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The example of the various studied interventions shows the involved personnel develops a feeling that they belong to a specific middle that obeys specific rules.

So all involvement is conditioned by:

- the nature of the missions to accomplish;
- the nature of the force, its components, the means she puts on the operation theatre;
- the relationships that develop within the forces and with the outer environment;
- the felt legitimacy of the action.

A force in foreign operation therefore constitutes a specific human organization which evolves according to the operation theatre as well as to the moment of the intervention and of the missions.

The *general problem* of psychological support is to reduce the stress coming from all the sources (individual, collective, organizational) that press on the personnel involved in a foreign operation. It takes calling upon varied competence, particularly the implementation of a follow-up and a medical support, a preparedness, a psychological support and follow-up in all their dimensions.

#### 1. THE EXPRESSION OF A NEED

# A necessary need because of the existence of new particularities linked to the enlistment conditions

- the passiveness that is sometimes imposed, the inability to react in confuse, often paradoxical situations;
- > the absence of clearly identifiable foe, inextricable political and military situations;
- the distress of civilian populations, often hostages of paramilitary groups who are sure of their impunity;
- > spreading within the whole personnel in foreign missions (lack of actual experience, first confrontation with "life-size" situations, prolonged separation from the family environment).

# A necessary need because of the existence of an unusual intervention context

- the multinational character of these interventions, where coexistence problems with other detachments may appear (working methods, different behaviours...);
- ➤ the, already long, experience of certain contingents (mostly Anglo-Saxon) in the welfare domain expresses through an ambitious policy in this domain. On the French side, the lack of voluntarism is less and less appreciated by all the personnel;
- > the adoption of a "modular" deployment system, the initial cohesion of the "built up" units allows them to face the difficulties better than the personnel sent individually.

# A necessary need because of the existence of An inescapable evolution of the Society

- > the requirements are more numerous and various (generalization of the mobile phone...) that have to be taken into account if we want to maintain the quality of enlistment;
- > the difficulty, even the inability of the personnel to live in precarious conditions without jeopardising the operational ability of the group;
- > a general trend to claim simultaneously more and more rights and less and less duties all the time.

# Translated by a redefining of the needs, notably in the domain of "psychological support"

The new intervention context brought up the, henceforth expressed by the personnel, need of an actual "psychological support", which has to be coherent and systematic for them as well as for their family. The action of the health department, the physical training, the welfare policy have to be co-ordinated with a view of maintaining a satisfactory level in the operational ability of the units.

#### 2. A BETTER CO-OPERATION

A better co-operation between the various actors concerned by the implementation of the "psychological support" has to be systematically researched. The existing means are the following:

- > the local executives of the units of the deployed contingent;
- the physicians of the unit and the psychiatrists who are assigned to the detachment; besides their strictly medical actions, the physicians take a direct part in the maintaining of the individual and collective psychological equilibrium. Despite their small workforce in foreign operations, psychiatrists are their privileged interlocutors when the cases require a repatriation or a medical follow-up;
- > the personnel specialized in physical training; their workforce is still to be defined according to the kind of mission, but two studies have already confirmed they were needed;
- the other interveners (chaplains, group representatives, social assistants).

#### The posts or structures to create:

- > "the human environment officer": is in charge of gathering information to the various actors, he is the adviser of the chief of the force;
- "expert" officers in human sciences (mostly psychologists and sociologists). Basically gathered together within the "army human relationships center" (CRH), they have not the sufficient workforce to build up the teams in charge of psychological support today. An important enlistment effort, internal and external, is contemplated for the years to come (estimated need of 40 or 50 specialists);
- > other members of the military institution (minister of the cult, group representatives, social assistant...).

#### "THE HUMAN ENVIRONMENT OFFICER"

**Specialist**, who has a strong experience of the command and an education comprising:

- a awareness of the psychological risks, psychology of a group and notions of psychopathology,
- an information about the conditions of the personnel in foreign operation,
- a knowledge of the sport techniques and leisure ability. "the human environment officer".

**Specialist** who is integrated in the chain of command, he will have to be the privileged speaker of the other specialists (physicians or experts).

The complementarity between the actions developed in the domain of welfare, of sport and of psychological support has already been approached. Other factors, all concerning the command, have a decisive influence on the behaviour of the personnel in mission (perception of the legitimacy of the mission, attitude to adopt towards the populations and the belligerents...).

**This experienced senior officer**, having already taken part in foreign operations (if possible) and sensitive to human sciences trough short duration courses, has to have a high sense of human relationships to:

- be able to centralise all the information coming from the different already mentioned actors, but also the officer who is more particularly in charge of this "human environment" function within the units;
- participate to the morale analysis and its follow-up;
- advice the force or the unit commander concerning human environment.

More global, his action has also to take care of:

- the maintaining of a link with the supply base;
- suggesting the command, implementing all initiative that aims at maintaining or restoring the psychological and moral state of the troops.

Besides, co-ordinating, even directing the action of welfare and of sport.

