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Do military peacekeepers want to talk about their experiences? Perceived psychological support of UK military peacekeepers on return from deployment

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Abstract

Background: Little is known about what support the United Kingdom (UK) armed forces require when they return from operations.

Aims: To investigate the perceived psychological support requirements for service personnel on peacekeeping deployments when they return home from operations and examine their views on the requirement for formal psychological debriefings.

Methods: A retrospective cohort study examined the perceived psychological needs of 1202 UK peacekeepers on return from deployment. Participants were sent a questionnaire asking about their perceived needs relating to peacekeeping deployments from April 1991 to October 2000.

Results: Results indicate that about two-thirds of peacekeepers spoke about their experiences. Most turned to informal networks, such as peers and family members, for support. Those who were highly distressed reported talking to medical and welfare services. Overall, speaking about experiences was associated with less psychological distress. Additionally, two thirds of the sample was in favour of a formalised psychological debriefing on return to the UK.

Conclusions: This study suggests that most peacekeepers do not require formalised interventions on homecoming and that more distressed personnel are already accessing formalised support mechanisms. Additionally social support from peers and family appears useful and the UK military should foster all appropriate possibilities for such support.

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Keywords: peacekeeping, UK military, psychological support, traumatic stress

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Introduction

Military personnel engaged in peacekeeping duties encounter numerous stressful situations which are often different to those encountered during conventional combat operations. Often peacekeepers are asked to operate under difficult and restrictive rules of engagement and have to deliver humanitarian aid amidst politically chaotic environments (Halverson, 1996; Orsillo *et al*., 1998). Research indicates that being subject to these stressors impacts upon well-being, readiness and operational effectiveness (Orsillo *et al*., 1998). Studies have also shown that such stressors are associated with serious psychopathology including not only Post Traumatic Stress Disorder (Litz *et al*., 2002) but also other psychiatric disorders such as alcohol problems, anxiety disorders and depression (Asmundson *et al*., 2002; Wong *et al*., 2001).

In an attempt to mitigate some of the effects of these stressors, before 2000 the UK military conducted formal psychological debriefings for UK peacekeeping personnel who were exposed to traumatic events. This practice was stopped by the Surgeon General (the most senior UK military doctor) after emerging scientific evidence suggested that single session psychological debriefing is ineffective and may be harmful. This advice has been echoed by the UK Department of Health (DOH, 2001). Although the effectiveness of formalised debriefings following standard models has been questioned (Rose *et al*., 2003, Van Emmerik, 2002) there is evidence that positive homecoming experiences are associated with lower levels of reported distress in US military peacekeepers (Bolton *et al*., 2002).

This paper examines the perceived psychological needs of UK peacekeepers on their return to the UK, and whether these needs were met. The current study uses a sub-sample of peacekeepers drawn from the King's military cohort, which consisted of equal numbers of service personnel who were deployed to the Gulf in 1991, had been on operations in Bosnia and a third group who were not deployed but were in the armed forces at the time of the 1991 Gulf War. The experimental hypotheses were:

(1) Peacekeepers who talk about their experiences were more likely to have lower stress related scores
(2) Peacekeepers are more likely to talk to informal support networks such as friends and family members, rather than 'chain of command' or medical welfare services
(3) Given the stigma of seeking psychological support in the military, most individuals will be against formal psychological debriefings.

Method

This study involves the analysis of data collected in the final phase of a large multi-phase epidemiological study. Phase one involved a cross sectional postal survey of 12 744 serving and ex-serving personnel, a third of whom had served in the 1991 Gulf conflict and an equal number who had been on peacekeeping operations in Bosnia. The remaining third had not been deployed to either theatre but had been serving in the armed forces at the time of the Gulf War. Details of this study have been reported elsewhere (Unwin *et al*., 1999).

A total of 8195 replies were received. A random sample of these were followed up

by post between May 2001 and January 2002. In addition to a health screening questionnaire adapted from the first phase of the study, a questionnaire asking about peacekeeping operations was mailed to 3322 phase one respondents. Details of the health survey will be reported elsewhere. Up to three mailing waves were conducted. Non-respondents were followed up by telephone where possible. In addition, non-respondents and those whose questionnaire had been returned undelivered were sent up to two questionnaires via the Department of Social Security. A total of 1333 completed peacekeeping questionnaires were received. In addition, 924 returned the questionnaire blank because they had not been on any peacekeeping ops; 242 refused participation, while 273 could not be traced. The Peacekeeping questionnaire aimed to explore the experiences of UK peacekeepers who had been engaged on operation between April 1991 and October 2000.

