

EXPLORING WELL-BEING IN PEACEKEEPING OPERATIONS

Sustaining peace with a healthy mind

Pre-Deployment Training and Advisory Team



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Disclaimer: the term “peacekeeper” is used in this article to designate mainly uniformed personnel (military and police).

Introduction

Complex mission environments come with new and distinct challenges for peacekeepers: while the scope of mandates have broadened, the operational environments have become increasingly more challenging. It is no longer uncommon for peacekeepers to be exposed to direct violence, such as being shot at, ambushed or taken hostage, or to witness others being killed or injured, including the civilians they are tasked to protect.¹ Very little research is done on the impact of such events on individual peacekeepers - particularly those coming from African Troop and Police Contributing Countries (T/PCCs).

Going beyond political analyses to understand the psychological dimensions of peacekeeping is therefore crucial for mitigating the effect of these events, and for preventing their consequences.² Applying a psychological lens to this field can contribute to a peacekeeping contingent’s readiness and play an important role in the maintenance of safety and morale – all of which help increase the effectiveness of peacekeepers and, by extension, of their mission. This article aims to contribute to this effort by presenting an overview of stressors inherent in contemporary peacekeeping; analysing their effects on peacekeepers; exploring ways to mitigate those effects; and finally, by highlighting gaps in current research and practice and suggesting possible solutions.

Understanding well-being

There is no consensus around a single definition of well-being, but there is general agreement that at minimum, well-being includes the presence of positive emotions and moods (e.g., joy, satisfaction), the absence of negative ones (e.g., depression, anxiety), satisfaction with life, fulfilment and positive functioning. In simple terms, well-being can be described as judging life positively and feeling good³. Wellbeing includes different aspects: physical well-being, economic well-being, social well-being, emotional well-being, psychological well-being - just to name a few. The concept of well-being is inextricably linked with the one of health. The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.⁴ Although this definition has been criticised for being very broad, it has the merit of widening the medical conception of health beyond the simple absence of disease.

The social, economic and physical environment, as well as individual characteristics and behaviours play a central role in well-being. The maintenance and improvement of health, accordingly, depends not only on external or environmental factors (including the systems of care), but also on personal efforts and lifestyle choices.

When we turn to peacekeepers, the social, economic and physical environments in which they operate today are far from being conducive to the broad concept of health and well-being described above.

Well-being in peacekeeping: when the environment acts against you

Peacekeeping is one of the primary tools used by the United Nations (UN) for the promotion and maintenance of international peace and security. Peacekeeping has unique strengths (including legitimacy, burden sharing and the ability to deploy and sustain troops and police from around the globe), yet it is faced with several challenges that undermine its effectiveness. Political solutions are often absent, and missions seem to have mandates that lack focus and clear priorities. The complex threats in many mission environments are causing a rise in fatalities and injuries of peacekeepers, and missions sometimes lack the personnel and equipment to meet these threats.⁵ Because of this complexity, peacekeepers face a diversity of stressors that negatively affect their health and well-being. Though stressors vary between missions (in function of the level of difficulty and the length of the mission, as well as the context of deployment^{6,7}), it is possible to identify some common stressors across missions.⁸ As summarized by Loscalzo, Giannini, Gori and Di Fabio⁹, these common stressors can be classified as pre-deployment stressors, deployment stressors and post-deployment stressors.

Pre-deployment stressors include (but are not limited to) unfamiliarity with the context of deployment, uncertainty of the engagement (roles and responsibilities, duration), anticipation of difficulties in communication – in general and with family specifically. Deployment stressors include physical and psychological isolation, physical segregation, exposure to risks. Finally, post-deployment stressors include guilt, shame, self-reproach for mission failures, and adaptation demands.

Besides common stressors, peacekeepers also deal with cumulative stress and traumatic stress (primary and secondary / vicarious traumatic stress). Cumulative stress results from prolonged exposure to various stressors such as heavy workload, poor communication, lack of basic comforts, and inability to rest or relax. In most

circumstances, this can be managed adequately by people themselves, individually or together with peers, but in more complex situations such as armed conflict, cumulative stress can escalate quickly and exhaust normal coping mechanisms for stress.¹⁰

Traumatic stress is caused by events that are shocking and/or emotionally overwhelming and that involve actual or threat of death, physical integrity, and serious injury. Such events are generally, but not necessarily, outside the range of usual experience. Primary traumatic stress results from directly experiencing or witnessing a traumatic event. Secondary or vicarious traumatic stress results from interacting with or helping people who have been exposed to traumatic experiences. More specifically, vicarious trauma is caused by exposure to often large numbers of traumatized and vulnerable populations.¹¹

