

Conscription symposium: A Chaplain's re-integration into society: A pastoral understanding.

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Good afternoon ladies and gentleman.

Can I begin with saying how privileged I am to be a part of this group, and how excited I am to be here and to learn from everyone. A little history about myself, I just finished my M.Div. degree here at Stellenbosch, and am now continuing my post-graduate studies with an MTh in pastoral care under the guidance of Professor Thesnaar. Seeing as the time I was allowed for my research during M.Div. was very constricted, I have at this point only started to gain some understanding about the issues that surround conscription and the aftermath of that.

I would also like to explain where the idea for my research came from, and why I decided to follow this specific path of studies. I am turning 24 this year, which means that everything I know about the Border War, conscription and the SADF is stories for me, not something I experienced. It is something that I sometimes heard about whilst growing up, but it was never fully discussed anywhere. I knew my father was on the Border, but he never told me about his experiences. Thus my knowledge and current study on this topic is based on narratives I have heard and literature that I have read. I indeed plan to pursue on further research on this theme

About two years ago I was having coffee with my mentor, a minister of the DRC, and we were talking about his past as minister, and how he got to be where he is. At one stage his conscription in the SADF came up as point of discussion, and his time as a chaplain on the Border. It was his stories that at first triggered me to start reading about the Border War. We had another conversation a few weeks later, where I once again questioned him on his time as chaplain. I was particularly interested in how he managed to adapt to congregational ministry after his conscription with all these experiences he was exposed to... He seemingly struggled to respond to this question. I remember one specific response he really struggled with was to have compassion with people that had to deal with death. He said that after the war he did not feel any emotion will confronted with death, which impacted on his grief and bereavement ministry in the congregation. This really made me think about the possible impact that the war could have had on chaplains. If he had such a hard time fully re-integrating himself back into society after the war, I assumed that there were/are other chaplains that are fighting similar battles, or have fought these battles. Like I said at the beginning, Unfortunately I have as of yet been unable to do any empirical research, but The plan is to identify a few chaplains and to hear their stories and struggles with regards to the process of re-integration.

It was because of those informal conversations with him and some more formal discussions about researching the idea with Professor Thesnaar that I came up with the topic of my research. I must say that it is quite nerve-wracking for me to stand here today, but again, I am very thankful to be a part of this group. When I first started thinking about ideas, and what to write about my topic academically, I received some help from Wilhelm over there with regards to articles and documents that indicate the prevalence's of PTSD in war veterans. Therefore I would like to open with a brief discussion of one of these articles. In a study co-authored by M. Connel, O. Omole and U. Subramaney which focused on the impact of the South African Border War veterans and the prevalence of PTSD, which involved them contacting several of these veterans with a questionnaire and interviews with the goal of establishing whether there was any impact of the war on these men afterwards. Within this study there are a few interesting findings that are worth noting, but one of

the most important statements they make within this article: Throughout other studies that have been done, there is a strong correlation between combat exposure and the development of PTSD which can be seen in veterans. Although they do not deal with chaplains specifically, they are dealing with men who had walked alongside chaplains, who served together on the Border and witnessed the same things and survived the same dangers, or rather the chaplains were in support of these men... This study aims to bring across the point that PTSD is a real issue in the SADF veterans. Further along in the article they state: The South African Border War presents parallels with several other wars. Many conscripts were exposed to combat, some witnessed or participated in atrocities and many had contact with casualties of the war. It is therefore likely that the S.A.B.W. had left a large number of ex-combatants with emotional and psychological damage.

The reason why I am mentioning this study before I said anything about chaplains of the SADF is to be able to show that PTSD, and the trauma war presents is a real issue in South Africa as well. I believe I can assume that everyone here is familiar with similar stories about ex-conscripts that have struggled to deal with a number of issues that came out of their time on the Border. Due to the nature of my research, the focus is thus not on the stories of conscripts but specialized focus towards the chaplains of this same era and circumstances.

To understand what the role of the chaplain is, I feel it important to understand a bit of the history first, but not the entire history of chaplaincy (which is quite fascinating), only with regards to their conscription and roles to play during the war and SADF. Whilst I was dealing with the history of chaplaincy, a few questions as also noted by Professor Andre Wessels from UFS came to mind: 1) what developments took place within the Chaplain General office during the war? 2) What were the nature and extent of the roles chaplains had to play during the war? 3) To what extent did chaplains play a part in the cross border operations?

