REPORT DOCUMENTATION PAGE

Form Approved
OMB No. 0704-0188

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503.

1. AGENCY USE ONLY *(Leave blank)*

2. REPORT DATE
April 1995

3. REPORT TYPE AND DATES COVERED

4. TITLE AND SUBTITLE
Peacekeeping Operations: Psychological Preparation

5. FUNDING NUMBERS

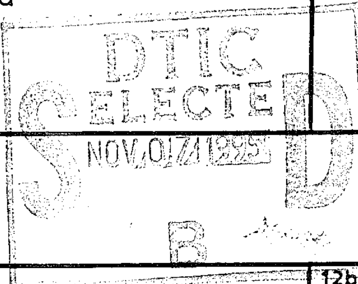
6. AUTHOR(S)
Bartone, Paul T. and Adler, Amy B.

7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)
US Army Medical Research Unit-Europe
Unit 29218
APO AE 09102

8. PERFORMING ORGANIZATION REPORT NUMBER
WRAIR/TR-95 0018

9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)
US Army Medical Research & Materiel Command
Ft. Detrick, Frederick, MD 21702-5012

10. SPONSORING/MONITORING AGENCY REPORT NUMBER



11. SUPPLEMENTARY NOTES

12a. DISTRIBUTION/AVAILABILITY STATEMENT
Approved for public release; distribution unlimited.

12b. DISTRIBUTION CODE

13. ABSTRACT *(Maximum 200 words)*

Albania, as part of an application and preparation for membership in the North Atlantic Treaty Organization's Partnership for peace program, requested training in the psychological issues associated with peacekeeping. The briefing, portions of which were presented to Albanian sociologists with the Ministry of Defense in April 1995, introduces the work of the U.S. Army Medical Research Unit-Europe, and reviews psychological issues during the pre-deployment, deployment, and re-deployment phases of a peacekeeping deployment. A five dimension model of psychological stressors and associated recommendations are presented, as well as a brief description of psychological stress reactions and possible treatments and prevention strategies. A summary of several international studies with peacekeepers provides additional background information.

DTIC QUALITY INSPECTED 5

14. SUBJECT TERMS
Albania, Partnership for Peace, NATO, peacekeeping, psychological preparation

15. NUMBER OF PAGES

16. PRICE CODE

17. SECURITY CLASSIFICATION OF REPORT	18. SECURITY CLASSIFICATION OF THIS PAGE	19. SECURITY CLASSIFICATION OF ABSTRACT	20. LIMITATION OF ABSTRACT
UNCLAS	UNCLAS	UNCLAS	

PEACEKEEPING OPERATIONS: PSYCHOLOGICAL PREPARATION

19951106 063

Prepared By:
MAJ Paul T. Bartone, Ph.D. & Amy B. Adler, Ph.D.
US ARMY MEDICAL RESEARCH UNIT-EUROPE
HEIDELBERG, GERMANY

ALBANIA
APRIL 1995

OVERVIEW

•PURPOSE:

To discuss psychological stresses associated with peacekeeping operations and methods for minimizing or alleviating them.

•PRESENTATION OUTLINE:

- •INTRODUCTION
- •PRE-DEPLOYMENT ISSUES
- •LEADER EDUCATION
- •MODEL OF PSYCHOLOGICAL ISSUES
- •DEPLOYMENT ISSUES
- •PSYCHOLOGICAL REACTIONS
- •RE-DEPLOYMENT
- •ALBANIAN APPLICATIONS
- •INTERNATIONAL RESEARCH
- •CONCLUSIONS

US ARMY MEDICAL RESEARCH UNIT - EUROPE
APRIL 1995

Accession For
NTIS GRA&I ☑
DTIC TAB ☐
Unannounced ☐
Justification
By
Distribution/
Availability Codes
Dist | Avail and/or Special

INTRODUCTION

- UNITED STATES ARMY MEDICAL RESEARCH UNIT-EUROPE
  - LOCATION: Heidelberg, Germany since 1977
  - AFFILIATION: Walter Reed Army Institute of Research
  - MISSION: Sustain/optimize mission readiness research on soldiers & families

- FUNCTIONS
  - Research on human dimensions that affect soldier health and performance
  - Provide consultation and information to leaders, policy makers, and scientists
  - Provide liaison with other nations

- PREVIOUS PROJECTS
  - Gulf War Research with Forward-deployed Force (1991)
  - U.S. Army Europe Personnel Opinion Surveys

