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ASSESSMENT OF PSYCHOSOCIAL BEHAVIOUR OF RWANDA PATRIOTIC FRONT (RPF) EX-COMBATANTS IN POST-WAR CIVIL LIFE

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Abstract:

The objective of this study was to assess the psychosocial behaviours of Rwanda Patriotic Front ex-combatants in the Post-War Civil Life during the reintegration process into civil life. The research findings indicate that over 60% of the ex-combatants manifest psychosocial disorders as regards to depression, anxiety, traumatic characters, and cognitive maladaptive behaviours. This study recommends that the government should work hand in hand with various stakeholders to consider grouping Rwanda Patriotic Front ex-combatants once again and carry out detailed study on their psychosocial states. Through this study various psychosocial disorders found out constituted guidance towards the support to be offered to Rwanda Patriotic Front excombatants. Detailed program could also be designed for those with high depression, traumatic characters and cognitive maladaptive behaviours to see professional counsellors and therapists in a given arrangement.

Keywords: ex-combatants; psychosocial behaviour, reintegration process

1. Introduction

Reintegration of ex-combatants in the aftermath of civil war is a process that needs planning and participation of all stakeholders in the community. Thus, different parameters need to be valued and examined carefully to effectively reach the goals and objectives of cohabitation in the reintegration process of ex-combatants especially for vulnerable persons. in some instances there are situations in which indigenous approaches face limitations in their ability to provide the necessary resources to heal families and societies (Mac Ginty, 2008).

As it has been clearly spelt out, the overarching goal of the reintegration of excombatants in the civil war in Rwanda was to contribute to the consolidation of peace

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and stability in the Great Lakes Region especially in Rwanda and in the Democratic Republic of Congo through the completion of the DDR process for the remaining of Rwandan refugees and further reduction of threat to Rwanda security. This was aimed at rebuilding and maintaining capacity required for repatriation, reinsertion and reintegration of an estimated 5,500 members of former armed groups and about 10,000 of their dependants. Maintain capacity required for the completion of reintegration activities of ex-combatants in relation of atrocities committed in Rwanda and Democratic Republic of Congo; and to enhance them to access proper services at the national level (Eytan, Munyandamutsa, Mahoro, & Gex-fabry, 2015).

In Rwanda, the international community played a vital role in the reintegration process of ex-combatants who actively participated in civil war which led to genocide of minority Tutsi ethnic group somewhat reported that the majority of the ex-combatants remained socially and economically disadvantaged after their reintegration (Edmonds, Mills, & McNamee, 2009).

To ensure effectiveness and efficiency in attainment of these objectives the management and implementation mechanisms for the proposed program was reviewed to match to the remaining workload, while allowing for a process of systematic integration into mainstream planning and support within the Economic Development and Poverty Reduction Strategy (EDPRS) framework. It was also noted that the former army and ex-militia went through screening so that ex-child soldiers and militia could be separated from their counterparts for rehabilitation before reunification with their families.

It is within this background that this study attempts to bridge the knowledge gap by unearthing the details regarding the reintegration of ex-combatants and critically evaluate the efficacy of the psychological and social support offered and the sustainability of that process towards the post conflict traumas of the victims.

2. Literature Review

Bleich, Gelkopf, & Solomon (2003) carried out a study on stress related mental health symptoms, and coping behaviours among a nationally representative sample in Israel and their study found out that 76.7% of subjects exposed to war-related trauma had at least one traumatic stress-related symptom, while 9.4% met the criteria for acute stress disorder. This view was also supported by the study carried out by (Solomon, Mikulincer, & Kotler, 1987) as their study on initial combat stress reaction in Lebanon showed that PTSD-related chronic diseases and physical symptoms were associated with a greater engagement in risk behaviours. Consistent link between participation in war and mental health challenges was also established in the works of (Karam et al., 1998) as their study with survivors of Lebanon wars found that of the 658 people randomly sampled, the lifetime prevalence of Diagnostic Statistical Manual of mental Disorders (DSM-III-R) major depression varied across the communities from 16.3% to

41.9%. The study also affirmed that exposure to war and a prior history of major depression were the main predictors for current depression.

Saab, Chaaya, Doumit, & Farhood (2003) undertook a cross-sectional study with 118 Lebanese hostages of war and their results displayed found that psychological distress was present in 42.1% of the sample compared to 27.8% among the control group. However, the authors observed that years of education and increase in religiosity after release were some of the significant predictors for distress.

