

**AMMA JOURNAL VOL 13 ISSUE 1**

**JULY 2004**

## **The Systemic Cost of Long-Term Deployment: Cohesion in Peacekeepers Families. Helping Post-modern Military Families reach a Post-deployment Equilibrium through Second-Order Changes and Good Communication<sup>1</sup>**

by  
Major Erik L.J.L. De Soir<sup>1</sup>

*"If the Army would have wanted you to have a wife... it would have issued you one"*

### **ABSTRACT**

In this paper, the typical marital or family problems occurring during the emotional and operational stages of long-term deployment are analysed by using various key concepts of the systems theory and the pragmatic communication theory<sup>1</sup>.

The aim is to present a model for psychosocial support, which includes pre, peri and post-deployment care for post-modern veterans and their most significant others, based upon action-oriented and psycho-educational counselling sessions for couples, at the critical stages prior to, during and after the deployment period. This innovative approach, which is less based on pure symptomatic intervention and merely providing basic information on how to cope with deployment, as seen in most of the other intervention models, allows peacekeepers and their partners (or family members) to increase their relational competencies and their coping skills before, during and after the separation. It also consists of a series of counselling sessions, both prior to and after deployment, of "new peacekeepers" by "veterans".

First, we will bring the well-known (emotional) stages of deployment<sup>2,3</sup> along with the so-called operational stages of deployment into focus. Secondly, the basic concepts of the systems theory and the axioms of pragmatic communication, needed to select relevant work items for psycho-educational counselling, will be discussed. In the third part, we will introduce the conceptual framework for systemic psychosocial support. This will be formulated in terms of learning to go away, learning to be away, and learning to come back. Finally, the most important support activities will be placed on a time axis and explained in the construct of a structural model.

### **INTRODUCTION**

SINCE 1991, BELGIAN TROOPS have been deployed on a regular basis in several out-of-area operations and peace support operations, creating a unique situation of psychosocial family trauma for the concerned soldiers and their significant others.

At first, there was little to no concern about the potentially high risks of cumulative family stress, due to the repetitious deployments, on the peace-keepers' families and their quality of life. Initially, it seemed that neither the soldiers nor their family members or relatives had the right to "complain" about the repetitious long-term deployments. After all, didn't they make the choice for such a life?...

It seemed as if fifty years of (relative) peace during the Cold War period had figuratively paralysed the military leaders' good sense about the importance of natural social support (i.e. the family or private living environment) on (mental) readiness and morale.

However, after several years of experience, our military and civilian authorities began to understand that the aforementioned deployments, and the overwhelming rhythm which couples and families were confronted again and again with long-term separation, created unique family stressors beyond those experienced during peacetime exercises and training periods.

Several years of practical clinical experience with peacekeepers and their partners within the Center for Military Family Action (CMFA, Royal Military Academy) showed that it is very important to provide marital and family counselling prior to, during and after long term deployment to prevent serious problems or dysfunction of the deployed family member on the one hand and his family on the other. Although the current support measures for families anchor spouses, which aimed at providing basic information and social support, are very important, they do not seem to prevent severe marital or relationship problems. The soldiers and their spouses are often, even after a second or third deployment, in search of a language to share mutual experiences and to explain how they really felt about the long-term separation imposed by the armed forces. Even the children of peacekeepers continue to experience problems in understanding what really happened to their family and why one of their parents, or both, seem to have changed.

Therefore, a psychosocial support model should include proactive activities aimed at enhancing the communication and negotiation skills of both partners of the relationship, which are designed to teach them to cope with long term separation and its effects on the family system. Our armies should understand that long term deployment affects a couple or a family in a permanent and profound way. Over the last few years, many children grew up in a single-parent household for most of the time. Giving peacekeepers and their partners the illusion that, after a long-term deployment, everything remains the same is hiding the truth: some relationships will never recover from the psychosocial scars that have deeply damaged their life. This will become clearer in the next paragraphs in which we will analyse some of the mechanisms responsible for driving the partners of a relationship away from each other. If military leaders do not take these mechanisms seriously, they will, sooner or later, be confronted with a total burnout of the personnel of combat units, who are overwhelmed by repetitious deployment and deep family wounds from which they will never recover or recover only very slowly.

We will first take a closer look at both the emotional and operational stages of deployment.