History of SACHS

The restructuring and evolution of the chaplaincy services in the early 1970's were monumental in the establishment of chaplains as a wing of the SADF that could function independently. When the chaplains were given the autonomy of functioning by themselves there were 52 full-time chaplains on staff. This number grew very fast, and by 1974 there were 73 Permanent Force chaplains, 26 Citizen Force chaplains, 126 Part time chaplains and 111 commando force chaplains. All of these men residing under the leadership of the Chaplain General. The requirements for chaplains were similar to that of soldiers, for example they had to be medically fit, have security clearance and above that also be ordained ministers in their particular denominations. By 1980 there were 77 Permanent Force chaplains and 200 part-time chaplains. It was these part-time chaplains that had an immense role to play in the ministry to those soldiers who had no representation of their denominations.

Initially chaplains did not receive any specialized training by the SADF when conscription began, but resorted to working with a senior chaplain. However this was changed in 1971 when the first course was implemented for chaplains to sensitize them to the realities of war, and the circumstances of the soldiers, and to also prepare them to be able to conduct pastoral care in any crisis situation.

As the intensity of the war increased, and the amount of troops in the SADF grew, a shortage of chaplains came about and thus SACHS resorted to conscription of theological student who had finished their formal theological training, who were called the NSM (national service men). At first the time of conscription for these men was 12 months, but as logistics would have it, it was later extended to 24 months which included a compulsory tour of the border for 3-4 months. The NSM

chaplains underwent basic training, and due to their younger age, their ministries were mostly met with openness and warm hearts because they were essentially ministering to their peers. The role of these NSM chaplains, as well as all the other branches of SACH was to spiritually strengthen and help soldiers cope with the stressors of war, be there for church services and to be there for pastoral work.

On the question of the cross border operations, and without going into details about each of these operations. I feel it is important to name at least one of these operations: in 1975, when Operation Savannah was conducted, chaplains were actually deployed with the soldiers. First staying behind at the medical posts, but due to all of the experiences gained during this operation by the soldiers,, the chaplains developed a slogan: as far forward and as informal as possible... It is from here onwards that chaplains were deployed as extra crew members of the fighting vehicles, whilst having a chaplain at the medical post, and one at the main base, and thus from this point forward chaplains were getting the same exposure to the war on first-hand accounts, not just through stories told to them. It is with these chaplains whom had been a part of these operations, and had come out on 'the other side' that I wish to conduct my interviews, the men who were deployed with the troops. The men who had to witness war first hand, the men who had to face the same dangers as the other soldiers, and thereafter had to deal with the issues that surrounded the soldiers in a pastoral manner.

Although there is a lot of criticism towards the chaplains and the morality behind what they were doing there, this is not a focal point of my research as of yet.

With a short introduction towards the history of chaplaincy, and how I came to this study we can move forward in my own research. which was to gain an understanding of PTSD and trauma in post war, peaceful situations. I felt it was very important to understand something PTSD, which as with the case of the border War was something I've only ever heard about, so just for the sake of clarity: PTSD is an anxiety problem that develops in some people after extremely traumatic events such as crime or combat, etc.... Due to the fact that my research essentially deals with chaplains, who were supposed to be non-combatant at most times, I had to investigate other possibilities of war that could bring about PTSD and trauma in a person, rather than just direct contact with conflict of involvement in war practices. One such possible cause of PTSD found in a study co-authored by McCarroll, Ursano and Fullerton, which deals with the prevalence of PTSD in members of the U.S army that had to recover the war dead, serves as proof that PTSD or trauma could be caused by something other than direct conflict..

Trauma, as defined by Pumla Gobodo-Madikizela and Chris van der Merwe is: the undoing of oneself. And thus with this concept of trauma the possibilities of a person who is acting differently because they are not fully themselves anymore, essentially because the trauma is affecting who they are, is an issue that needs to be addressed. Scenarios linked to direct contact with war, or contact with those that have been killed in war could possibly have extreme lasting effects on a person, which could influence them a lot more than what meets the eye. I remember that during my M.Div. year of 2015, as a class we went to the Tygerberg Morgue, and I don't think I will ever forget the smell, or what the bodies there looked like. Even though that is just a glimpse of what war might look like, it leads me to think that issues like dealing with the war dead, could have impacted men in many ways, almost as much as the actual combat.

If you will allow me to briefly turn away from the border War and focus on another war, namely , WW II, but more specifically the columns which Ernie Pyle wrote about the war to send back home for the people of America to have some news of what is going on in the actual war My focus is on

the last column he wrote, which was published posthumously due to him being killed before he could send it back, also tells the story of what it was like to see the dead bodies, and what death did to the people there. The last few sentences of this column really does tell the same story as that of the case study I just mentioned.

