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Addressing recurrent war trauma and post-traumatic stress disorders in a veteran through combined therapeutic modalities

Angeline Makore
Intern Counselling Psychologist, Zimbabwe

Abstract

This case study presents a war veteran grappling with enduring psychological trauma decades after active combat participation in Zimbabwe and a neighbouring country. The client, having witnessed the loss of comrades and experienced intense terror on the battlefield, was plagued by vivid, intrusive memories of combat scenes dominated by gunfire and bloodshed. Clinical interviews and Mental Status Examination revealed debilitating panic attacks, specifically triggered by war-related memories. Standardized assessment tools including the Davidson Trauma Scale and the DSM-5 Posttraumatic Stress Disorder Checklist (PCL-5) concluded a diagnosis of Post-Traumatic Stress Disorder (PTSD). Therapeutic interventions implemented comprised narrative therapy, Jung's Self-Shadow technique, and cognitive behavioural therapy, aimed at processing traumatic memories, integrating shadow aspects of the self, and restructuring maladaptive cognitions. These modalities collectively contributed to a significant reduction in PTSD symptoms and panic attacks, alongside improved emotional regulation and daily functioning by the conclusion of therapy. This outcome highlights the efficacy of a multimodal therapeutic approach in alleviating chronic combat-related trauma and enhancing psychological resilience. Such evidence supports ongoing efforts to refine interventions addressing enduring trauma in veteran populations within psychological practice and research contexts.

Key words: Post traumatic stress disorder, war veteran, avoidance behaviour, Jung's self -shadow therapy.

Case context and method

A comprehensive clinical assessment was conducted using a combination of clinical interviews and a Mental Status Examination to gather preliminary and relevant information about the client. The clinical interview focused on the client's presenting complaints, history of trauma, current functioning, and psychosocial background. The Mental Status Examination provided systematic observation of the client's appearance, behaviour, mood, thought processes, cognition, and insight, contributing to a holistic understanding of his psychological condition. Four Psychometric instruments were used including Davidson Trauma scale, Post-traumatic Stress Disorder Checklist for DSM-5 (PCL-5) amongst other relevant tools.

Given the client's adherence to African Religious Traditions, culturally relevant and spiritually sensitive techniques were integrated into the therapeutic process. In particular, Jung's Self-Shadow Therapy was adapted to include spiritual assurance and meditation practices aligned with the client's belief system. This approach facilitated connection with deeper unconscious material while honouring the client's cultural and spiritual framework, thus enhancing engagement and therapeutic resonance.

The primary intervention strategies employed were Cognitive behavioural therapy (CBT) and Narrative therapy. CBT focused on symptom management, including exposure techniques and emotional regulation skills to address anxiety,

avoidance, and intrusive trauma symptoms. Narrative Therapy was used to help the client reconstruct and integrate fragmented life stories, promoting meaning-making and acceptance of traumatic experiences within a larger personal and historical context.

Confidentiality and disclaimer: The case contents remain unidentifiable to maintain ethical guidelines and protect the private rights of the client.

Client demographic information

Name	Magamba* Pseudo
Date of Birth	07/05/1949
Gender	Male
Date of Assessment	06/07/2025
Chronological Age	75 years 2 months 25 days
Nationality	Zimbabwean
Marital Status	Married
Occupation.	War Veteran
Academic Level	Standard 6
Address.	Harare Zimbabwe

Client history

Referred by: Wife

Reason for referral: Persistent sleep disturbances, avoidance behaviour and distressing hallucinations.

Referral-details

The client's wife became increasingly concerned about his mental state due to ongoing hallucinations. He frequently vocalizes phrases like "uyandibulala lo gandanga!" in English which means ''that soldier wants to kill me'. A distressing expression indicative of perceived threats linked to past trauma. These episodes coincide with heightened states of fear and agitation. Moreover, violent media content, especially films depicting war, shootings, or combat scenes, consistently provoke vivid and uncontrollable flash-backs, retraumatizing the client. This has severely impacted his emotional stability, daily functioning, and overall quality of life, straining familial relationships and social engagement.

Childhood and early life-growing up, the client was described as physically active and resilient, navigating the challenges of a large family with eight siblings. Despite limited resources and the early loss of his father, he demonstrated adaptability and fortitude. His adolescence was marked by the decision to enlist in the National Army during a turbulent socio-political era, which exposed him to intense experiences beyond his years. This early military involvement left deep psychological imprints, significantly influencing his developmental trajectory.

Family background and current relationships-the client lost both biological parents early in life, an experience that may have contributed to attachment vulnerabilities. He maintains a stable marital relationship and is a father to three sons.

While protective and committed to his family role, his introverted nature and trauma symptoms limit broader social connections, potentially contributing to isolation and emotional withdrawal.