Personnel were asked whether they had wanted to discuss their deployment experiences with anyone, whether they were able to do so and if so with whom. Peacekeepers were also asked to comment on whether, looking back, they were in favour of a formal psychological debriefing following return from deployment. Finally, peacekeepers were also asked to complete the General Health Questionnaire, 12 item version (GHQ-12) (Goldberg, 1972) and the Post Traumatic Stress Disorder Checklist, Military version (PCL-M) (Davidson *et al*., 1977).

Analysis

Analysis of the results of the questionnaire was undertaken for the respondents who reported at least one peacekeeping deployment during the study period. Chi squared tests were used for categorical data and the independent samples *t*-test for continuous data. The Pearson Correlation coefficient was used where appropriate.

The main outcome variables (GHQ-12 and PCL-M) were calculated for each of the possible combinations of wanting to talk to someone and actually being able to talk to someone on return from deployment. The four groups were (1) wanting to talk and being able to, (2) wanting to talk and not being able to, (3) not wanting to talk but in fact talking to someone and (4) not wanting to talk and in fact not talking to anyone. For each of the groups the outcome variable was compared to the rest of the sample group.

Although 3322 questionnaires were sent, it is unclear how many of those surveyed had actually been involved with peacekeeping operations since information on individual peacekeeping deployments was not available to us centrally and was only available from the respondents themselves. The overall response rate was 71% of whom 1202 (51%) reported being deployed on one or more peacekeeping operations. We assumed that the response rate for peacekeepers was the same as for the main cohort given that there seems no plausible reason why response should differ by participation in a peacekeeping deployment, over and above all other factors that we know to affect response rates in a military cohort.

Results

General characteristics

The sample was composed of 84% ($n = 1008$) men and 16% ($n = 190$)

women. Among this group 72% ($n = 862$) were married, 80% ($n = 973$) were still serving and the mean age was 36 (range 23–60). Many peacekeepers had been on more than one deployment during the study period (range 1–7), although 83% of them had been on less than three deployments and only 1% had been on more than five.

Did peacekeepers want to talk about experiences on return?

On returning from deployment 525 (44%) reported that they wanted to discuss their experiences with someone. There was a weak association between not being married and wanting to discuss experiences ($p = 0.05$). There was no association between wanting to discuss experiences and age, gender, number of deployments, GHQ-12 score, or PCL-M score. There were no differences in terms of psychological distress between those who wished to talk about their experiences and those who did not.

Did peacekeepers actually talk about experiences on return?

Approximately two thirds ($n = 760$, 63%) reported that they did speak to someone about their experiences on return from deployment. However, there were no significant differences in age, marital status, or number of deployments. Women spoke about their experiences more than men ($p < 0.001$). Those who reported that they had spoken about their experiences had lower scores on both the GHQ-12 (Mean score 13 vs. 17, $p < 0.001$) and the PCL-M (Mean score 24 vs. 35, $p < 0.001$).

Who did peacekeepers talk to about their experiences?

Table 1 shows that of those who reported talking about their experiences on return, nearly all reported speaking to peers who they had deployed, or spouses/partners. A much smaller number of individuals spoke to the chain of command, or medical and welfare services.

Those who spoke to their spouse or partner were more likely to be married ($p < 0.001$), male ($p = 0.04$) and older ($p < 0.001$). Female peacekeepers were more likely to have spoken to other family members ($p = 0.002$) (Table 2). Older peacekeepers were more likely to speak to military friends/peers – deployed with ($p = 0.003$) or not ($p < 0.001$) – or to the chain of command ($p = 0.004$).

Relationship between speaking to people and stress

There were significant associations between speaking to most groups of people and having a lower GHQ-12 and PCL-M score. However, those who spoke to medical services had higher PCL-M scores and higher GHQ-12 scores than those who did not. There was also a significant association between speaking to welfare services and the individual's PCL-M score (Table 2).