### **THE EMOTIONAL STAGES OF DEPLOYMENT**

The emotional stages of (peacetime) deployment, as described by Peebles-Kleiger and Kleiger, were used to describe the cyclic experiences of peacekeepers and their partners, prior to, during and after deployment. In this paper, we will focus on normal relationships, which, in most cases, have no premorbid marital or family problems.

We could distinguish two different versions of the emotional cycle. The first version describes seven phases of adjustment, from the anticipation of the loss (being the departure of the soldier) to the final re-integration and stabilisation of relationships within the family upon reunion. The second version, which we will name the grief model, describes the four emotional stages of adjustment based on the stages of grief after bereavements; those stages of grief being (1) anger/protest; (2) sadness/despair; (3) coping/detachment; and (4) return/reunion. Since the two versions are similar in thrust, Peebles-Kleiger and Kleiger integrated the two in a composite description which we will briefly discuss below (Table 1).

Stage 1	Initial Shock (Anger/Protest/Emotional Numbing)
Stage 2	Departure (Detachment/Withdrawal)
Stage 3	Emotional Disorganization (Depression/Anxiety)
Stage 4	Recovery & Stabilisation (Coping/Detachment)
Stage 5	Anticipation of the Homecoming

	(Confusion/Mixed Feelings)
Stage 6	Reunion (Euphoria)
Stage 7	Reintegration & Stabilisation (Working Through Process)

**Table 1:** The Emotional Stages of Development

**STAGE 1: Initial Shock**

Both versions of the above model describe a one to two week period of tension, protest and anger as the news of the impending deployment is released and the family begins making preparations for the separation. People are described as being "on edge" and "slight irritations can grow to major proportions". This can be compared to the "Anger/Protest" stage in the grief model.

Clinical experience indicates that early warning for deployment (sometimes 8 months before departure) raises the family stress considerably (testing the problem-solving capacities of the family or the partner, living by "last times", sharing "last special moments", etc...). Peacekeepers spouses and/or family members should learn to understand that "going away for several months" initiates a specific emotional separation process: partners do not need to focus on this one moment, during which they have to find the right words to say goodbye; saying goodbye to each other can take several weeks!

**STAGE 2: Departure**

The final few days before the departure bring the second stage of "Detachment/Withdrawal", in which members, frightened by the impending loss, typically distance from each other.

Clinical experience indicates the 'marital or relational threats' of the 'emotional numbing' which occurs during this stage. Therefore, it is important to inform both partners in a relationship that the absence of expressed emotions is not equal to the absence of emotions. Nor is it a signal of an absence of caring. It is quite the contrary, the stronger the numbing, the stronger the underlying emotion.

Peebles-Kleiger and Kleiger<sup>1</sup> state, in this context, that the absence of time to prepare for the separation, coupled with the intensity of fear and uncertainty, can trip a sort of "emotional circuit breaker" in the mind, cutting off all feelings, so that the person does not get overwhelmed and subsequently paralysed.

**STAGE 3: Emotional Disorganisation**

Beginning at the time of departure itself, as the buses are pulling out or the plane is taking off, is the phase of "Emotional Disorganisation" or "Sadness/Despair". In this phase, tension and/or detachment are replaced by sadness and loss. Partners of departing soldiers sometimes cry a whole weekend. It is when the practical things have been completed, and a few weeks have passed, which demonstrates that this is not simply a "bad dream" or an ordinary separation, that the intensity of feelings of emotional disorganisation and sadness/despair can hit. Symptoms of depression can set in, with problems sleeping, periods of tearfulness, and difficulty eating. This period is described as lasting about two to six weeks. In the same context, we like the description given by Norwood, Fullerton and Hagen: "The extended absence of a spouse creates new stressors and opportunities for the individual left behind. Responsibilities and decisions related to managing the household that normally are shared must now reside with the husband or wife remaining at home. If there are children in the family, the parent left behind temporarily becomes a "single" parent. He or she must assume all the responsibilities of caring for the children while the other parent is away. During the deployment, the stay-behind spouse often experiences emotional confusion that can last for several months. The initial experience of the separation is frequently characterised by feelings of abandonment, loss, pain, and disorganisation. Frequently, the spouse will report mild and transient depressive symptoms of tearfulness and loss of sleep or appetite. Generally, these feelings subside as the family settles into a new routine. Often, the spouse at home will develop greater confidence as he or she negotiates the activities of daily life as a temporarily "single" person or parent. Ideally, the couple stay abreast of each other's experiences through phone calls and frequent letters".<sup>6</sup>

"Our clinical experiences confirm the existence of a 'cry-weekend': the partner who stays behind cries nearly a whole weekend, feelings of loss and sadness/despair can become overwhelming during those first days. Furthermore, we believe that certain families are more vulnerable to emotional disorganisation than others. The last years we considered the following group as being a "risk-group": (1) the age of the stay-behind spouse is 25 to 30 years; (2) the age of the children did not reach 5 years; (3) the age of the relationship is less than 5 years; and, (4) the service member is fulfilling his 2nd or 3rd deployment."