In the context of Rwanda, a study carried out by (Zraly & Nyirazinyoye, 2010) documented the physical and mental health problems of the survivors of the civil war and genocide in Rwanda. (Townley & Kloos, 2011) also confirmed in their community based study examining that of the 2091 participants sampled, 24.8% met symptom criteria for PTSD, with the adjusted odds ratio of meeting PTSD symptoms criteria for each additional traumatic event being 1.43%. The study also contended that respondents who met PTSD criteria were less likely to have positive attitudes towards the Rwandan national trials.

2.1 Research Objective

The objective of this study was to assess the psychosocial behaviours of Rwanda Patriotic Front ex-combatants in the Post-War Civil Life during the reintegration process into civil life.

2.2 Research Questions

The study was guided by the following question: What were the psychological behaviours of Rwanda Patriotic Front combatants in post-civil war during the reintegration process into civil life?

3. Methodology

Descriptive survey design was adopted and applied to illustrate how reintegration of Rwanda Patriotic Front ex-combatants was and has been ensured in post war traumatic stress disorder in Rwanda. Through these designs, factual characteristics that compose the reintegration process in the country were qualitatively and quantitatively landscaped has been employed as a primary approach and qualitative approach has been used as supporting approach because it allows the researcher to produce data that is holistic, contextual, descriptive, in-depth and rich in details (Neumann, 2000, p. 45). The target population composed of ex-combatants residing in Kigali City, officials from the Rwanda Demobilisation and Reintegration Commission (RDRC), staffs of Non-Governmental Organizations that contributed during the demobilization and reintegration process; community leaders at sector level; leaders of various political organizations with headquarters in Kigali City and City council officials. In this regard, the total research population was 5000 people. Thus, using Yamane's formula, the sample size was 370 respondents. Two basic data collection instruments have been used in this study namely group guided interviews and questionnaires.

4. Theoretical Review

One of the theories guiding this study is the Social Control Theory that has been developed (Bandura, 1971). The theory is related to the vulnerable ex-combatants of civil war because of its relevance to home environment as most of combatants are from war ravaged areas and belong to the impoverished and marginalized sections of society. This theory proposes that exploiting the process of socialization and social learning, builds self-control and reduces the inclination to indulge in behaviour recognized as antisocial. In other words, the theory believes that people's relationships, commitments, values, norms, and beliefs encourage them not to break the law. Thus, if moral codes are internalized and individuals are tied into, and have a stake in their wider community, they will voluntarily limit their propensity to commit deviant acts (Mackmin, 2007). Also noted that the theory seeks to understand the ways in which it is possible to reduce the likelihood of criminality developing in individuals. It does not consider motivational issues, simply stating that human beings may choose to engage in a wide range of activities, unless the range is limited by the processes of socialization and social learning.

5. Results

5.1 Psychosocial Behaviours of RPF ex-combatants after their reintegration into civil life

Psychosocial state of Rwanda Patriotic Front ex-combatants after their reintegration into civil life was investigated so as to answer the first research question. The Self-esteem inventory scale (SEIS) employing options of 'Like Me and Unlike Me' and Self-Concept as a Learner Scale (SCLS) employing options of 'True, Partially True Partially False and False' were used to determine the psychosocial state Rwanda Patriotic Front excombatants after their reintegration into civil life. The findings regarding these are presented in Table 1 and Table 2.

Table 1: Psychosocial Challenges as Per Self-Esteem Inventory Scale (SEIS)			
Self-Esteem Inventory Scale (SEIS)		Frequency	Percent
I often wish that I were someone else	Like me	144	75.0
	Unlike me	48	25.0
I find it very hard to talk in front of people	Like me	123	64.1
	Unlike me	69	35.9
There are a lot of things about myself I'd change if I could	Like me	166	86.5
	Unlike me	26	13.5
I can make up my mind without too much trouble	Like me	51	26.6
	Unlike me	141	73.4
I get upset easily at home (in public)	Like me	118	61.5

Table 1: Psychosocial Challenges as Per Self-Esteem Inventory Scale (SEIS)