Formal psychological debriefing

Two-thirds of peacekeepers ($n = 763$, $n = 67\%$) were in favour of formal psychological debriefing on return home. These peacekeepers were younger ($p = 0.027$), had higher GHQ-12 scores ($p < 0.001$), higher PCL-M scores, ($p < 0.001$) and were more likely not to have spoken to someone about their experiences ($p < 0.001$).

Table 1: Who did peacekeepers speak to about their experiences?

Who did peacekeepers talk to about their experiences?	***n***	**%**
Military friends or peer group in the same deployment	741	98
To spouse or partner	724	95
To another family member	580	76
Military friends or peer group not in the same deployment	453	60
To civilian friends or peer group	395	52
To the chain of command	112	15
To medical services	62	8
To welfare services	57	8

Table 2: Psychometric outcomes after speaking to different groups

Group		**GHQ-12 (mean score)**		**PCL-M (mean score)**	
Spouse or partner	Did talk	13.9	$t = 2.4$,	25.9	$t = 5.0$,
	Did not	14.8	$p = 0.02$*	29.7	$p < 0.001$*
Another family member	Did talk	13.7	$t = 3.6$,	25.1	$t = 6.0$,
	Did not	14.8	$p < 0.001$*	29.5	p = < 0.001*
Civilian friends or peer group	Did talk	13.6	$t = 2.8$,	24.7	$t = 5.2$,
	Did not	14.6	$p = 0.05$*	28.8	$p < 0.001$*
Military friends or peer group on the same deployment	Did talk	13.7	$t = 4.1$,	25.7	$t = 6.0$,
	Did not	15.1	$p < 0.001$*	30.2	$p < 0.001$*
Military friends or peer group not on same deployment	Did talk	13.4	$t = 4.2$,	24.6	$t = 6.1$,
	Did not	14.8	$p < 0.001$*	29.1	$p < 0.001$*
Chain of command	Did talk	13.2	$t = 2.0$,	24.4	$t = 2.6$,
	Did not	14.4	$p = 0.04$*	27.7	$p = 0.01$*
Medical services	Did talk	16.1	$t = -2.6$,	32.6	$t = -3.2$,
	Did not	14.2	$p = 0.01$*	27.1	$p = 0.001$*
Welfare services	Did talk	15.3	$t = -1.44$,	31.9	$t = -2.7$,
	Did not	14.2	$p = 0.14$	27.2	$p = 0.007$*

Limitations of this study

This study was undertaken in 2001 and examined peacekeeping operations back to 1991. The results have to be interpreted with the possibility of recall bias in mind. Likewise, we cannot determine the issue of causality as there is no reliable way of clarifying whether the psychological distress levels found,

as indicated by the GHQ-12 and PCL-M, were as a result of having spoken about their experiences. The results found can, though, be taken as being valid indicators of association. Future prospective studies are required to examine whether the distress levels examined in this study are in fact caused by peacekeeping deployments rather than merely being associated with them. This will require having access to baseline data before service personnel are sent on operations, as now happens in the US armed forces.

Discussion

The provision or otherwise of psychological support to various occupational groups has become a controversial issue, as witnessed by recent media debates about the role of counselling in society, and of 'debriefing' for normal people exposed to life's dangers. It is particularly problematic in the military context. Military personnel are certainly exposed to risk, but equally are famously averse to psychological unburdening. It is in this context that the current study was undertaken. In discussing the findings, we revisit the three hypotheses posed.

(1) Peacekeepers who talk about their experiences will be more likely to have lower stress related scores

The study clearly shows that whilst only about half of those surveyed wanted to speak about their experiences with others, nearly two thirds of people eventually did so. It is likely that personnel who had returned from deployment would have been encouraged to speak about their deployment by their usual social groups (family, friends and colleagues) and indeed these are the people who were mostly commonly spoken to.