Using the concept of a risk group means that the degree to which families correspond to the profile of the aforementioned group seems to correlate with the adjustment/ emotional recovery of the family system.

#### **STAGE 4: Recovery and Stabilisation**

At about the sixth week, the phase of "Recovery and Stabilisation" or "Coping/Detachment" begins. The sadness drifts away and is supplanted by "a state of relative calm and confidence in handling day-to-day living".

Although the occurrence of a major crisis can temporarily upset the psychological equilibrium, the calm is described as lasting the bulk of the deployment for the most part. This phase involves settling into a comfortable routine, making community and group connections and maintaining communication with the deployed service member.

Our clinical findings indicate that the recovery and stabilisation sets in as a function of what Peebles-Kleiger and Kleiger' call the media roller coaster. The emotional and psychological equilibrium seems to be the function of the quality of the contact and the communication (postal service, telephone, press, television, rumours...) with the deployed member(s). At this stage, one can claim the same reality with respect to the deployed soldiers: morale shuts rapidly down when contacts with the home front deteriorate.

For example, many families still don't have any idea about where in the Former Yugoslavia, or Kosovo, their family member is deployed. Panic and anxiety arise when TV images of other "near-by" conflicts reach the home front.

The result of this combination of fear of death, lack of hard knowledge, and rapidly oscillating media news spills, is that the mood and courage of the stay-behind family members is rather fragile and permanently oscillates between hope and despair, up and down, like a Yo-Yo.

#### **STAGE 5: Anticipation of the Homecoming**

About six weeks before the deployment ends, "anticipation of homecoming" begins. Activity, tension, and even despair emerge again as the families rush to prepare themselves and their home for the return of the deployed service member. Fears and hopes run high as the family's conflicting expectations of reunion versus change, and fulfilment versus disappointment, are stirred. The deployment nears an end and expectations about the reunion grow high. There is a sense of excitement about being together again but also some apprehension about how everything will have changed. All kinds of activities, aimed at making the reunion even better - such as last-minute diets, new clothes and/or underwear, house-cleaning, etc. - only raise the reunion stress on both sides of the relationship. It is certain that is better to leave surprises behind, on both sides of the relationship!

Our clinical experience indicates that this period is comparable to the stage of the short-timers' syndrome in the deployed servicemen. Navy officers talk of 'Channel Fever'; when their ships are some two weeks from the end-of-mission or homecoming, stress on board of the ship reaches a high level and created numerous conflicts.

Soldiers and their families start thinking of 'normal' life again and divest psychological energy from the deployment situation, especially from unpleasant but necessary routine activities. This creates a lot of tension among the military personnel.

#### **STAGE 6: Reunion**

The actual stage of "reunion" is described as beginning on the reunion day and lasting about 6 weeks for 'low-intensity deployments' (such as the UNPROFOR and UNTAES missions in Eastern Slovenia and Croatia) and up to 6 to 9 months for 'high-intensity deployments' (such as the RESTORE HOPE mission in Somalia).

The combination of overwhelming emotions and estrangement make the returning spouse seem "different" to those who welcome him/her. When couples or families are reunited after the deployment, their readjustment stage begins. In this stage, the family tries to become a family again, to get re-acquainted and re-accustomed to each other, to negotiate changes in old roles and territorial changes, and to respond to the specific changes in each other. The marital couple works to re-establish intimacy, and children and parents work to re-establish familiarity and connectedness.

We agree with Norwood, Fullerton, and Hagen that the high expectations about the reunion are a source of considerable problems. The reality of reunion often does not live up to these fantasies. Reunion begins with a "honeymoon" phase that lasts until the first major argument. As the couple re-establishes intimacy, there are commonly feelings of euphoria and excitement. However, the couple will soon have to cope with a difficult readjustment period, which can easily last up to 8 weeks. The relationship and the roles in it, as well as in the household, have to be redefined and renegotiated.