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	Unlike me	74	38.5
	Like me	148	77.1
I am a lot of fun to be with	Unlike me	44	22.9
	Like me	67	34.9
It takes me a long time to get used to anything new	Unlike me	125	65.1
I am nonular with noonlo of my and	Like me	68	35.4
I am popular with people of my age	Unlike me	124	64.6
	Like me	64	33.3
My relatives (family members) usually consider my feelings	Unlike me	128	66.7
I give in very easily	Like me	134	69.8
	Unlike me	58	30.2
My relatives (family members) expect too much from me	Like me	139	72.4
why relatives (ranning members) expect too much nom me	Unlike me	53	27.6
It's pretty tough to be me	Like me	151	78.6
it's pretty tough to be me	Unlike me	41	21.4
Things are all mixed up in my life	Like me	131	68.2
Things are an inixed up in my me	Unlike me	61	31.8
I have a low option of my self	Like me	138	71.9
i have a low option of my sen	Unlike me	54	28.1
There are many times when I'd like to leave home	Like me	104	54.2
There are many times when r a fike to leave nome	Unlike me	88	45.8
I often feel upset in public places	Like me	132	68.8
	Unlike me	60	31.3
Most people are better liked than I am	Like me	68	35.4
	Unlike me	124	64.6
I am not as nise looking as most neonle	Like me	130	67.7
I am not as nice looking as most people	Unlike me	62	32.3
I often get discouraged easily	Like me	141	73.4
i onen get uiscoulaget easily	Unlike me	50	26.0
Things usually don't bother me	Like me	41	21.4
Things usually don't bother me	Unlike me	151	78.6

Source: Primary Data, 2019.

The findings in Table 1 indicates that 75% of the RPF ex-combatants agree that they often wish that they were someone else; 64.1% of them agreed that they find it very hard to talk in front of people; 86.5% of them agreed that there are a lot of things about them they would change if they could; 73.4% of the RPF ex-combatants can make up their mind with too much trouble; 61.5% of them get upset easily at home (in public); 64.6% are not popular with people of their own age; 66.7% believe that their relatives (families) usually do not consider their feelings. Further still, 72.4% believe that their relatives (family members) expect too much from them; 78.6% consider that it's pretty tough to be them; 68.2% agreed that things are all mixed up in their life. Lastly, 71.9% of the RPF ex-combatants have a low option of themselves; 54.2% of them reveal that there are many times when they would like to leave home; 68.8% of them often feel upset in public places; 67.7% of the RPFex-combatants are believe that they are not as nice looking as most people; and 73.4 of them often get discouraged easily.

Nevertheless, 77.1% of the ex-combatants believed that they are a lot of fun to be with; 65.1% of them disagreed that it takes them a long time to get used to anything new; 69.8% disagreed that they give in very easily; 64.6% disagreed that most people are better liked than they are; and 78.6% of the ex-combatants disagreed that things usually don't bother them.

Self-Concept As A Learner Scale (SCLS)	llenges among Ex-Combatants		Percent
	True	80	41.7
I often wish that I were someone else	Partially true partially false	88	45.8
	False	24	12.5
I wish I didn't give up as easily as I do	True	80	41.7
	Partially true partially false	88	45.8
	False	24	12.5
	True	87	45.3
I get my work done, but I don't do extra work	Partially true partially false	78	40.6
	False	27	14.1
	True	64	33.3
I get discouraged easily in public	Partially true partially false	97	50.5
	False	31	16.1
	True	16	8.3
I give up easily in works	Partially true partially false	80	41.7
	False	96	50.0
	True	107	55.7
I do things without being told several times	Partially true partially false	81	42.2
	False	4	2.1
	True	6	3.1
I am satisfied to be just who I am	Partially true partially false	62	32.3
	False	124	64.6
	True	46	24.0
I like jobs that give me responsibility	Partially true partially false	88	45.8
	False	58	30.2
	True	32	16.7
I like to start work on new things	Partially true partially false	97	50.5
	False	63	32.8
I cannot remember directions of doing things	True	13	6.8
	Partially true partially false	50	26.0
	False	129	67.2
I do well when I work alone	True	102	53.1
	Partially true partially false	75	39.1
	False	15	7.8
	True	96	50.0
I have difficulty deciding what to do	Partially true partially false	69	35.9
	False	27	14.1
	True	76	39.6
I give up if I don't understand something	Partially true partially false	96	50.0
	False	20	10.4

 Table 2: Psychological Challenges among Ex-Combatants

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I get tensed when I am called on in public	True	95	49.5
	Partially true partially false	81	42.2
	False	16	8.3
I make mistakes because I don't listen	True	16	8.3
	Partially true partially false	45	23.4
	False	131	68.2
I do things without thinking	True	4	2.1
	Partially true partially false	70	36.5
	False	118	61.5
I find it hard to remember things	True	35	18.2
	Partially true partially false	85	44.3
	False	72	37.5
I change my mind a lot	True	80	41.7
	Partially true partially false	99	51.6
	False	13	6.8
My colleagues have no confidence in me	True	78	40.6
	Partially true partially false	99	51.6
	False	15	7.8
I feel left out of things in public	True	90	46.9
	Partially true partially false	75	39.1
	False	27	14.1

Source: Primary Data, 2019.