Consequences of traumatic stress on individual peacekeepers

Traumatic stress can lead to serious psychological difficulties for peacekeepers. For some, psychological responses after a traumatic event are mild and transient, whilst for others they are extremely strong and disabling. Some of the common reactions during the first hours after an event may be:

- Shock, disbelief, feeling of being overwhelmed;
- Strong emotional reaction or detachment;
- Confusion, difficulty in making decisions;
- Physical reactions such as nausea, dizziness, intense fatigue, sleeping difficulties, muscle tremors.¹²

When experienced by a person already subjected to high level of cumulative stress, traumatic stress may also lead to:

- Persistent, intrusive recollections (flashbacks) of the incident, nightmares;
- Tendency to avoid certain aspects of the incident (places, thoughts, emotions, activities);
- Hyper-alertness accompanied by a startle reflex, quick temper and sleeping problems.¹³

All these stress reactions – however worrying they may be – are normal consequences of a critical incident and a high stress level, and not all exposures to traumatic stressors lead to Post-Traumatic Stress Disorder (PTSD).¹⁴ According to the WHO, “despite its name, PTSD is not necessarily the only or the main condition that occurs after exposure to potentially traumatic events”.¹⁵ PTSD is often associated with other mental health disorders and as many as 52 distinct mental health conditions are associated with stress and trauma. A person’s response after a traumatic event is often a normal response to an abnormal situation.

Factors influencing how a person responds include whether the trauma was repeated, unexpected, complicated, sadistic, and perpetrated by a caregiver or protector leading to an experience of betrayal. After a disaster or crisis, it is difficult to predict who will develop symptoms of traumatic stress or PTSD, but it is recognized that certain risk factors increase a person’s susceptibility to PTSD.





These risk factors include:

- Nature/type and severity of the crisis/disaster;
- Perpetrator of the traumatic event;
- Previous experience of distressing events;
- Existing support networks;
- Past and present physical/mental health and wellbeing;
- Cultural background and traditions;
- Knowledge and understanding of traumatic stress and PTSD;
- Age.¹⁶

Literature analysing the specific responses of peacekeepers to traumatic events is meager. Since 1948, there have been more than 70 deployments¹⁷ of peacekeeping forces. The emerging literature on the psychological impact of such assignments tends to focus on Western countries^{18,19}, against a majority of uniformed personnel coming from African and Asian Troop and Police Contributing Countries (T/ PCCs)²⁰ and results are often contradictory.

For example, a study among Dutch peacekeepers deployed in Lebanon between 1979 and 1985 showed a reduced psychological well-being in 15 percent of the individuals 25 years after deployment²¹ while at least one fifth of Australian peacekeepers deployed in Somalia reported problems with anger, irritability, intrusive thoughts and other psychological complaints 15 months following their return from the mission.²²

In contrast to these findings, there are several studies that show that, despite the real and sometimes severe threats to mental health, most returning peacekeeping personnel fare well in the months after deployment. A meta-analysis of 68 studies conducted on Canadian, Danish, Finnish, American, Swedish, Norwegian, and British peacekeepers supports this argument.²³ These conflicting results may stem from the lack of longitudinal studies in the field, from differences between nations or operations, as well as inconsistencies in measurement or other methodological problems. Most of these studies are retrospective and rely on self-report of stressors and symptoms – leading to both their over-reporting, and under-reporting. Finally, existing research does not provide gender-disaggregated data, therefore failing to take into account a gendered impact of stressors in a peacekeeping environment - and their impact post-deployment - on men versus women, nor does take into account the impact on the mission as a whole.

Varying perceptions of trauma and stigmatization

Peacekeepers confront varying degrees of both external and internal barriers to accessing support following a traumatic event. As mentioned above, often missions are in fragile, conflict-affected or remote areas with little access to psychosocial support. Even in those contexts where psychosocial support exists, there is often a strong stigma or unfamiliarity in talking about such issues with an unknown person. In collectivist cultures, it can be disorienting to focus on personal emotions or to seek out solutions to problems that seemingly are not impacting the entire group.