- AFFILIATED STUDIES
  - Gulf War Research with U.S.-based Force (1991)
  - Somalia Study Conducted by Wrair (1994)

RECENT AND ONGOING PROJECTS AT USAMRU-E

- **CROATIA STUDY (1993)**
  - Medical unit on 6-month deployment as part of U.N. Operation Provide Promise
  - Pre-, mid-, and post-deployment surveys, observation, interviews; Family component
- **MACEDONIA STUDY (1993)**
  - Border patrol unit on 6-month deployment as part of U.N. Operation Able Sentry
  - Post-deployment survey
- **KUWAIT STUDY (1994)**
  - Rapid response units on deployment as part of U.S. Operation Vigilant
  - Late-deployment survey, observation, selected interviews
- **SAUDI ARABIA STUDY (1995)**
  - Patriot battalion on 5-month deployment as part of U.S. Operation Desert Vigilance
  - Pre-, mid-, and post-deployment surveys, observation, selected interviews
- **IVORY COAST STUDY (1995)**
  - Medical Unit on 2-week deployment as part of humanitarian assistance project
  - Pre- and post-deployment surveys on Telemedicine
- **RWANDA STUDY (1995)**
  - Engineering & support units on 4-month deployment as part of U.N. Operation Support Hope
  - Follow-up survey, command consultation to European Command

PRE-DEPLOYMENT ISSUES

- SOLDIER ROLE IDENTITY: Warrior vs. Peacekeeper
- SELECTION ISSUES: Medical & Psychosocial Factors
- LEADER TRAINING: Stressors, Symptoms, & Prevention
- COMMUNICATION: Preparation, Education & Expectations
Reduce Uncertainty & Confusion
- TEAM BUILDING: Symbols of Unit Integrity & Pride
Mission Importance & Clarity
Caring Leaders
- REAR DETACHMENT: Meet Needs at Home
Provide Communication Link
- FAMILY SERVICES: Information, Preparation, Support & Outreach

SOLDIER ROLE IDENTITY

- DIFFERENT MISSIONS
  - Peacekeeping
  - "Peacemaking"
  - Humanitarian Assistance
  - Contingency - Defensive Force
  - Contingency - Offensive Force

- MANY MISSIONS ARE MULTI-FACETED
  - Peacekeeping turns to Peacemaking
  - Defensive turns to Offensive
  - Humanitarian turns to Peacemaking
  - Terrorism possible
  - Multinational Forces

- TRAINED, PROFESSIONAL, DISCIPLINED SOLDIERS CAN ADAPT
  - Special mission-tailored training helps
  - Teach restraint, control
  - Teamwork
  - Responsive accessible leaders

SELECTION ISSUES

- PHYSICALLY FIT, SCREEN FOR MAJOR HEALTH PROBLEMS
- SCREEN FOR DRUG, ALCOHOL ABUSE
- FAMILY ISSUES
  - Family care plans
  - Ongoing psychosocial problems
- USE VOLUNTEERS WHEN POSSIBLE
- USE OLDER SOLDIERS WHEN POSSIBLE

Basic physical & psychological “screening” should be routine, not just prior to deployment

Training deployments can reveal hidden problems

High in self-control, tolerance for ambiguity (from Scandanavian studies)

LEADER EDUCATION

- COMMON TO ALL DEPLOYMENTS
  - Mission Purpose & Clarity
  - Family Support

- PEACEMAKING OPERATIONS
  - Battle Fatigue & PTSD
  - Death and Trauma
  - Sleep Discipline & Sustained Operations
  - Culture Shock

- PEACEKEEPING OPERATIONS
  - Boredom & Uncertainty
  - Misconduct Combat Stress Behaviors

- HUMANITARIAN ASSISTANCE OPERATIONS
  - Anticipation & Preparation
  - Maintaining Readiness

TEAM BUILDING

•GOALS: Create/enhance military unit cohesion
Improve communication
Improve group performance
Increase group resiliency

•BACKGROUND
Every "peacekeeping" mission is different
Different number & type of military units needed for each operation
Success depends on teamwork & cooperation

•PROBLEM: Establish unit cohesion in newly configured Task Force

•SOLUTION
Once unit membership is known, start meeting & training together
Commander: assemble key leaders to discuss mission, roles
Commander: key leaders conduct soldier & family debriefings, with discussion-question period
Include key rear detachment personnel
Provide distinctive insignia for all members to wear during mission

