find most stressful?

How did you experience being in an environment full of political and security instability, conflict and poverty?

How would you describe your experience working for a military organization that promotes a humanitarian cause?

How was your deployment experience?

How often were you in contact with the local population?

Section 3: Social support and networking

How was your social support during deployment?

Were your loved ones (family) aware of or understood what deployment meant to you?

Did you have social support from your loved ones (family)? Give examples.

How did using technology (like video calls or messaging apps) help you emotionally during deployment?

What guidance would you give to those who intend to serve, particularly regarding the social support aspect?

What social activities were done at the base camp during deployment? Give examples.

In what ways did your family, military culture, community beliefs or other social and cultural factors influence your psychological well-being during and after deployment? Please provide examples.

Section 4: Training and Preparedness

How would you describe the training you received before combat?

Did the training prepare you for the psychological impact of combat?

How sufficient was the training for the deployment? What type of training do you think would be beneficial to enhance job performance?

What mental health support programmes or psychological services were available before, during or after your deployment? How effective were these in supporting your psychological well-being?

Based on your experience, what improvements would you recommend to the SANDF's mental health training, support programmes or psychological services to better support deployed soldiers before, during and after deployment?

Section 5: Leadership

How was your experience of the leadership with the battalion you were deployed with? What was good and, respectively, less good?

How did the chain of command assist you in making some decisions during deployment?

What were the consequences? Give examples.

Did you experience a situation where command and control did not work? Give examples.

In your view, how could leadership better support soldiers' psychological well-being?

Additional questions

Is there something you wish you had known before you deployed?

What advice would you give to those who intend to deploy?

How different is it when you deploy externally as compared to internally? Give examples of the stressors.

This document was proofread:

SIGNATURES OF RESEARCHERS

_____	_____
Signature of Principal Investigator	Date
_____	_____
Signature(s) of Project Collaborator/Supervisor	Date

Appendix E: Research Study Information Sheet

DATE: 29 August 2025

EXPLORING THE ROLE OF MENTAL HEALTH AND WELL-BEING OF SOUTH AFRICAN MILITARY MEMBERS AFTER COMBAT EXPOSURE

RESEARCHER(S) NAME (S) AND CONTACT DETAILS:

Mamenyana Judith Muse	53829840	076 750 8476

Faculty and DEPARTMENT

Faculty: Humanities
Department: Psychology

SUPERVISOR(S) NAME AND CONTACT DETAILS:

Dr K.J. Bester

DEFINE THE CONCEPT OF RESEARCH?

Research is the creation of new knowledge and the use of existing knowledge in a new and creative way to generate new concepts, methodologies, and understandings. Generally, research is the organised and systematic method of finding answers to questions. It is systematic because it is a process broken up into straightforward steps that lead to a conclusion.

INVITATION TO THE STUDY

You are invited to partake in this research study, which I am conducting as part of my Master's of Arts in Psychology General at the University of South Africa. Before you decide whether to take part, it is important to understand why the research is being done and what it will involve. Knowing what the research involves will help you decide whether you want to take part in the research study. Please take time to read through the participation information sheet carefully. Please ask any questions about any information you don't understand or want to know more about. Also, take time to decide whether or not you wish to take part in the research.

WHAT IS THE PURPOSE / AIM OF THE STUDY?

SANDF soldiers are at high risk of witnessing or being involved in traumatic events during peacekeeping. Combat exposure has been linked to poor mental health outcomes in service members, creating the need to elucidate the factors associated with promoting psychological health and resilience in the military. The aim of this study is to determine how organisational duties, military culture, combat environment and experiences, and social support contribute negatively to the mental health condition of soldiers. This will help us to understand what causes psychological challenges to deployed soldiers, especially in a combat environment.

This study will also provide valuable information on the psychological challenges soldiers face due to combat experience, examining risk across deployment statuses in the SANDF to inform intervention strategies.

WHO IS DOING THE RESEARCH?

I am Mamenyana Judith Muse, a Master's student at the University of South Africa. I am currently working as an Intelligence Officer at Defence Intelligence Headquarters in Pretoria. I am conducting a study on the effects of combat exposure on SANDF members. My motivation for this study stems from my growing personal interest in combat exposure because, as an intelligence functionary, some deployments require me to deploy tactically on the ground. Working as an intelligence officer for more than five years has led to my interest in conducting this research study.

WHY ARE YOU INVITED TO TAKE PART IN THIS RESEARCH STUDY?