# A WORD ABOUT THE EXPERTS (PSYCHOLOGIST, SOCIOLOGIST, PHYSICIAN AND PSYCHIATRIST)

Their role come within the general scope of selection, education/training, evaluation of the personnel and of the capitalisation of the information. It is essentially performed in the domains of psychology and of sociology, knowing that the clinical support are the exclusive concern of the health department.

The partial synthesis and reports of the two previous experimental missions (Slovakia and Croatia) allowed to realise:

- the implementation of the physical training office for the duration of the mandate, on precise posts within the formation,
- the placing of this office under the orders of the chief of the force for employment purpose.

The first synthesis of KOSOVO confirms us the importance of the sensitivity and of the information of the personnel about psychological support before a foreign operation (suspicion at first sight), and the importance of:

- the sensitivity to the training that is linked to the stress managing techniques,
- the financial and material means handed over on the site,
- the adherence of the executives to the process (effort of all).

# The fundamental principles:

- ➤ the *primacy of the command*: this support has to remain under the charge of the command; the managing of the problems that are linked to it should fall within the competence of the "human environment officer";
- > the *sharing out of the functions within the context of a coherent policy*: an unconditional co-operation has to be researched between all the affected actors:
- ➤ a *global policy*: early and permanent action, therefore it begins long before the start, during the organic preparation of the units.

The project of architecture of the build up device of the psychological support is in accordance with the following pattern:

- ♦ 3 intervention levels
  - battalion command
  - theatre HQ command
  - central administration
- ♦ 3 expertise domains
  - sociology
  - differential and/or clinical psychology
  - general medicine and psychiatry
- ♦ 3 action phases
  - upstream, through the enlistment selection and the formation
  - during operation, through the assessment and the morale support in all its forms
  - downstream, through the assessment and the capitalisation of the experiences as well as the treatment of the late effects

# Before going for the mission

It is a matter of preparing under the best available conditions the unit, the executives, the individuals and their relatives to the perspective of a variable duration mission, led under unsure conditions. Training camps and enlistment preparation camps have an essential role, particularly in the case of modular units. An information relative to the standard charge structures ("assistance services") for the families has to be made systematic.

# During the mission

The individuals undergo psychological difficulties which consequences may reveal impossible to deal with. The balance of the system is based on the appropriateness of four poles to the general environment: nature of the missions, nature of the force, relationship system, legitimacy. A certain number of the environment actors interfere indeed on the general functioning (media, belligerents, etc.) and in the meantime a relationship is maintained with the supply base.

At this point the joint intervention of the different actors involved in the psychological support may bring a healthy influence on the operational ability of the unit.

# After the mission

Regardless of the intensity of the lived experience, the individual may have difficulties to rehabilitate in his family structure, as well as in his professional structure. It is a matter of making the individual's rehabilitation easier in trying to reduce and to succeed the inescapable rehabilitation period by possibly detecting the "late troubles" a minority could present.

# The concept:

co-ordinated action of the command which has for main goal of favour the completion of the mission of the forces involved in an operation theatre, this support has to see to the integration of all the aspects of "the human environment": maintaining of the operational ability of the units, managing of the situations that generate a stress on the individuals, preservation of the individual and collective equilibrium, mental health, sport, welfare.

# The goal:

preserve the operational ability of the units and of the whole French contingent (personnel deployed as an individual as well as the ones who are affected as part of their unit).

# The principles:

primacy of the command and co-ordination between the actors in order to optimise the psychological support.

#### 3. THE IMPLEMENTATION

#### Some foreseeable difficulties:

- > the lack of means in equipment (particularly in the domain of welfare; leisure places, effective sport facilities, easy access to effective communication media...) and personnel (particularly "expert" officers in human sciences for whom an important enlistment will have to be granted);
- ➤ a "culture of the command" resistant to the evolutions: a tradition of "appropriation" by the unit commander placed under his orders, the effective pre-eminence of the operational component of the French contingents, makes any foreign person particularly "specialists" suspect of "intrusion" into the privacy of the units.

**An** important **overall need** since the deployed contingent may be comprised between 3,000 and 7,000 men (in most cases, when the intervention has an interposition or humanitarian scope...) with a maximum of 30,000 men (case of the Gulf War, for instance).

**An education schedule** has been put forward by the CRH for the education of "expert" officers in human sciences to apply the following principles :

- diversification of the enlistment (external or internal), combination of the abilities and of the origins within the teams (psychologists or sociologists); balancing of the specialists according to their level or their diploma (BT or DT);
- volume of the teams adaptable according to the volume of the workforce deployed on the theatre (2 officers for a contingent of up to 1,500 men; 8 officers for a contingent of more than 16,000 men...).

# 4. CROSS STUDIES

The supplementary works highlight the need to develop "cross" studies, which are the only ones able to apprehend the problems in all their complexity.

Psychological support, welfare, regular practice of sport, quality of the medical follow up all contribute to the same goal; the difficulty will be undoubtedly to make co-operate the personnel who were hitherto used to move in their own sphere...