A MODEL FOR PSYCHOLOGICAL ISSUES IN PEACEKEEPING OPERATIONS: STRESSORS

- **ISOLATION**
  Physically Remote; Communication Difficult;
  Culturally Different; Newly Configured Units

- **AMBIGUITY**
  Mission Definition; Unclear Command Structure;
  Role Confusion (Soldier vs. Peacekeeper)

- **POWERLESSNESS**
  Rules-of-Engagement Restrictions; Limited Activity;
  Cultural/Language Barriers; Relative Deprivation

- **BOREDOM/TEDIUM or EXISTENTIAL BOREDOM**
  Repetition & Predictability; Lack of Work; Change in Expectations

- **THREAT/DANGER**
  Threat of Harm (Terrorists, Mines, Snipers, Disease);
  Psychological Threat (Exposure to Suffering)

US ARMY MEDICAL RESEARCH UNIT - EUROPE
APRIL 1995

A MODEL OF PSYCHOLOGICAL ISSUES IN PEACEKEEPING OPERATIONS: COUNTER MEASURES

- ISOLATION
  - Activities, Cohesion & Communication
  - Information Flow, Newsletters, Media, E-mail, AFN
  - Generate sense that mission is important, part of something larger
- AMBIGUITY
  - Rule, Role & Command Clarification (Communication), Command Briefings, Country Briefings
- POWERLESSNESS
  - Rules-of-Engagement, Benefits
  - Transformational Coping
- BOREDOM/TEDIUM or EXISTENTIAL BOREDOM
  - Creative Training & Responsibility
  - Education & Compensatory Self-Improvement
- THREAT/DANGER
  - Training, Equipment, Policies, Ill treatment of Victims

US ARMY MEDICAL RESEARCH UNIT - EUROPE
APRIL 1995

ADDITIONAL DEPLOYMENT ISSUES

- DEALING WITH INTERNATIONAL COMMUNITY
  - Good relations
  - Social contact
  - Benefits
  - Cultural discomfort

- RECOGNITION & AWARDS
  - Media coverage
  - Ribbons

- FAMILY SERVICES
  - Support groups, Newsletter
  - Communication support (Telephone, Mail, E-mail, Videotape messages)
  - Address issues of most concern (Safety, Uncertainty)
  - Acknowledge family's experience through regular contact
  - Resources
  - Referral

PRE-DEPLOYMENT ENVIRONMENT: MILITARY SUPPORT ACTIVITIES

•COUNSELING
- Chaplain services
- Family counseling
- Financial counseling

•COMMUNITY INVOLVEMENT
- Units participate in local activities
- Military open houses

•INVOLVEMENT OF MILITARY FAMILIES
- Family days
- Social events

•DOCUMENTS
- Manuals, Pamphlets, Guides
- Soldier & Family Handbooks

POTENTIAL PROBLEMS DURING DEPLOYMENT

- ALCOHOL ABUSE
- CONFLICT WITH OTHER FORCES
  - Especially with Those from Different Background
  - Impact of Relative Deprivation
- DEHUMANIZATION OF NATIONALS
- OVER-REACTION TO PROVOCATION
- HEALTH PROBLEMS
  - Sexually Transmitted Disease (HIV etc)
  - Pregnancy
- HOMESICKNESS
- DEPRESSION (Self-injury)
- EARLY REPATRIATION

US ARMY MEDICAL RESEARCH UNIT - EUROPE
APRIL 1995

POTENTIAL REACTIONS AFTER DEPLOYMENT

- CLINICAL OR SUBCLINICAL SYMPTOMS OF DEPRESSION, ANXIETY
- FAMILY PROBLEMS & CONFLICT
- STRESS REACTIONS MANIFESTED IN PHYSICAL SYMPTOMS
- ACUTE STRESS REACTION
- POST-TRAUMATIC STRESS DISORDER
- AGGRESSION
  Increased risk for violent sudden death by car accidents & suicides
  (Scandanavian data)
- INCREASED SUBSTANCE USE (ALCOHOL)
  Risk of high rate of alcohol use after U.N. mission

POST-TRAUMATIC STRESS DISORDER
DSM-IV DIAGNOSTIC CRITERIA

- EXPOSURE TO THREATENING EVENT & INTENSE FEAR REACTION

- SYMPTOMS

  - Reexperiencing (at least one):
    Intrusive memories, dreams, flashbacks, distress at symbols