Social and personality profile-self-described as introverted, the client prefers solitary or family-centred activities, finding solace in reading and quiet reflection. His limited social network is both a reflection of personality and a coping mechanism to avoid social

stressors that might provoke distress or flashbacks.

Religious and spiritual history-Raised within the African religious tradition (ART), the client's worldview is shaped by indigenous spirituality grounded in ancestral reverence and community rituals. Client's spiritual beliefs can help necessitate culturally attuned approaches.

Substance use -the client reports occasional alcohol use without signs of misuse or dependency. This controlled consumption appears non-contributory to his presenting symptoms but will be monitored.

Medical history-diagnosed with hypertension, the client is currently under medical care for this condition. There is no indication that his physical health issues exacerbate his psychological symptoms, though ongoing coordination with medical providers is advisable.

Mental health and Family psychiatric history-no known psychiatric disorders have been reported among the client's siblings, suggesting limited familial psychiatric burden. However, the client's mother developed dementia in late adulthood, marked by cognitive decline and behavioural disturbances. This familial background underscores potential genetic or environmental risks that, while unrelated to the client's PTSD, may inform holistic assessments.

General observations

Appearance Client looked healthy for his age, fit with athlete body and wearing a suit.

Behaviour Client had a relative composure with a hint of nervousness

Attitude Client was outspoken and cooperative. It was easy to create rapport with him. He had insight into what was bothering him and was very open with his feelings.

Level of consciousness The client was highly conscious, semi distracted as he constantly looked around the room. His eye contact was not stable.

Orientation Well oriented and aware

Speech and Language Long poses during speech though fluent

Mood Client was temperament

Affect Intermediary

Thought process Logical

Thought content Normal

Attention span Moderate

Suicidal & homicidally None

Intellectual functioning Excellent

Memory Limited/forgetful

History of presenting problem

The client reported that in his early childhood, he was actively involved in the Chimurenga war, a conflict characterized by the struggle between, black liberation fighters and white colonial forces. During that period, he was redeployed to a neighbouring country where the conflict continued. The client vividly described witnessing multiple severe traumatic events, including the brutal killings of his comrades. At one harrowing moment, he resorted to playing dead, lying covered in a pool of blood from a fallen soldier to avoid detection and death himself. Despite surviving these traumatic war experiences, the client emphasized that the psychological impact continues to haunt him persistently.

The client further recounted survival strategies during his time as a soldier, such as drinking urine to sustain himself while hiding in the jungle. He also described a critical incident in which, to defend his life, he deployed a grenade that fatally injured two enemy soldiers. The client disclosed repeated exposure to extreme violence, including witnessing multiple assaults where women were raped by armed combatants and children were killed, which contributed to significant emotional distress and long-standing psychological turmoil.

He described a particularly traumatic experience of losing a close friend who died beside him from hypothermia and war wounds during a cold night. This loss has left a profound imprint on the client's psyche, manifesting in near-daily nightmares and intrusive memories of his deceased friend. The cumulative exposure to gun violence and combat trauma had severely affected his mental health, contributing to chronic distress and impaired well-being.

Moreover, the client reported that his wife initially noticed his heightened sensitivity to violent stimuli whilst watching a war themed television series. He explained that exposure to television programs featuring gun violence triggered intense flashbacks and panic attacks characterized by acute anxiety symptoms such as fearfulness, trembling, and shaking. These symptoms suggest the presence of post-traumatic stress reactions severely impacting his emotional regulation and daily functioning.

Assessments, results and findings

Clinical Interview and MSE: Findings from the clinical interview and the MSE indicates that the client had anxious and panic thoughts caused by his past participation in the war. The client expressed that he was just waiting to die as his dead friend and other victims of the war kept calling him in his dreams therefore having continuous nightmares. To further assess and give a diagnosis, psychometric inventories in the table below were used.

Psychometric Tool	Symptoms problem area	Psychometric properties	Raw Score	Interpretation
1. Davidson Trauma scale	Frequency and severity of PTSD symptoms intrusion, avoid-	Good reliability can differentiate PTSD from other disorders.	51	Frequency and severity Scores range from 0-68. Client's score suggests a significant likelihood of PTSD
2. Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5)	Negative alteration in cognition, avoidance and intrusion	High Internal Consistency (Cronbach's alpha .76 to 97)	39	Client's score indicates probable symptoms
3. Clinician Administered PTSD Scale (CAPS)	Re-experiencing symptoms nightmares and flashbacks, arousal and reactivity symptoms,	Excellent reliability and validity considered the gold standard for PTSD diagnosis	Cluster score -reexperiencing Total score-74	Extreme severity.
4. Impact of Event Scale Revised (IES-R)	Subjective distress related to traumatic events	Strong psychometric support, assesses distress but not for formal diagnosis	28	Scores above 24 indicate clinical concern for PTSD while scores above 33 suggest a probable

Table 1: Psychometric instruments, scores and interpretation

The assessment findings were consistent with the client's mental status examination and observations reported by both the client and his wife. The results indicated that the client's experiences as a soldier and war veteran continue to affect him, as evidenced by flashbacks, nightmares, avoidance behaviour, and significant distress. Four psychometric inventories were administered, and the scores on each assessment were above average, indicating the presence of Post-Traumatic Stress Disorder (PTSD).