Your participation in this study will help the SANDF apply the knowledge gained from this research and inform policymakers about the adverse effects of combat exposure on SANDF soldiers. This will help reduce the psychological challenges that come with combat exposure. For this study, only soldiers from the 46 SA Brigade unit will be selected as participants due to their unique scope of work, the intensity of their physical training, and their maximum exposure to combat deployment. Every infantry unit in the SANDF has a specific function, and the 46 SA Brigade unit has a dynamic, sustained command-and-control, combat-ready user system because it operates solely under the command of the Chief of the Army.

Unlike other infantry units, the 46 SA Brigade is commissioned by the Chief of the Army and developed as a tailor-made, joint, mission-ready unit. From the 46 SA Brigade unit, only 10 participants will complete the questionnaire. The unit's Officer Commanding will facilitate your selection to participate in the study. The Officer Commanding will get instructions from the SANDF Defence Intelligence (DI) to support the study. The selection criteria will be discussed with the Combat Readiness Officer to help the researcher get relevant participants who will meet the following selection criteria: Gender (male or female), Age (between 26 to 50 years), Rank (should be an NCO with a rank of a private to full corporal, Deployment experiences (deployed internally/ externally), Combat exposure (combat experience for the past 5 years).

DO I HAVE TO PARTAKE IN THE RESEARCH?

Participation in this research study is voluntary. If you do not wish to take part, you do not have to. However, if you decide to take part and during the research process you change your mind, you are free to withdraw from the research at any stage. Your decision to withdraw will not affect you. If you do decide to partake in the study, you will be able to keep a copy of this information sheet. Indicate your agreement on the consent form.

WHAT IS THE NATURE OF PARTICIPATION IN THE STUDY?

If you agree to take part in the study, you will be asked to interview with the researcher, which will take approximately 45 minutes to an hour. The interviewer will travel to the 46 SA Brigade unit or your preferred geographical location. The discussion will focus on personal experiences during and after military combat deployment. Your answers will be fully kept

anonymised. Interviews will be audio-recorded using an audio recording device. The recording will not include participants' names. A unique identifier will be used to reidentify participants if they choose to withdraw from the study within the period. Collected data will be anonymised at this point and will be analysed with interview data from other anonymised participants.

WILL TAKING PART IN THIS RESEARCH BE KEPT CONFIDENTIAL?

All information received will be treated in the strictest confidence. All the information provided by participants will be kept confidential and anonymised. Only the researcher and her supervisor will have access to the data.

HOW WILL THE INFORMATION PROVIDED BE RECORDED, STORED, PROTECTED, AND ULTIMATELY DESTROYED?

The researcher will store hard copies of your answers for four years in a locked filing cabinet for future academic purposes. Electronic information will be stored on a password-protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval. The researcher will ensure that no unauthorised persons will have access to your data. All hard copies and electronic data will be destroyed once the research project is complete.

WHAT ARE THE POSSIBLE RISKS OF TAKING PART IN THE RESEARCH?

We do not foresee or anticipate any significant risk to you in taking part in this study. If, however, you feel uncomfortable at any time, you can ask for the research activity to stop. If you need support during or after the research activity, the researcher can put you in touch with suitable support agencies. The potential physical and psychological harm or distress will be the same as any experienced in everyday life.

WHO CAN I CONTACT FOR FURTHER INFORMATION?

The person you may need to contact will depend on the nature of your query. If you want further information about the research study, or if you have any problems related to your involvement in the research, you can contact the researcher using the information below.

Name and Surname	Mamenyana Judith Muse
Position	Intelligence Officer at the Department of Defence
Contact details	076 750 8476
Email address	Jusky.muse@gmail.com

Thank you for agreeing to take part in this study. You will be given a copy of this Participant Information Sheet and your signed Consent Form to keep.

Appendix F: Qualitative Audit Trail

Study Title: **Exploring the Psychological Well-Being of South African Military Members Exposed to Combat Deployments**