To help in the interpretation of data on Self-Concept as a Learner Scale (SCLS), two parameters were used: The first is that 'True' items that were highly rated and those that were partially agreed and partially disagreed were considered in the first category against the ones that were most rated false and partially agreed and partially disagreed were considered in the second category. Thus, if the items in the first category were more than the ones in the second category, it was confirmed that ex-combatants still face more psychosocial disorders and the reverse was true. In the second parameter, the average of items rated 'True' was rated against the items rated 'False'. In this regard, if the average for items rated 'True' was more than the ones rated 'False', it was accepted that ex-combatants still experience more psychosocial challenges.

Considering the items most rated 'True and those rated partially True Partially False', it was first noted that 45.8% of the ex-combatants partially agreed and partially disagreed that they often wish that they were someone else while 41.7% of them agreed with the statement; 45.8% of the respondents partially agreed partially disagreed that they wish they didn't give up as easily as they do while 41.7% completely agreed with the statement; 45.3% completely agreed that they get their work done, but they don't do extra work while 40.6% of them partially agreed partially disagreed with the statement. Furthermore, 50.5% of the ex-combatants partially agreed partially disagreed that they get discouraged easily in public while 33.3% of them completely agreed with the statement; 55.7% of the agreed that they do things without being told several times while 42.2% of them partially agreed partially disagreed with the statement; and 53.1% of the ex-combatants agreed that they do well when they work alone while 39.1% of

them partially agreed partially disagreed with the statement. Similarly, 50.0% agreed that they have difficulty deciding what to do while 35.9% of them partially agreed partially disagreed with the statement; 50.0% of the ex-combatants partially agreed partially disagree that they give up if they don't understand something while 39.6% of the ex-combatants disagreed with the statement; 49.5% of the ex-combatants agreed that they get tensed when they are called on in public while 42.2% of them partially disagreed partially disagreed with the statement; and 51.6% partially agreed partially disagreed that they change their mind a lot while 41.7% of the ex-combatants agreed that their colleagues have no confidence in them while 40.6% of the ex-combatants agreed with the statement; finally, 46.9% of the ex-combatants agreed that they feel left out of things in public while 39.1% of them partially agreed partially disagreed with the statement.

On the other hand, 50.0% of the ex-combatants disagreed that they give up easily in works while 41.7% partially agreed partially disagreed on the statement; 64.6% of the ex-combatant disagreed that they are satisfied to be just what they are while 32.3% of them partially agreed partially disagreed with the statement; 45.8% of the excombatants partially agreed partially disagreed that they like jobs that give them responsibility while 30.2% of them disagreed with the statement; 50.5% of the excombatants partially agreed partially disagreed that they like to start work on new things while 32.8% of them disagreed with the statement; and 67.2% of the excombatants disagreed that they cannot remember directions of doing things while 26.0% of them partially agreed partially disagreed. Cordially, 68.2% of the excombatants disagreed that they make mistakes because they don't listen while 23.4% of them partially agreed partially disagreed with the statement; 61.5% of the respondents disagreed that they do things without thinking while 36.5% of them partially agreed partially disagreed with the statement; and 44.3% of the ex-combatants partially agreed and partially disagreed that they find it hard to remember things while 37.5% of them disagreed with the statement.

Thus, the number of items belonging to the first category (items on which majority of ex-combatants agreed and partially agreed and partially disagreed) are 12 while those belonging to the second category (those on which majority of the ex-combatants have disagreed on and partially agreed and partially disagreed on) are 7. Following the basis for interpretation, the average percentage of all agreed is 32% while that for disagreed is 26%. Considering the two parameters, it can be noted that ex-combatants still have significant psychological disorders.