But there are so many of the living who have had burned into their brains forever the unnatural sight of cold dead men scattered over the hillsides and in the ditches along the high rows of hedge throughout the world. Dead men by mass production-in one country after another-month after month and year after year. Dead men in winter and dead men in summer. Dead men in such familiar promiscuity that they become monotonous. Dead men in such monstrous infinity that you come almost to hate them. Those are the things that you at home need not even try to understand. To you at home they are columns of figures, or he is a near one who went way and just didn't come back. You didn't see him lying so grotesque and pasty beside the gravel road in France. We saw him, saw him by the multiple thousands. That's the difference.

It becomes almost easy to assume that anyone who had went to the Border, had to deal with death at some point, but like I said, anything I know about the war is what I've learnt from books, and thus I could never truly know what it was like there. But from my research up to this point, and due to my knowledge of what is expected of a minister I believe it was the job of the chaplains during the war to nurture and care for the soldiers who were struggling with different issues surrounding the war. Because of the high strain placed on chaplains, we might be able to imply certain concepts that might have led to chaplains struggling with the ministry placed upon them. These are terms like compassion fatigue and secondary trauma Both these terms refer to a point where a caregiver has heard so many traumatizing events, that they themselves become traumatized and become distant and disengaged, and are no longer excited to do what their passion once was. Ministry involves compassion, and a chaplain who had been so compassionate and engaged in the soldiers he served, could possibly have gotten to the point where compassion fatigue took charge and thus he had even more to deal with than just the stories and narratives of the soldiers.

If chaplains had to suffer through trauma, be it first hand or through stories and overexposure, the last question of my research is: what do we do now? What is the way forward?

When I was trying to take what I had learnt about the war, trauma and PTSD through my research and turn it into something that can add to the conversation about counselling and reconciliation, I came across the concept of Narrative therapy, which I propose to be one of the possible ways to move forward and is also the way forward in my own research thus far. Narrative therapy, in very easy terms is the process of taking a traumatic event and turning that narrative into something positive, basically it is about changing the outcome of the event by changing the way a person thinks about that specific narrative.

A quote from Friedman and Combs helped me to understand the importance of narratives, and the importance of narrative therapy: "The narrative metaphor proposes that persons live their lives by stories-that these stories are shaping of life, and that they have real, not imagined, effects- and that these stories provide the structure of life" Due to the fact that chaplains were essentially the Therapists on the border, who had to counsel and care for the troops, take the messages of death to the families and keep up the morale of the soldiers, they were living in a number of different narratives that all had to do with trauma at some point. This could have possibly affected them, and

had them lose focus of their own narratives. Thus in the next phase of my research I wish to delve deeper into narrative therapy and with empirical research attempt to find these narrative again.

With a quote like that, and with the many stories that lie untold about the Border War, by soldiers, but specifically chaplains seems very important if we wish to have ministers that are successfully reintegrated into society and continue their work in the Kingdom of God. Hopefully the empirical side of my research will be able to hold some of these stories and shape the way forward for me also. My question about how my research can be relevant today is still something that I am trying to formulate, so any input on that point will be much appreciated.

In conclusion:

It is by taking the narrative of trauma, and changing the outcome that a person is taking back the sense of 'self' that they lost during the event that shook them so heavily. If the expectation is of our chaplains to maintain the spiritual strength and well-being of soldiers, then we must help them make sense of what they go through, and be their care-givers as they are the care-givers of so many others. We must constantly help the chaplains take control of their own narratives before there can be expected of them to help others do the same thing. If we do not do this, we will have a much larger problem on our hands.

With regards to my research and the contribution that I try to make to the world of theology, and this symposium, I feel like my research is quite unique to some extent, and I would like to further this as far as possible in Academics. I am attempting through this first phase of my research to understand the possibilities of trauma within chaplains, which will either be proven or disproven with empirical research. For now I wish to add to the conversation of our understanding of PTSD especially with the focus on the conscription of the SADF and Border War, so that we might be able to either help those ex-conscripts to deal with untold narratives in their lives, or to help the future chaplains and soldiers of our nation.

There are a few questions that I still have about my way forwards with this topic, and seeing as I'm young, I still have a lot of time to answer them. Especially because I do not want to duplicate anything that I have already said. With empirical research, seeing as I don't have a lot of experience in that, I have the question about how to go about interviews? How to set it up, what questions to ask a person when I see them? And how do I make that space the safest possible for them to feel as comfortable as they can?

I also wonder whether I could maybe include, in my research, some current chaplains of the SANDF, to be able to stretch the relevance and timeframe of my research.

Lastly I would love to know more about where I can get a hold of more chaplains? I know a few, but not enough I think.