Welcome to Departures berts International Air



Furthermore, as the foundations of the concept of mental health and ensuing interventions were established in a Western, individualist framework, it can seem alien on many different levels to those who come from cultures where personal emotions are not finely distinguished or valued.²⁴ This results in many peacekeepers being very reluctant to seek help - even after recognizing that they suffer from nightmares, lack of focus, irritability and worsening personal relationships. They are afraid of the stigma attached to mental ill health, which the wider society perceives as a mark of shame, and with disapproval.²⁵

The fear that they will be ridiculed, seen as weak, and confront rejection, means that they often try harder to disconnect from their feelings, but end up being disconnected from themselves and those who are important to them. Creating this armour of denial leads to the perpetuation of the 'cowboy' culture that many peacekeepers come across or experience themselves around the globe. This armouring can often lead to numbing behaviours such as drinking and drug use or abuse which then creates further problems both personally and professionally.

Most humans will go to great lengths, including suffering pain, in order to not feel shame. This presents a significant problem when someone is experiencing the consequences of traumatic stress. The need to avoid being ashamed of oneself and feeling shamed by others keeps many from accessing the support they need to find relief and healing. Others may feel afraid of repercussions from either a perpetrator or a supervisor if they make known the abuse or violence they have endured. Furthermore, the widely held stigma that seeing a mental health professional means that one is 'crazy', keeps many people from seeking help.²⁶

Easier than you think: improved well-being through training and education

Effective interventions to address the well-being of peacekeepers must take into account cultural differences, as well as the weight of the different factors in the specific geographical and institutional contexts.

Since 2018, the United Nations Institute for Training and Research (UNITAR) is committed to support T/PCCs in improving the wellbeing of personnel while deployed and after deployment. Training and education is the first pillar of UNITAR interventions. In social contexts where trauma and its consequences are still stigmatized, training and education provide individuals with knowledge, information, and tools options to better understand their mental health condition, while reinforcing their own strengths, resources and coping skills.

The basis for UNITAR training and education programs is the "Resource Kit" - a comprehensive handbook which aims to bring proven techniques of self-care and trauma therapy to personnel dealing with violent conflicts and natural disasters experiencing extremely distressing circumstances and traumatic events. The Resource Kit introduces the notions of psychological stress and trauma, their origins, symptoms and the impact they have on people, and highlights the ways to strengthen resilience, reduce the risk of burnout

and secondary trauma, by describing effective (self-care) treatments available. Since personnel dealing with violent conflicts and natural disasters are also often in a position to help local civilians, or colleagues, who have experienced traumatic events, the Resource Kit also provides skills and insights to be of assistance to them. Finally, the Resource Kit also has chapters for those in strategic leadership and management roles in peacekeeping and other organisations.

The advantages of UNITAR approach is the relative low cost, adaptability and perhaps most importantly is the fact it can offer support beyond the immediate confines of the individual peacekeepers to the wider society. Equipping peacekeepers with the means to navigate their own stress and trauma, and potentially that of the communities they are mandated to protect has a circular benefit; reducing their trauma and in turn addressing local traumas, allows for further improved wellbeing for all involved.

As part of its training and education efforts, UNITAR has also piloted the adaptation of Peer-to-Peer Support Systems for African T/ PCCs. A Peer-to-Peer Support System is a system in which two people or "buddies" come together to assist and help one another in providing psychological support. Widely used within the United States military, the suitability of such an approach in contexts other than the Western ones is backed by research that indicates that individuals prefer to seek support from either a colleague who has experienced similar events or from their spouse/partner.²⁷ The advantages of the Peer-to-Peer Support System is that it is culturally sensitive - as most of the time the two "peers" will come from the same country/institution and caters for the needs of both women and men deployed.

Conclusion

While the political and legal aspects of peacekeeping feature prominently among scholars and practitioners alike, the psychological well-being of peacekeepers is seldom discussed and insufficiently understood. Only through a nuanced and interdisciplinary analysis can we draw lessons which would allow peacekeepers to maximize their effectiveness, improve their safety and security, preserve their well-being, and mitigate the stressors inherent in such a robust and precarious environment.

The solutions proposed by UNITAR are just beginning to scratch the surface. It is through a multifaceted approach, combining the kind of psychological education present in the Resource Kit with peer-to-peer support systems that positive, sustainable solutions can be reached. We are still far from a perfect solution. Nevertheless, at the end of the day, offering psychological support to peacekeepers is essential to the success of the mission, and to the fulfilment of the mandate. We must continue building a deeper understanding of wellbeing - for peacekeepers, for local communities and for the lasting peace across the globe.

If you are interested to know more about UNITAR support to Member States prior and after deployment as well as about the Resource Kit, please contact the Pre-deployment Training and Advisory Team of UNITAR at pdta@unitar.org.

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