6. Discussion

6.1 Psychosocial Behaviours among Rwanda Patriotic Front ex-combatants after their reintegration into civil life

Concerning the psychosocial disorders or challenges among Rwanda Patriotic Front excombatants after their reintegration into civil life within their communities, this study found out that about 69.8% of the ex-combatants still face considerable psychosocial disorders and this is more profound in their self-esteem as examined by Self-Esteem Inventory Scale. Their low self-esteem makes them uncomfortable in front of other people; they are weak and ineffective in decision-making; and still feel the bitterness of their war experiences thus, they get upset easily at home and in public. To add on, the Rwanda Patriotic Front ex-combatants expected special consideration and treatment from their family members and community in general; others feel that they are living in hell right now; as others do not have a clearer direction to better life. Further still, the Rwanda Patriotic Front ex-combatants consider themselves as insignificant and hopeless persons in their communities and this makes them have a pessimistic view of life.

The findings through Self-Concept as a Learner Scale (SCLS) also had a similar findings as the one obtained through Self-Esteem Inventory Scale (SEIS) as about 55 % of the Rwanda Patriotic Front ex-combatants are trapped in psychosocial disorders. The clearer picture is that a big number of ex-combatants are not happy of their current identity, they enjoy loneliness at work; and their bargaining power is weak. Their cognitive and intellectual capacities are limited. Furthermore, they give up on things they don't understand thus, they are limited in exploring and discovering new things; mostly still feel tensed when called upon in public; they do not trust other people thus, lack confidence in other people; and depression surrounds their world.

It is over ten years that the last reintegration of Rwanda Patriotic Front excombatants took place. Nevertheless, this period of time has not compromised with the psychosocial disorders among them as this study found out that over 55% of Rwanda Patriotic Front ex-combatants experience depression, challenges related to self-esteem and cognitive dilemmas among others. This finding in Rwanda is in agreement with the one by (Cardozo et al., 2004) who depict the link between participation in war and mental health challenges in case of Afghanistan. Just as it is in case of ex-combatants in Rwanda, (Cardozo et al., 2004) indicate that sixty-two percent of the participants reported experiencing at least four trauma events during the previous ten years. Symptoms of depression were found in 67.7% of respondents, symptoms of anxiety in 72.2%, and post-traumatic stress disorder (PTSD) in 42%.

Similarly, psychosocial disorder study among ex-combatants in case of Rwanda is also in agreement with the one by (Basoglu et al., 2005) as all of them demonstrate a close association between psychiatric disorders (depression and PTSD) and combatants. As it can be seen in the findings in Rwanda, where the Rwanda Patriotic Front excombatants still exhibit psychiatric disorders and disability and this same view was shared by (Lopes Cardozo, Kaiser, Gotway, & Agani, 2003) in their study on Bosnian survivors in the armed conflict in Kosovo.

It should be noted that the 1994 genocide against tutsis in Rwanda left massive destruction of social fabric of the society as a result; some of the participants who are now ex-combatants still manifest maladaptive psychosocial behaviours after more than 10 years. This finding also appeared in the works of (Clymer, 2004) also carried out

study on the psychosocial behaviours of the survivors of the civil war that occurred in 1960s in Cambodia. As it is in the case of Rwanda, (Clymer, 2004) found out that the long history of violence had left several survivors with psychiatric symptomatology after 10 years.

Cordially, cases of depression among Rwanda Patriotic Front ex-combatants have been highly noted. This view had also come out in the household survey by (R F Mollica et al., 1993) as it showed that of the 993 Cambodian survivors sampled on the Thailand- Cambodia border, more than 80% of them felt depressed and had a number of somatic complaints despite good access to medical services. The study also indicated that about 55% and 15% had symptom scores that correlated with Western criteria for depression and PTSD, respectively. The ex-combatants in Rwanda continue to manifest traumatic characteristics after over 10 years. Such may be common occurrences among ex-combatants regardless of their geographical settings as studies by Mollica et al. (1998) had also found out that cumulative trauma continued to affect psychiatric symptom levels decades after the original trauma events.

The study on psychosocial behaviour of ex-combatants in Rwanda also revealed that they feel that their family members expect too much from them. This suggests that the family members of the ex-combatants have been negatively affected by their situations and they generally have lower moral. A similar observation of this was captured by the (Peterson, Baker, & McCarthy, 2008b) as they recommended that a nation must care for its psychiatric casualties because inadequate healing of excombatants can have a negative impact on the morale of other ex-combatant's family members.