According to the DSM-5 criteria, a diagnosis of PTSD requires the presence of the following:

- Criterion A: Exposure to a traumatic event
- Criterion B: Intrusive symptoms such as nightmares
- Criterion C: Avoidance of trauma-related stimuli
- Criterion D: Negative alterations in cognition and mood
- Criterion E: Alterations in arousal and reactivity
- Criterion F: Duration of symptoms
- Criterion G: Clinically significant distress or impairment
- Criterion H: Exclusion of other diagnoses

The client met the DSM-5 TR diagnostic criteria for Post-Traumatic Stress Disorder.

Problem formulation

Predisposing Factors

Age and gender: Being an older male veteran may increase vulnerability to PTSD due to cumulative life stressors, physiological changes, and societal expectations around masculinity and emotional expression that can limit help-seeking behaviour.

Military background: The client's prolonged exposure to combat situations and high-intensity war-related trauma during military service is a critical predisposing factor that heightened his risk for trauma-related disorders.

Traumatic experiences: The client endured extremely distressing events such as close-range murders and direct witnessing of violence, including rape, during the liberation war. These intense, personal traumas are central to the development of his PTSD symptoms, shaping the intrusive memories and emotional dysregulation he currently experiences.

Precipitating Factors

Media exposure: The client's exposure to violent media, including war-themed movies and TV series, acts as a potent trigger that reactivates traumatic memories and provokes flashbacks. This external stimulus exacerbates the client's symptoms by evoking emotional and physiological responses similar to the original trauma.

Perpetuating factors

Ongoing nightmares and hallucinations: The persistence of distressing nocturnal symptoms maintains the client's psychological distress and disrupts restorative sleep, which hinders overall recovery and emotional regulation.

Avoidance behaviour: By avoiding conversations and reminders of his traumatic experiences, the client unintentionally reinforces his symptoms. This avoidance prevents the necessary emotional processing and cognitive restructuring that could facilitate healing, thus maintaining the PTSD symptoms over time.

Protective Factors

Support systems: The client has meaningful relationships within his family, including his wife and children, who provide emotional support and may be key motivators in his recovery journey. Additionally, potential engagement with veteran support groups and accessible mental health services could offer structured assistance and community validation.

Cultural and spiritual beliefs: The client's adherence to African religious traditions offers a vital source of grounding, meaning-making, and resilience during his challenges. Spirituality can foster hope, provide existential comfort, and be integrated into therapeutic interventions for holistic healing.

Resilience from military training: The skills and discipline cultivated during the client's military training may serve as protective factors, enhancing his coping capacity. However, these same factors may also contribute to hypervigilance and heightened stress reactions, reflecting the complex interplay between resilience and vulnerability.

Goals of therapy

i. Assisting the client with symptom reduction skills to alleviate nightmares, hallucinations, and flashbacks.

ii. Support the client with coping skills development and strategies to manage distressing memories and triggers such as meaning-making thus allowing the veterans to exert control over their trauma and challenging distorted trauma related thoughts.

iii. Restoration of Functioning: Improve social interactions and daily functioning.

Theories used

Narrative therapy was carefully chosen because of its characteristics of helping PTSD client's process trauma by contextualizing their experiences within a broader life story.

Cognitive behavioural therapy was used for the client to explore and challenge negative thoughts that emanate from his past experience as a military veteran.

Course of therapy

Phase 1: Rapport Building

Safety and trust were established through active listening and empathy. confidentiality was emphasized in-order to create a secure environment for sharing. The client who is the war veteran was made to freely explore and narrate their life story.

To explain therapy processes and normalize trauma reactions psycho education was used to fully inform the client about the therapeutic procedures and their right to terminate at any time. Since the symptoms were related to war trauma, this phase focused Contextualizing the trauma within the larger historical and social setting of the liberation war.

Phase 2: Understanding the Problem

The client was supported in recounting traumatic and positive life experiences through narrative therapy. They were then helped to integrate fragmented memories and emotions, acknowledging the continuing impact of loss and trauma.