Our clinical experience indicates some special problems. Amongst others, we have the specific problems of "the loners": servicemen with poor education, weak family ties and/or without a partner relationship. After deployment, they start living in social isolation and want to be deployed again as soon as possible. They just want to find again the social situation of emotional sharing and friendship they experienced during the mission, sometimes for the first time of their life. There is a risk that readjustment will be very slow or non-existent. In some cases, they become totally isolated and can be considered as a special risk group with respect to long term psychological sequelae.

Other typical reunion problems consist of "emotional numbing behaviour", detachment and non comprehension of the enormous importance of the repetitious rehearsals between "the group of companions in fate" (which consist of the servicemen who were deployed together in a small group) and diversity of relational problems amongst which the fears (and possibly the consequences) of "marital infidelity" by both partners.

The rapid re-entry and feelings of (unchanneled ) aggression between family members and/or partners ("*You shouldn't have let me/us down so long*", "*Don't think you can just come back and start taking things over again*", etc...) will influence the period of reintegration and stabilisation in a negative way.

1	Preparation Stage (Work Overload)
2	Departure Stage (Psychic Numbing)
3	Habituation Stage (Culture Shock)
4	Routine Stage (Increased Stress Resistance)
5	Half Time Stage (Homesickness/Depression)
6	Anticipation Stage (Anticipation of the Homecoming/Short Timers' Syndrome)
7	Reunion Stage (Existential Shock &: Psychosocial Readjustment)
8	Reintegration &: Stabilisation Stage (Occasional After Shocks)

**Table 2:** The Operational Stages of Deployment

**STAGE 7: Reintegration and Stabilisation**

Finally, about 6 to 12 weeks after reunion, "reintegration and stabilisation" set in, with the family resuming their coherence as a functioning system again (with new borders between the different subsystems). Some relational "after-shocks" still remain possible, but generally, most problems disappear. Unfortunately, the concerned couple or family soon tries to "forget" the bad experiences related to the deployment. As soon as possible, they (try to) behave as before the long-term separation, as if nothing happened. In fact, as a marital or family system, they didn't learn much nor did they take the time to really integrate this challenging period into their life cycle. In many cases, this "non-learning behaviour" will be the source of severe problems prior to, during or after later deployments or family crises. This problem will become clear through the explanation of first and second-order changes in the next paragraph.

First, we will inventory the Operational Stages of Deployment (Table 2) and discuss them only succinctly. Since there is considerable overlap between those stages and the aforementioned stages of deployment, we will not discuss the operational stages further in this text.

### **GENERAL SYSTEM THEORY**

*Plus que ça change, plus que ça reste la même chose*

*Mony Elkaim*

The most general definition of a system, coming from the Greek 'systema' meaning a composite thing, is the ordered composition of (material or mental) elements into a unified whole. The 'General Systems Theory', like cybernetics, concerns itself with the functions and structural rules valid for all systems, irrespective of their material constitution. Systems theory is based on the insight that a system as a whole is qualitatively different, and "behaves" differently, from the sum of the system's individual elements.

In the framework of family therapy, the application of the term "system" is identical to its application in the field of cybernetics.

### **INTERRELATIONSHIP, PATTERNS AND CONSISTENCY IN FAMILIES**

The notion of pattern, one of the most fundamental concepts in theories of family systems, implies an ordered sequence or correction of events. It refers to a functional entity whose parts can be differentiated from one another. Its meaning overlaps with that of other concepts such as structure and gestalt.

According to Bateson<sup>7</sup>, patterns should not be seen as static but as "patterns in time"; "stories" which lead to rules. Long term deployment deeply changes the family pattern, leads to the development of other epistemological structures, and shows the need for the development of new rules.

### **FAMILY HOMEOSTASIS**

Homeostasis, from the Greek 'homois' (similar) and 'stasis' (stand still) is the relatively steady internal state of a system that is maintained through self-regulation (for example, the regulation of body temperature).

Families or couples, like certain systems, are capable of compensating for certain changes in the environment while maintaining relative stability in their own structures.

There also exist mechanisms in which equilibrium is maintained because a new equilibrium is achieved. For these mechanisms, we will take a closer look at first and second-order changes.

Families can be seen as rule-governed systems where rules are not regarded as intrinsic to the system's function, but as homeostatic mechanisms imposed on the system. Long term deployment creates a rupture in the family homeostasis and therefore changes the rules which govern the system. To really (re-)adapt, the family system necessitates second-order changes.