The study in case of Rwanda Patriotic Front ex-combatants also found out that they feel unappreciated by others. They even feel hopelessness within themselves. Scholars such as (Giustozzi, 2006) view such symptoms as combat stress. By having such feelings, ex-combatants are disturbed not by things but by the views they take of them. This has greatly affected the mental and physical health of big percentage of the combatants. A study finding on the hopelessness among ex-combatants in Rwanda also relates to the one by (Wylie, 2010). According to the study findings on ex-combatants by (Wylie, 2010) reveals that ex-combatants with PTSD have the classic symptoms of sleep disturbance, psychomotor retardation, feeling of worthlessness, difficulty in concentrating etc.

Furthermore, the study on psychosocial disorder among ex-combatants in Rwanda reveals that a bigger percentage of ex-combatants feel helpless and would wish to change their identity if they could. This finding is in line with the study results by (Sappington, 1983) as he showed that due to circumstance of war, extended grieving on the battlefield is very unproductive and could become a liability. Thus, (Sappington, 1983) found out that accompanying the depression is a very well developed sense of helplessness about ex-combatants' condition. This study pointed out that in many cases war veterans report becoming extremely isolated when they are especially depressed and substance abuse is often exaggerated during depressive periods. Some other key scholars who shared the same view on ex-combatants' helplessness and isolation are (Peterson, Baker, & McCarthy, 2008). They noted there is a lack of connection in excombatants' thoughts, memories, feelings, actions or sense of identity, which they conceive as dissociation.

As being commonly identified in the lives of ex-combatants, (Giesbrecht, Lynn, Lilienfeld, & Merckelbach, 2008) gave an interpretation to dissociation as a protective or defensive reaction in extreme stress. Referring closely to the situation of ex-combatant who participated in this study, there seems to be a great deal of truth in (Giesbrecht et al., 2008) view that ex-combatants commonly use dissociation among as natural ability to dissociate or avoid conscious awareness of a traumatic experience while the trauma is occurring and for an indefinite time following it.

Wylie (2010) for instance, interpreted alcohol and substance abuse as a negative stress coping action. This strategy was also commonly noted among over 70% of the excombatants in Rwanda who participated in this study.

This study found out that over 70% of the ex-combatants were smokers and alcohol takers. The truth was that many of them derived some sort of inward strength. Though many of the psychosocial disorder victims were careful about revealing their usability to cannabis, some indicated that they learnt to eat or drink or smoke anything from the combat field. Indeed, substance abuse or drug use among the victims is an indication there is a considerable state of unhappiness, sense of hopelessness or physical pain among ex-combatants.

7. Conclusion

Regarding the psychosocial disorders or challenges among Rwanda Patriotic Front excombatants after their reintegration into civil life within their communities, this study concludes that psychosocial disorders among ex-combatants in Rwanda are real. Psychosocial disorder among the ex-combatants in Rwanda has manifested itself into different forms and these include self-esteem challenges; depression, cognitive limitedness, traumatic events and abnormal anxieties. Ex-combatants experience selfesteem challenges because they are uncomfortable in front of other people; many of them expect special consideration and treatment from their family members and community members; they consider themselves as insignificant and hopeless persons in their communities and this makes them have a pessimistic view of life; they give up on things they don't understand thus and they lack confidence in other people. Cognitive challenges are also commonly being observed among the Rwanda Patriotic Front excombatants because a portion of the victims are weak and ineffective in decisionmaking; and do not have a clearer direction to life; their bargaining power is weak; and they are limited in exploring and discovering new things. Traumatic characters are also being noted in the lives of ex-combatants as they feel the bitterness of their experiences thus, they get upset easily at home and in public; others feel that they are neglected. Lastly, significant numbers of the Rwanda Patriotic Front ex-combatants still feel

anxious and feel tensed when called upon in public; and they do not trust other people at all. What they did and witnessed in the battle field makes them unsettled.

8. Recommendation

This study recommends that the government should work hand in hand with various stakeholders to consider grouping Rwanda Patriotic Front ex-combatants once again and carry out detailed study on their psychosocial states. Through this study various psychosocial disorders affecting Rwanda Patriotic Front ex-combatants can be reviewed and recommended help should be offered to them. Detailed program could also be designed for those with high depression, traumatic characters and cognitive maladaptive behaviours to see professional counsellors and therapists in a given arrangement.

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