There was a clear association between speaking about peacekeeping experiences and lower distress levels (as indicated by having a lower GHQ-12 and PCL-M score) which suggests that the age old dictum 'it's good to talk' may indeed be true. However, we should recognise that whilst social support may have positive impacts on health, it may only do so if it is perceived by the individual as being positive (Holeva & Tarrier, 2001). Cognitive theory postulates that post traumatic stress symptoms (which are common after distressing events) may not resolve if those who have been exposed to critical events are unable to 'process' what has happened to them (Ehlers & Clark, 2000). Unlike formalised single session psychological debriefings, which have been found to be unhelpful, support from informal social networks is likely to be ongoing and is unlikely to strongly encourage the expression of emotion as happens in psychological debriefings. Rather, such conversations are likely to be based on simple recounting of the events and to be supportive. Such interactions are likely to facilitate psychological processing and as such reduce traumatic distress. Other studies have also found that positive homecomings (associated with talking about the event) are linked with better psychological adaptation in peacekeepers (Bolton *et al.*, 2002). This hypothesis is supported by the additional finding that the group with the highest levels of distress was the group who wanted to speak to someone but were unable to, perhaps because they lacked the assistance in processing which is provided by talking about their experiences.

(2) Peacekeepers will be more likely to talk to informal support networks such as friends and family members, rather than 'chain of command' or medical welfare services

The results show that older peacekeepers were more likely to make use of both social networks and military networks and this might indicate that those who found informally discussing their experiences helpful once were more likely to do so in the future. Another finding was that female peacekeepers had an increased propensity to talk about peacekeeping experiences and were more likely to make use of other family members than their spouses. Men, on the other hand, were more likely to speak to their spouses and partners. This may reflect that, in general, women are perceived as better listeners than men and thus both male and female peacekeepers are more likely to speak to a female listener.

Of significant interest is that whilst for most participants, there was a significant association between talking about their experiences and having lower GHQ-12 and PCL-M scores, this was not the case for those who spoke to medical and welfare services (not significant in the case of GHQ-12 and talking to welfare services). It is perhaps reassuring that although most people made use of informal networks (family and peers) more distressed people sought help from medical and welfare services. Of course, one cannot exclude the possibility that it is as a result of having talked to medical and welfare services that their distress levels were higher. Other studies have shown that early psychological intervention in the form of psychological debriefing can lead to increases in distress levels (Rose *et al.*, 2003) and it may be that talking to medical and welfare services increases levels of distress in a similar fashion. However, this explanation seems unlikely and it seems more plausible that the most distressed people were more likely to seek help.

(3) Given the stigma of seeking psychological support in the military, most individuals will be against formal psychological debriefings

Individuals who did not speak to anybody (perhaps because of lack of opportunity or social skills) were more in favour of a formal psychological debriefing on return from deployment. It is understandable that the more distressed a peacekeeper the more likely they are to be in favour of a formal psychological debriefing, as this probably represents a belief that talking about their experiences would lead to a reduction in their symptoms. This is in keeping with the other finding that the most distressed group were those who wanted to talk about their experience but were unable to. Older peacekeepers were less likely to be in favour of a formal psychological debriefing which might represent an 'old school' approach of not talking about distress, not uncommon in older service personnel and often described as the 'stiff upper lip' approach to stress. Additionally, the results also show that older peacekeepers are more likely to make use of social networks and the chain of command and thus may not feel that any formalised procedure is required.

Conclusion

This study has found that talking about peacekeeping experiences is asso-

ciated with lower distress levels, with most people making use of informal networks. The study adds to the evidence that formal psychological debriefings and medical/welfare interventions are not required by all. Some years ago the vogue was for 'one size fits all' debriefings for people who had been in stressful situations. Thankfully the fashion may be passing, encouraged by the resounding lack of evidence for debriefing (Rose *et al*., 2003) and the possibility that it may do more harm than good (Van Emmerik *et al*., 2002). More recent formulations suggest restricting formalized interventions to higher risk, visibly distressed groups (Schumm *et al*., 2000) and the majority of service personnel appear to be making use of commonsense solutions using informal networks of friends and peers as the preferred source of ventilation with the minority of highly distressed individuals making use of professionals.

Internal Ministry of Defence reports have shown that service personnel are increasingly likely to live away from their peers and often away from their families, reducing the opportunity for informal conversations that this study has shown to be beneficial. Additionally findings in the US have shown that being deployed can disrupt military marriages in many cases, albeit temporarily (Asmunsden *et al*., 2002). Consequently the spirit of community and the accessibility of informal networks which have been hallmarks of military life are less so than they have been previously. The results of this paper suggest that the UK military should do all they can to promote a sense of community and facilitate stable interpersonal relationships in order to maintain the informal networks which this study has shown appear to be beneficial.

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