  - Avoidance (at least three):
    Avoid memories & associations, lack of recall, less interest,
    detachment from others, restricted affect, sense of limited future

  - Arousal (at least two):
    Sleep trouble, angry, trouble concentrating, hypervigilant, startled easily

- COURSE: Duration of more than one month; Disrupts functioning

- TYPE: Acute, Chronic, Delayed

POST-TRAUMATIC STRESS DISORDER

- ASSESSMENT: Group screening instruments, clinical interviews

- TREATMENT: Cognitive-behavioral therapy, medication, group treatment, psychodynamic therapy, hypnosis

- PREVENTION: Stress innoculation, buddy aid, organizational support, expectations

- RISK FACTORS: Repeat trauma, chronic stress, lack of social support, lack of disclosure

- ISSUES: Parallel to abuse history, Alternative treatments (Rapid Eye Movements)

- ACUTE STRESS REACTION

  Similar to PTSD, trauma, dissociation, reexperiencing, avoidance, anxiety, distress

  Course: 2 days to 4 weeks.

(COMBAT) STRESS RESPONSE

•MILD RESPONSE

Symptoms: palpitations, sweating, frequent urination, acute diarrhea, nausea/vomiting, trembling hands and feet, hyperventilation, anger, fatigue without apparent cause, anxiety, lack of concentration, crying, uneasiness, frightening dreams

Treatment: Rest, ventilate, stress management for self-aid, buddy aid. Can probably return to unit that day.

•MODERATE RESPONSE

Symptoms: aimlessness, shaking, immobility, rapid speech, excited gestures, agitation, urge to fight without reason, lack of regard for personal care, partial amnesia, fear of sleep and nightmares

Treatment: Same as for mild case plus extra attention, stress debriefing, consultation with professionals. Can probably return to unit within days.

•SEVERE RESPONSE

Symptoms: loss of sensory/motor functions, hallucinations, extreme expressions of pain, uncontrolled threatening behavior, apathy

Treatment: Same as for mild and moderate cases plus possible removal to rear, or evacuation. Possibly will not be returned to unit.

US ARMY MEDICAL RESEARCH UNIT - EUROPE
APRIL 1995

RE-DEPLOYMENT ISSUES

- DEBRIEFING

- UNIT ACTIVITIES
  - Reunion briefing
  - Reintegrate in partial deployments
  - Cultural reintegration
  - Make date for unit reunion
  - Provide roster with names and addresses
  - Provide referral information
  - Provide aftercare (talk to people, be present at reunion, call those who don't show)

- FAMILY SUPPORT
  - Reunion education
  - Counseling

- FAMILY CONFLICT

ROLE OF PSYCHOLOGISTS ON DEPLOYMENT

- "HUMAN DIMENSIONS" RESEARCH
- COMMAND CONSULTATION & FEEDBACK
- UNIT CLIMATE ASSESSMENT
- STRESS CONTROL TEAM
- PSYCHOLOGICAL SERVICES (MOBILE)
- DEBRIEFING

SOMALIA STUDY

based on Gifford (1993)

- OPERATION RESTORE HOPE (JAN - MAR 1993)
  - Light Infantry
  - Interviews, unit observations
- MAJOR STRESSORS
  - Indefinite tour length
  - Lack of communication (slow mail & poor telephone access)
  - Mission creep (expanding mission without formal redefinition)
  - Rules of engagement (safe havens for bandits)
  - Doubts about mission (futile, hostile, forgotten)
- ISSUES
  - Feelings about Somalis (mixed feelings, wanted to like them)
  - Gender issues (worked well, family style, resent tent segregation)
  - Functioning (pride, low mental health usage, few discipline problems)
  - Exposure to death/disease (not much exposure, handled well)
  - Combat risk (matter-of-fact acceptance, few casualties initially)
  - Harsh physical environment (pride in adaptation, relative deprivation issue)

SOMALIA STUDY (continued)

- **OPERATION CONTINUE HOPE (JUL 93)**
  - Light Infantry (arrived late spring)
  - Interviews, large group discussions, surveys

- **MAJOR STRESSORS**
  - Pre-deployment misconceptions (lack of knowledge of Somali culture)
  - Doubts about mission (especially after bloody conflicts)
  - Mission confusion/resentment (humanitarian vs. combat)
  - Combat risk (increased from winter)
  - Want acknowledgment/recognition (bitter toward media)
  - Rules of engagement (adds to vulnerability)
  - Hostility toward Somalis increasing (85% shot at, 73% insulted/gestured)
  - Relative deprivation

