Abstract:

Deploying soldiers in foreign missions undoubtedly represents a significant burden associated with the risk of harm to their physical and mental health. Regarding the mental health, stress represents the most significant risk factor traditionally associated with the deployment. In fact its influence during the deployment tends to be continuous since the amount of different stressors is plentiful. Traditionally, the attention of clinical psychologists, psychiatrists and researchers associated with foreign operations and their possible consequences was targeted mainly on (the) PTSD, depression or addictions. However, it appears that the soldiers also suffer from other mental health disorders. This thesis is focused not on disorders but their partial symptoms, predominantly neurotic. Initial research hypothesis presumes that if we compare the population of soldiers who have been deployed in a foreign mission with those who have not been deployed we will find (the) significant differences between the groups. We expect those who have been deployed to show a higher rate of psychopathological symptoms, probably subclinical and therefore discrete, but still more prevalent comparing to those who have never experienced the military mission environment.

The data have been collected through the questionnaire survey, using the N70 questionnaire aimed at neurotic symptoms. It consists of 70 items divided into 7 scales - Anxiety, Depression, OCD - phobia, hysteria, hypochondriasis, vegetative lability and Psychastenia. Additionally, we used our own questionnaire consisting of 25 items, detecting further subjectively experienced negative changes and outcomes of the deployment.

The research sample included Czech army military professionals and was divided into four subgroups: (1) Those who have not been deployed (n = 521), (2) those who have been deployed once (n = 521). These two groups were examined during a compulsory routine psychology assessment by N70 questionnaire. The other two groups were assessed via the Internet. Group (3) consisted of military professionals who have been deployed once and their participation in the research was on voluntary basis (n = 196). This group was also assessed by the N70 questionnaire. The last group (4) was also formed out of professional soldiers who have been deployed once (n = 174), their participation in the research was voluntary and they were assessed by our own questionnaire.

All groups were then compared among each other and with the general population. The results show that a group of modern veterans experience more discreet psychopathological symptoms than their colleagues who have never been deployed. These symptoms are mostly anxious and psychastenic. Their intensity does not exceed the population norms; nevertheless, the differences between those who have been and those who have not been deployed were statistically significant. Findings are discussed with regard to their general validity and practical implications.

Key words:

Military Missions, Psychopathology, PTSD, Depression, Anxiety, Army