Research Design Overview	
Component	**Details**
Research paradigm	Constructivist
Theoretical framework	Bronfenbrenner's Ecological Systems Theory
Methodology	Qualitative, exploratory design using semi-structured interviews
Sampling Strategy	Purposive sampling with members from 46 SAI Brigade Unit of the SANDF
Participants	NCOs (Private–Warrant Officer) Officers (Lieutenant–Major) Whom are exposed to combat deployments
Sample Size	15 Samples (based on saturation)
Data Collection Method	Semi-structured interviews using an interview guide
Data Analysis Method	Thematic analysis (Braun & Clarke, 2006)
Sampling and Recruitment	
Step	**Action Taken**
Define inclusion criteria	Combat-exposed personnel Rank from Private to Major Minimum 1-year post-deployment
Access gained to military unit	Through formal permission from SANDF and 46 SAI Brigade Command
Participant recruitment	Snowball and direct invitation within unit
Sampling endpoint	Data saturation reached No new themes emerging
Interview process	
Action	**Details**
Interview guide development	Based on literature and Bronfenbrenner's theory
Semi-structured interviews	In-depth, semi-structured interviews with 15 participants from the 46 SAI Brigade unit (aged 25–52) with direct combat experience. Interview was conducted individually per interview session
Duration of interviews	45 – 60 Minutes per interview

Recording and transcription	Audio-recorded with consent and transcripts
Location	Confidential office within 46 SAI brigade military unit
Data Management and Storage	
Step	**Details**
Transcription Notes	Verbatim transcription with anonymization of identifiable data Each transcript was reviewed for accuracy and annotated with contextual information (e.g., pauses and emotional tones etc)
Storage	Data was stored securely on encrypted, password-protected devices. Participant names were replaced with pseudonyms
Researcher's memos	Maintained throughout for reflexivity and analytic decisions

Data Analysis Steps	
Phase	**Action Taken**
Familiarization with data	Repeated reading of transcripts
Initial coding	Inductive codes developed from raw data Codes were conducted using line-by-line coding to identify meaningful units (e.g., "suppressed emotion", "hypervigilance", "lack of post-deployment support").
Theme generation	Codes grouped into themes aligned with ecological framework
Review, refinement and final themes	Themes were checked during the entire dataset. Additionally, themes were defined, named and supported with quotations
Emergent Themes	
Theme	**Brief description**
Theme 1: Combat Conditions and Experiences	Details the physical, emotional and environmental stressors during deployment
Theme 2: Social Support and Networking	Role of family, peers, and informal networks in coping
Theme 3: Combat Training and Preparedness	Details the effectiveness and psychological readiness of redeployment training
Theme 4: Leadership and Mental Well-Being	Details the influence of command structures and leaders on morale and psychological health
Peer Debriefing	There were continuous meetings with my academic research supervisor to discuss emerging themes in-order to confirm and maintain consistency
Trustworthiness and Credibility	

Criteria	Strategies Used
Credibility	This was achieved through member checking, triangulation of data sources (interviews and field notes) and prolonged engagement
Dependability	This was achieved through detailed documentation of research process "audit trail maintained"
Confirmability	This was done through reflexive journal and external audit (peer review of coding/themes)
Transferability	This was done by outlining thick descriptions of participant context and environment provided in findings
Supervisor review	Regular feedback received during analysis phase
Ethical Considerations	
Aspect	**Details**
Informed Consent	Written and verbal informed consent was obtained and maintained
Confidentiality	Pseudonyms were adopted and identifiable data was removed
Risk management	Participants were made aware of their choice to withdraw from the research proceeding at any time without consequence. A unit qualified psychologist was made available as part of support services and was available in case of emotional distress
Ethical approval	DI ethical clearance (DEF INT/R/202/3/7 and Defence Intelligence Division UNISA ethical approval obtained from (College of Human
	Science CREC and ref number: 5020) NHREC Registration: (Rec – 240816-052)
Reflexivity Log Snapshot	
Date	**Observation/Reflection**
21/05/2025	Felt emotional after one participant shared traumatic event and paused to debrief internally
20/06/2025	Recognized pattern in how leadership was described, began coding for "negative and positive leadership"
Process Notes	
Interview Memos	Written after each interview to capture immediate impressions, emotional responses and contextual observations
Refinement logos	Adjusted the interview guide slightly after three initial interviews to encourage deeper reflection on post-deployment experiences

Appendix G: Editing Certificate

Caption COMMUNICATIONS

Unit 3 West Square Business Park
407 West Avenue
Randburg
2194

17 October 2025

TO WHOM IT MAY CONCERN

This serves to confirm that I have edited and made the necessary corrections and emendations to the study:

EXPLORING THE PSYCHOLOGICAL WELL-BEING OF SOUTH AFRICAN MILITARY MEMBERS EXPOSED TO COMBAT DEPLOYMENTS

by

MAMENYANA JUDITH MUSE

Sincerely



J Musi
Editor

Tel: +27 84 513 3707• Fax: 086 532 6404• e-mail: caption@webmail.co.za • P O Box 1550 • Honeydew • 2040