- **DOING WELL BUT HIGH STRESS**
  - Functioning
  - Reasonable morale
  - Fewer symptoms (BSI) than during Gulf War

INTERNATIONAL EXPERIENCE: A SELECTED OVERVIEW

- GERMANY
- THE NETHERLANDS
- NORWAY
- FRANCE
- SWEDEN
- IRELAND

GERMANY

based on Kornhuber (1994)

- SOMALIA STUDY (OCT 93 - JAN 94)
  - Two overlapping contingents (1700 and 1300 soldiers)
  - Team of psychologists
  - Studied repatriation
    - 1st contingent had 30-40 repatriations for psychological reasons
    - 2nd contingent had 4 repatriations for psychological reasons

- POSSIBLE EXPLANATIONS FOR 1ST CONTINGENT'S REACTIONS
  - Rushed recruiting
  - First "out-of-area" deployment (leading to discomfort & fears)
  - Initial public ambivalence in support of the mission
  - Poor family support
  - Inadequate financial motivation

- PSYCHOLOGICAL REACTIONS
  - Drug use (Cannabis & Alcohol)
  - Depression (homesickness, missing partner) MEDEVAC
  - Stress

THE NETHERLANDS

based on Wertheim (1994)

- FORMER YUGOSLAVIA STUDY (FEB 92 - JAN 94)
  - Signal and Transportation Battalions on 6-month deployments
  - 4.4% Repatriated (140 out of 3220)
    - 13 non-functioning
    - 36 medical
    - 14 psychological
    - 17 social
    - 60 disciplinary

- EXPLANATION OF REPATRIATION DATA
  - Low rates for psychological reasons
    - Every battalion has own psychologist
    - Extensive pre- and post-deployment stress evaluation
  - Discipline-related repatriation
    - Conscripts had higher rates of return (53%) than 'short contract' soldiers (36%)
    - Most problems related to 'soft drugs' (OK in Netherlands, not in UN)
  - Most evacuations by commercial airline
  - Over 2 years, 23 mission casualties (3 fatal, 3 disabled)

THE NETHERLANDS

based on Willigenburg (1994)

- **GOAL** (since 93)
  - Screening procedure for deployment of conscripts to the former Yugoslavia
  - Prevent adjustment problems and limit risk of CSR or PTSD
  - Interview and Questionnaire

- **ASSESSMENTS**
  - Styles of Coping:
    - UNIFIL volunteers with most 'aftercare' needs motivated by flight from home
  - Social Skills (and ability to express/process emotions)
  - Psychosocial Problems: Stress from home affects stability
  - Neuroticism (Personality problems): Influence CSR and adjustment
  - Other: Expectations, Addictions, Criminality, Tolerance, Identity, Locus of Control
  - Interview

- **PRELIMINARY FINDINGS**
  - Strong correlation between assessment rating & leader rating on deployment
  - 1.5% of conscripts are repatriated and roughly 5% of volunteers
  - Conscripts are older & better educated than volunteers
  - Assessment of volunteers being planned

NORWAY

based on Headquarters Defence Command (1992)

•LEBANON STUDY (78 - 91)

724 surveyed after 6-month deployment with UNIFIL
Surveyed repatriated & matched controls (medical, discipline & welfare reasons)

•CHARACTERISTICS OF REPATRIATED SOLDIERS

Introverted personality, limited social network, withdrawal
Poor childhood family situation, exposure to violence as a child
Greater number of stressful events in life
Greater increase in alcohol use during deployment (less before)

•OTHER FINDINGS

Repatriation rates considered low (530 out of 15,931)
Repatriated at greater risk for emotional problems upon return
Ceremony, help & follow-up upon repatriation may reduce risk
Positive benefits of UN service reported by 90% of all respondents
5% reported increased symptomatology
Less than 30% of soldiers who reported problems at redeployment were repatriated
Lower rates of UN-soldier stress syndrome associated with experience, intelligence, low death anxiety, no inner conflict, high military score

FRANCE

based on Doutheau, Lebigot, Moraud, Crocq, Fabre & Favre (1994)

•FORMER YUGOSLAVIA AND SOMALIA STUDY (92 - 93)