Additionally, the client was made to identify triggers and symptoms such as flashbacks, panic attacks, avoidance behaviours, and emotional distress. For example, watching aggressive films involving machine guns

Phase 3: Treatment - Interventions

The veteran underwent a tailored therapeutic program consisting of five sessions: four psychotherapy sessions and one psychoeducation session. This program combined three distinct but complementary therapeutic modalities which are; Narrative Therapy, Cognitive Behavioural Therapy (CBT), and Jung's Self-Shadow Therapy so as to holistically address the complex psychological impact of war trauma.

Session 1: Narrative therapy and rapport Building

The initial session focused on Narrative Therapy, where the client was encouraged to recount his life story chronologically, including both traumatic and positive experiences. This method helped integrate fragmented memories and emotions, such as the loss of a close friend and witnessing violent conflict. By constructing and narrating his story, the client gradually accepted these painful events as enduring parts of his life narrative. Active listening and empathy were emphasized during this session to foster a safe and trusting therapeutic environment. Confidentiality was reiterated to support the client's openness. To deepen contextual understanding, the client was helped to situate personal trauma within the broader historical framework of the liberation war, allowing a reframing of traumatic phenomena as part of shared communal experiences.

Sessions 2 - 4: Cognitive behavioural therapy (CBT) with exposure and emotional regulation.

The following psychotherapy sessions utilized CBT, with a focus on exposure therapy techniques. The client was gradually exposed to trauma reminders, beginning with watching a war-themed TV series that initially triggered agitation and avoidance behaviour. The therapist assisted the veteran in facing these triggers incrementally, starting with 20-minute viewing segments coupled with cognitive discussions about the emotional impact of specific scenes. This graduated exposure aimed to reduce avoidance and anxiety responses while teaching relaxation and emotional regulation strategies. This approach helped the client regain cognitive control over trauma-related distress and improve coping mechanisms.

Session 5: Jung's self-shadow therapy and spiritual integration

The final session employed Jung's self-shadow therapy to help the client identify and confront unconscious, repressed emotions and traumatic content the "shadow." Techniques such as inner dialogue (meditation and speaking to his ancestors to facilitate spirituality healing) and active imagination facilitated communication with this shadow aspect, supporting psychological growth and the process of individuation achieving a balanced, whole self. This modality was particularly suitable for the client, as it resonated with his beliefs in African spirituality, emphasizing reconnection with community and spiritual forces to foster healing and empowerment.

Rationale for theoretical integration

The complex and multifaceted nature of war trauma required a multimodal approach:

Narrative Therapy was instrumental for meaning-making and integrating fragmented traumatic memories through storytelling, enabling acceptance and contextualization within cultural and historical settings.

CBT provided evidence-based methods for symptom reduction, specifically targeting avoidance and anxiety through gradual exposure and enhanced emotional self-regulation.

Jung's self-shadow therapy addressed deeper unconscious processes, fostering self-awareness, emotional integration, and spiritual healing aligned with the client's cultural background and belief system.

Together, these modalities complemented each other by addressing trauma at cognitive, emotional, narrative, and spiritual levels, offering a comprehensive and culturally sensitive therapeutic framework tailored to the veteran's unique needs.

Follow up and termination

As emphasized during the initial rapport-building session, the final session focused on reviewing the progress the client had made throughout therapy. Achievements in narrative integration, reduced avoidance behaviours, improved emotional regulation,

and psychological growth were acknowledged and reinforced. Together, the client and therapist mapped out concrete steps for ongoing self-care such as journaling and meditation and coping beyond therapy, including the use of relaxation techniques, continued reflection on life narratives, and engagement with community particularly his wife as the immediate support person and spiritual support.

The therapy was successfully terminated with the client expressing increased insight, resilience, and readiness to navigate future challenges. Follow up recommendations included periodic check-ins or booster sessions as needed, and referral options for additional community resources to support sustained wellbeing.

Recommendations

- Client to continue engaging with his spirituality for guidance and exploring additional pathways for healing.
- Client to develop self-awareness to manage triggers that lead to avoidance behaviours and distress.
- Enhance mental wellness through interaction with fellow ex-combatants to share histories and provide mutual support.

Disclaimer: Authorization from the client to publish personal data was obtained, with all confidentiality and ethical considerations duly addressed.

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Biodata of author

Angeline Makore is a Counselling Psychologist Intern, registered with the Allied Health Practitioners Council of Zimbabwe (AHPCZ). She is an EVAW/G specialist and passionate advocate for the rights of women and girls, working both at grassroots and international levels. Angeline is deeply interested in how psychological principles can be harnessed to enhance the well-being of vulnerable populations. In addition to psychology, she has a keen interest in peace negotiations and conflict research and its intersection with psychology. Her academic background includes qualifications in law and women's studies. She holds a Bachelor of Science degree in Psychology as well as a Master of Science degree in Counselling Psychology.