The long-term deployment can be seen as a crisis for the military family. In a crisis (Greek krisis, a turning point) situation, the internal and external adaptation of an individual or a system is disturbed. Therefore, a family needs a certain amount of adaptability. When previously successful adaptive mechanisms are insufficient to preserve stability or balance, new skills and a corresponding internal restructuring become necessary.

In his "crisis theory", Lindemann distinguished two types of disturbance of adaptation: emergency and crisis". One can cope with emergency situations by using accustomed methods; a crisis requires new patterns of behaviour. For example, a spouse soon finds out that long-term deployment will need coping skills other than those used in the case of the much shorter and more frequent training periods that the soldier has gone through in the past.

From a cybernetic point of view, an emergency is regarded as an adaptation disturbance that can be mastered by first-order change; a crisis can only be overcome via second-order change. Real evolution can thus be seen as the succession of crisis situations to which an individual, or the systems in which this individual lives, adapted (as outlined in Erikson's theories on human development through the experience of growth crisis).

When change occurs in one family member, this inevitably leads to change in the ecosystem of all family members. Minuchin and Barcai<sup>9</sup> stated, with regard to this theory: "(...) if therapists are able to induce a crisis, they create conditions for change within the family. The solution of such a crisis is only possible through discontinuous and sudden second-order change"<sup>9</sup>.

Other related and typical systemic notions in the same context are "Territorial Boundaries", "Rules & Redundancy", "First & Second Order Changes in Systems" and "(Error activated) Feedback in Family Systems". These terms will not be explained further in this paper.

## **COMMUNICATION THEORY**

*The Basic Axioms of Human Communication Information is a difference that makes a difference.*  
*Gregory Bateson*

In this paper, communication is seen as each possible form of information exchange between humans and the conditions or variations in which this exchange happens. The contemporary information theory relevant to marital and/or family therapy has its foundations in the pragmatic communication theory, first systematically outlined by Watzlawick, Beavin, & Jackson in 1967<sup>10</sup> and in the two-volume edition of *Human Communication*". The authors integrated clinical data with the ideas, observations, and investigations of the double-blind hypothesis of Bateson et al.<sup>12</sup> The posited principle was five "pragmatic axioms", which they believed could elucidate all forms of functional interpersonal communication. Teaching these axioms to soldiers and their significant others, prior to, during, and after deployment seems to be essential in the prevention of marital and/or family problems.

In the following paragraphs, the original definitions of the five axioms, taken from Watzlawick et al.<sup>10</sup>, are printed in italics. We will try to explain in our own words what they really mean.

*"One cannot communicate..."*

Axiom 1: In an interpersonal context, "one cannot communicate" (p51). Every behaviour thus contains a message. Hence, the paradoxical situation occurs where a person who is not attempting to communicate will still communicate; non-communication itself is a form of communication.

*"You always speak double words"*

Axiom 2: *"Every communication has a content and relationship aspect such that the latter classifies the former and is, therefore, a metacommunication"* (p54).

*"Everyone has his own truth"*

Axiom 3: This relates to the punctuation phenomena and states that the nature of a relationship between two partners is determined by the manner in which they punctuate the communication between them.

*"With or without words..."*

Axiom 4: " Human beings communicate both digitally and analogically" (pp.66-67). Digital language has a highly complex and powerful logical syntax but lacks adequate semantics in the field of relationship, while analogue language possesses the semantics but has no adequate syntax for an unambiguous definition of the nature of relationships.

*"Who is the boss?"*

Axiom 5: *"All communicational interchanges are either symmetrical or complementary, depending on whether they are based on equality or difference"* (p.70)

This conceptual framework makes it possible to better understand the highly complicated communication processes, particularly those governing couples' interaction within the context of "forced temporarily divorce" or long-term deployment.

The impossibility of not communicating means that all interpersonal situations are communication situations and that the very specific situations during the emotional stages of deployment need very specific coping skills before they can be understood as legitimate and normal by both partners of a relationship. This is instead of giving them the idea that this only happens to them and that they are the only ones having marital or relational problems.

The differentiation between digital and analogue modes of communication is very important because analogue messages and definition of relationship exhibit a high degree of isomorphism. The ambiguity involved in the simultaneous exchange of messages concerning both the relationship itself and things outside the relationship leads to problems of interpretation and translation, which, if left unclarified, lead to pathological interaction patterns.