Many men volunteered longer than legal requirement
Interviews & Officer accounts

•ISSUES/FINDINGS

Loss of national identity by serving under UN flag, not positive reaction
Difficulty using English
Policy of non-intervention: mistakes can have serious political results
Fear of losing self-control compounds stress
Suffering, danger, determining who is good vs. bad, chaotic environment

•REPATRIATION

40 from former Yugoslavia; 2 from Somalia; 65% had support missions
None before 1st month of deployment, 24 between 1-3 months, 8 after leave
Diagnoses: 19 anxiety 10 behavioral (alcohol abuse, weapon use)
7 acute psychosis 3 depression 1 dissociative disorder
Younger, less trained; In Somalia enemy clearer, less intense insecurity
30 return to duty
Recommended: group cohesion, information, psychiatric presence

SWEDEN

based on Carlström data

•LEBANON STUDY (82 - 91)

152 surveyed (a Logistic Battalion) after 6-month deployment with UNIFIL
Study of low-intensity conflict and stress factors

•RESULTS

Generally good adjustment, few subgroup differences (e.g. rank)
Many found service monotonous and boring
Half reported increase in alcohol use
More stress reported than in study of medical company during Gulf War
Depression (28.6%), Sleep problems (13.2%), Anxiety (17%), Withdrawal (34.9%)

•UNIQUE STRESSORS

Uncertainty determining friend vs. enemy
Risk of being taken hostage, violent episodes of shooting & landmines
Certain level of stress at all times, few opportunities to relax
Many soldiers have emotional difficulty after they return home
Mediator not confronter: Maintaining neutrality, even when provoked
Aggressive thoughts may lead to guilt feelings
Difficult for relief workers & diplomats

IRELAND

based on Fields (1992)

•LEBANON STUDY (82 - 89)

Interviews with males (& some females) on 6-month deployments with UNIFIL
Deployment involved career military personnel, no psychology services
Focus on 33 Irish deaths during deployment

•FINDINGS

Relatively few psychiatric casualties (between European and African/Asian rates)
Mortality rate lower for age group than in Dublin, Ireland
Relatively small % killed-in-action, high % accidental death (compared to others)

FIJI COMPARISON: Served 2x as long as Europeans
- Fijians had highest rate of traffic fatalities (compared to others)
- Fijians had higher number of psychiatric cases than the Irish

•ISSUES

Sex-role issue: If masculinity is associated with aggression, how does it conflict with negotiation, passivity, tolerance, and disengagement needed in peacekeeping?
Soldiers tend to identify with local people & suffer stress as a result

CROSS-CULTURAL COMPARISON OF REPATRIATION

based on Weisaeth (1990)

•LEBANON STUDY (APR 78 - AUG 80)

UNIFIL Deployment

10 UN Infantry Battalions

394 or 1.6% of Total Force repatriated due to mental illness

•RATE COMPARISONS IN % PSYCHIATRIC ILLNESS

Norwegian & Dutch overrepresented in % of psychiatric illness

Fijian proportionately represented

Irish, French, Nigerian, Ghanese, Senegalese & Nepalese underrepresented

•FACTORS AFFECTING REPATRIATION RATES

Availability of Transport to Home Country

Western Industrialized Nations Willing to Report Symptoms vs. Perceived Stigma

Language Barrier, Religious & Cultural Norms Effect on Understanding Symptoms

Medical Willingness to Diagnose Psychiatric, Not Somatic Problem in Westerners

Sector Stress Differed

Volunteers (more from West) had more symptoms (because of high expectations?), but professional soldiers had more role conflict & stress from boredom

U.N. SOLDIER'S STRESS SYNDROME

based on Weisaeth (1990)

•SYNDROME

- Conflict between aggressive impulses & inability to express them
- No personal predisposition
- Imposed passivity when facing humiliation/threat => helplessness, less self-respect
- A type of PTSD but: fear of losing control over one's aggression,
  not fear of external threat
- Task is to remain neutral despite provocation
- Aggressive thoughts lead to guilt, suppression of anger
  => somatic complaints, conduct problems
- Fear that errors can have serious political consequences

•IDENTITY CHANGE FROM WAR FIGHTER TO PEACEKEEPER

- Balance fear with aggression, & behave covertly vs.
- Maintain self-control & behave overtly
- Fight/flight vs. control both impulses

U.N. SOLDIER'S STRESS SYNDROME
Issues

- DYNAMICS
  - Limited ability to relatiate increases personal vulnerability & built up emotions
  - Helplessness even worse for masculine identity
  - Syndrome may be reaction against passivity

- ADAPTATION
  - Beware of aggression or overidentification with one of the parties
  - Beware projection of aggression on others, stereotyping, exaggeration
  - Need balance in self
  - Need to think in terms of long term goals
  - At risk for being manipulated so need to be able to observe self & motives
  - Need high level of autonomy & self-respect because parties may not respect them
  - Possible positive effects on personality?

- ADDITIONAL QUESTIONS
  - Impact of different types of UN missions?
  - Impact of conscript vs. career soldier?
  - Culture consistencies with conflict?

DEBRIEFING

- WHAT? Factual review in small groups following an event, not therapy

- WHY? Identify lessons for future, resolve misperceptions, provide healthy perspective, emphasize positives, normalize, allows for ventilation and closure

- WHO? Neutral outsider trained in debriefing and counseling & Unit Members

- HOW?
  1) Clarify: Confidentiality, Purpose, Introductions
  2) Construct Time line: Historical narrative, Experiences
  3) Allow for Ventilation & Normalize Reactions
  4) Summing up/Conclusions
  5) Follow-up

- ISSUES IN IMPLEMENTATION

  Time, Place, Composition
  Reluctance from Command
  Common Myths

ALBANIA: CULTURAL CONSIDERATIONS

- What applies?
- Demographics?
- Historical enemies?
- Impact of isolation, relative lack of exposure to others?
- Identity?
- Military structure?
- Military's role in history?
- Military's role in culture?
- Impact of social organization (collectivism)?
- What is Albanian approach to grief?
- What is cultural understanding of psychology?
- Feelings about warrior identity?
- Feelings about joining NATO?
- Feelings about the international community?
- Attitudes of families/soldiers/politicians/journalists?

CONCLUSIONS:
UNIVERSAL THEMES

- CHANGING IDENTITY: ADOPTING THE BLUE HELMET

- OVER TIME, DIFFERENT ISSUES & STRESSORS EMERGE

- AREAS FOR PREVENTION INCLUDE
  - Selection
  - Training for Soldiers & Leaders: The more prepared ahead of time, the better
  - Addressing Common Stressors & Deployment Type
  - Supporting Cohesion
  - Debriefing & Mental Health Resources

- STRESS REACTIONS
  - Most soldiers cope well; most experience some stress
  - Difficulties in adjustment include alcohol use, misconduct, repatriation

- A CHANGING ENVIRONMENT
  - Operation Tempo
  - Understanding the culture-specific & culture-universal

THANK YOU

FALEMINDERIT

References

Bartone, P.T., & Adler, A.B. (1994, October). A model for soldier psychological adaptation in peacekeeping operations. Proceedings of the International Military Testing Association, Rotterdam, The Netherlands, 33-40.

Carlström, A. (1994?). Stress factors consequent to combined low-intensity conflict with peacekeeping: Swedish UN experience. Unpublished manuscript, Swedish Armed Forces.

Division of Neuropsychiatry. (1992). Coping with psychological stress in Somalia. Washington, D.C.: Author.

Doutheau, C., Lebigot, F., Moraud, C., Crocq, L., Fabre, L.M., & Favre, J.D. (1994). Stress factors and psychopathological reactions of UN missions in the French Army. International Review of the Armed Forces Medical Services, 1/2/3, 36-38.

Fields, R.M. (1992, August). The stress of peacekeeping: Irishbatt in UNIFIL. Paper presented at the American Psychological Assocation Convention, Washington, D.C.

Gifford, R.K. (1993, December). The US Army in Somalia: Psychological aspects of Operations Restore Hope and Continue Hope. NATO Stress Workshop, San Antonio, Texas.

Headquarters Defence Command. (1993). The UNIFIL study: Report part I. Oslo, Norway: Author.

Kornhuber, A.W. (1994, June). Personal experience from GECOMFORSOM/UNOSOM II: Both Neurology and psychiatry are required. Paper presented at the International Congress on Military Medicine, Augsburg, Germany.

Weisaeth, L. (1990). Stress of UN military peace-keeping. WISMIC Newsletter, 2 (2), 15-18.

Wertheim, W.J. (1994). Repatriations of Dutch military personnel from UNPROFOR. Unpublished manuscript, Dutch Royal Army, Office of the Surgeon General.

Willigenburg, T. (1994). Screening conscripts to be deployed abroad for UN missions. Unpublished manuscript. Dutch Royal Army, Department of Behavioral Sciences.