The concept of punctuation allows the possibility of talking about the reciprocity of human relationships in a manner that is at once different from and more complex than, that of the traditional stimulus-response model of behaviour. Partners of a relationship, particularly in the context of the tough challenge that a long term deployment is for a couple, should understand that their proper behaviour is both the origin and the consequence of the behaviour of their counterpart.

As Simon, Stierlin, and Wynne (1985) state:

*" Punctuation refers to the structuring and organisation by an observer of a continuous sequence of events and behaviours. Two partners, for example, perceive and organise their ongoing interaction into various sequences, and each subjectively perceives different patterns of cause and effect or different structures of interaction. Depending on whether the interactional process between A and B is seen from the perspective of A or B, it may seem as if A is reacting to B, or as if B is reacting to A. According to one punctuation, a wife nags because her husband withdraws from her; according to the other; the husband withdraws from his wife because she is constantly nagging him. The manner in which an ongoing communication process and/or interaction sequence is punctuated determines the meaning attributed to it and how each person's behaviour will be evaluated, that is, who is responsible or "guilty", and how one describes to (r) act".<sup>13</sup>*

Punctuation in the communication between both partners of a relationship will be of major importance in the readjustment process after the deployment period. It is important that the returning veteran does not withdraw from his spouse and that the spouse on her side does not leave her husband alone with his existential shock after the homecoming, due to unilateral punctuation or context marking.

Finally, the concepts of symmetrical and complementary relationships introduce the important aspects of mutual evaluation and their relativity in interpersonal relationships.



## **FURTHER DISCUSSION OF THE BASIC AXIOMS**

The second axiom in the communication theory, developed by Paul Watzlawick, Beavin, and Jackson<sup>10</sup> states that every interpersonal communication is not only an exchange of information about some subject matter but also concurrently contains a message regarding the relationship between the interactional partners. This aspect of communication belongs to a higher logical type and represents a form of metacommunication.

The difference between content and relational aspects of communication can best be illustrated by the numerous problems couples experience in the critical emotional stages of deployment. Prior to the deployment, the soldiers' spouse protests, not only to manifest anger with regard to the upcoming separation but also to react against the complementarity of the relationship, in which the military partner alone is held "responsible" for the difficult period the couple or the family will have to face. Even after deployment, the relational conflicts do not only serve to readjust and work through but also to (re)define the type of relationship both partners have or want with each other. This relationship can be either complementary or symmetrical. In many cases, both partners of the relationship do not understand this dynamic process in which problems or conflicts mostly arise when one of them rejects the definition of the type of relationship provided by the other.

Through psycho-educational training prior to deployment (Table 3), and adequate counselling after deployment, couples can learn to cope with this normal phenomenon and learn to discuss the type of relationship they both want, instead of letting the problem degenerate into an interaction in which both want to have the last word.

Some soldiers, when being deployed, leave a dependent spouse who is used to have complementarity in her life. They come back home, after 4 to 6 months, to find that their spouse has turned into a very independent person; the relationship has become asymmetrical one, without mutual agreement to it.

In such a situation, the relationship that is offered by one partner ("I am superior; you are inferior") is unacceptable to the other, as is any attempt by either partner to agree upon asymmetrical relationship. Leaving a relationship undefined also leaves unclear what is "real" or "not real" in the relational sphere.

This problem has to be treated during the psycho-educative counselling sessions (for example, during preparative partner weekends); both partners need to learn to negotiate (wanted) changes.

## **PSYCHO-EDUCATIVE ACTION POINTS**

Territorial Training

Relational Training (Defensive, Offensive)

Communication Training

Learning to Negotiate

Reporting Relational Irritations & Changes

## **LEARNING TO COPE WITH PEACE SUPPORT OPERATIONS**

Learning to go away...

Primary prevention of relational and/or family problems

- Pre-Mission Briefing Day
- Preparative Weekend for Couples

Learning to go away...

Secondary prevention of relational and/or family problems

- Monthly meetings for significant other
- Monthly meetings for partners
- Children's Activities
- Other Significant Activities: CIMIC, special events, etc...

Learning to come back...

Tertiary prevention of relational and/or family problems

- Post-Mission Debriefing
- Reunion Weekend for Couples

1	Educate the 'military' couples & families on deployment adjustment: prior to (pre), during (peri) and post-deployment (post)
2	Reach out and make the availability of professional support known to the families left behind
3	Provide training to enable both partners of a relationship to cope with the critical stages of the deployment: prior to departure, departure plus two weeks, half time, homecoming minus two weeks and post-deployment.
4	Provide permanent counselling and/or therapeutic support for both the military families and the rear unit command
5	Provide permanent counselling for typical child problems during a father/mother separation

Table 3. Goals of Psychosocial Support of Long-Term Missions

## CONCLUSION

It takes time for everybody to learn to go away, to learn to be away, and to learn to come back; not only in a physical but also in an emotional way. A new equilibrium or life rhythm cannot be established instantly.

Partners and "companions in fate" should communicate about what happened and how they felt in the operational zone with respect to their different social roles: the way of being a soldier, a partner, a husband, a father, etc... changes profoundly.

Spouses and rear unit personnel should also talk about what happened at the home front; in some cases, the partner who stays behind with a family has a more difficult mission than the soldier deployed in the mission area. Soldiers are always specially trained for their mission, families mostly are not.

However, (pragmatic) communication is a major issue for both the peacekeepers and their significant others and... they can learn it quickly! At this moment, still too much precious time is spoiled by criticising each other, being angry when (unclear) messages are misunderstood and trying to hide the deep emotional impact of a long-term deployment. In choosing a job in the Army, one has the right to "complain" or to speak out about sad feelings. Being paid "For it" has nothing to do with it...

Soldiers returning from a long-term deployment and their families both have a strong desire to talk about their own experiences. Recognizing the existence of recovery and readjustment processes in our loved ones and ourselves, after participation in a wartime deployment, is essential in preventing a long-term psychosocial family trauma which becomes most difficult to treat.

The paradigms of the General Systems Theory and Communication Theory appear to be powerful in the further conceptualisation of innovative support activities for couples. They deliver numerous action-oriented ways to increase military couples' and/or families' competence to successfully cope with the various effects of repetitious deployments in peace operations.

## REFERENCES

1. Watzlawick P, Beavin JH, Jackson DO. *Pragmatics of human communication: A study of interactional patterns and paradoxes*. New York: WW Norton & Co; 1967.
2. US Navy. *The Stages of Deployment*. In: *Family Deployment Guide (Norfolk Gen, 7000/1, 1/87, 0199- LF-007-0000)*. Norfolk, VA: Navy Family Services; 1987.
3. Peebles-Kieiger MJ, Kleiger J H. Re-Integration Stress for Desert Storm Families: Wartime Deployments and Family Trauma. *J Traumat Stress* 1994; 7(2):173-194.
4. De Soir E. *The Belgian Model for Psychosocial Support of Long-Term Peacekeeping or Peace-Enforcing Missions: The Problem of Wartime and Re-Entry Stresses on the Soldier and his Family System*. Paper presented at the *International Applied Military Psychology Symposium*; 1996; Brussels.
5. Kubler-Ross E. *On death and dying*. McMillan Publishing Co.; 1970.
6. Norwood AE, Fullerton CS, Hagen KP. Those Left Behind: Military Families. In: Ursano RJ, Norwood A E (Eds.). *Emotional Aftermath of the Persian Gulf War: Veterans, Families, Communities, and Nations*. Washington DC & London: American Psychiatric Press, Inc; 1996.
7. Bateson G. *Mind and nature: A necessary unity*. New York: Bantam Books; 1979.
8. Lindemann E. Symptomatology and Management of Acute Grief. *Amer J Psychiatry* 1944;101: 1 II-48.
9. Minuchin S, Barcai A. *Therapeutically Induced Family Crisis*. In: Sager CJ, Singer Kaplan H (Ed.). *Progress in Group and Family Therapy*. New York: Brunner/Mazel; 1972.
10. Watzlawick P, Beavin JH, Jackson DD. *Pragmatics of Human Communication: A Study of interactional Patterns Pathologies, and Pamdoxes*. New York: W W Norton & Company, Inc; 1967.
11. Jackson DD. (Ed.). *Human Communication. Vol. 1: Communication, Family, and marriage; Vol. 2: Therapy, communication, and change*. Palo Alto: Science and Behaviour Books, 1968.
12. Bateson G, Jackson DD, Haley, Weakland JH. Toward a theory of schizophrenia. *Behaviour Sci* 1956; 1: 251-264.
13. Simon FB, Stierlin H, Wynne LC. *The language of family therapy. A systemic vocabulary and sourcebook*. New York: Family Process Inc; 1985.