

Encounters article (2000 words)

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Biography

Peter Lee is a Professor of Applied Ethics, and the Director, Security and Risk Research at the University of Portsmouth. His research includes the ethical and other human aspects of drone operations in military, policing and wider security contexts, and the ethics of AI and autonomous weapon systems. In 2016 he was granted unprecedented research access to the two RAF Reaper (drone) squadrons for his latest book, *Reaper Force: The Inside Story of Britain's Drone Wars* (Paperback, August 2019). His current research project examines screen-mediated trauma, entitled 'Understanding moral injury and belief change in the experiences of police investigators in child exploitation units.'

Title:

How researching with the RAF Reaper community exposed my own suppressed trauma and what I would do differently next time.

That was unexpected

It was the summer of 2016 and I was researching the human dimension of remote air warfare with military drone operators from the two RAF Reaper (military drone) squadrons. I had already conducted quite a few interviews and spent many hours with crews in Lincolnshire and Nevada, watching them carry out surveillance and missile attacks against ISIS jihadists in Iraq and Syria. Then came an interview that would change the course of my personal research experience.

The question I asked of the Reaper crew member in front of me was simple enough: "How do your family members and close friends feel about what you do?" I had already asked the question of several other interviewees and, if I am honest, thought I could reasonably anticipate his answer.

I was wrong

First, there was a brief pause. *He's probably thinking up his answer.*

Then the pause extended by a few more seconds and began to feel uncomfortable. *Maybe I need to repeat the question.*

The silence was heading towards excruciating but I held back from speaking again. Something was clearly happening to the relaxed, genial man in front of me as he thought about my question. First, his hands started to grip the arm of the chair he was sitting on. I mean, really grip. Then, his jaw clenched. Hard. Slowly, his eyes reddened and tears formed.

We maintained eye contact for what seemed like an eternity but which, in reality would have just been half a minute or so. Still unusually long for human interactions. When he finally found some words he haltingly described his distress when he discovered that someone who had known him for most of his life thought that his job was to commit war crimes. And that he did commit war crimes.

What happened next did not make it into the audio recording or my interview notes. It didn't make it into my book or academic papers. But it did teach me something about researching as a military veteran. I write about it here for the first time.

When the past comes back

I found myself fighting back tears of my own. I barely knew the person in front of me so it didn't make sense. I carried on as best I could and really focused on my questions and my note taking. After a little while, perhaps five minutes or so, the tide of emotion that had swept over us calmed down and we both relaxed into a very engaging interview.

Afterwards, I reflected on what had happened. I was neither embarrassed nor uncomfortable with my interviewee's surge of emotion as it swept through the interview. You see, a decade earlier I had been an RAF chaplain. From 2001 to 2008 to be precise. I had years of experience listening to fragile, highly emotional, sometimes damaged, sometimes hurt military personnel and their spouses and partners.

I was, however, just slightly concerned about my own reaction in that interview in 2016. It turns out I was right to be worried. Over the subsequent 18 months I had quite a few similar, and strengthening, emotional reactions in what ended up being a total of 90 interviews.

At the time I just put it down to being busy and overworking. Perfectly plausible.

What I was reluctant to admit – especially to myself – was that my heightened emotions had little to do with my interviews and a whole lot more to do with my past. The interviews just provided the triggers to reignite emotions and feelings that I had successfully ignored or suppressed for nearly a decade.

Things came to a head in February 2018, the month when I submitted the manuscript for *Reaper Force: Inside Britain's Drone Wars* to my publisher. Every day I would write, edit and finalise sections and chapters: two hours in the morning before work and two hours in the evening. By the end of the project, thirteen people were reviewing every chapter as I wrote them: crew members, spouses and others. Every quote from every page in the book was checked with the person it came from for accuracy and tone.

I lost count of the emails. I was completely immersed in accounts of lethal strikes, the witnessing of traumatising events, and the personal and family impacts on the Reaper crews members.

Then one day in a routine management meeting at the university I found myself fighting back an overwhelming urge to burst into tears. The same thing happened the next day as well, in a completely benign work situation.

In a rare outbreak of common sense I told both my wife and my line manager what had happened. I was sure it was just the self-imposed pressure of the book deadline and expected I would be fine in a few weeks. Just in case I wasn't, I promised I would seek help if the reactions continued.

I wasn't fine. I got worse.

So in May 2018 I went to Occupational Health. They were very supportive but I knew I needed to talk to someone who dealt with military or war-related trauma. The next day I walked into a military charity near my home and asked to speak to someone.

I felt ashamed to be taking up their time and resources when other much more deserving veterans are out there and desperate. In retrospect I can see that I self-stigmatised – in a way that so many veterans do – by seeing myself as less deserving or unworthy of the help that is available. But the staff were very kind. The person who interviewed me didn't even flinch when my own tears started flowing.

Origins

When I requested a premature voluntary release (PVR) from the RAF Chaplains' Branch in 2008 I had reached the point where I could not carry out my military or church functions properly. I couldn't clearly articulate why; I just knew I couldn't keep going.

Everything traced back to my experiences as a chaplain at a military hospital in Cyprus during the 2003 Iraq War. I didn't even have the much more credible excuse that I had been affected by what I had seen or done on a battlefield.

Every day for 5 months I saw between one and three dozen new arrivals from the battlefields of Iraq, and the occasional medivac from Afghanistan. They were young soldiers mainly, with a few Marines, RAF, Navy or allied military personnel thrown in. Some were terribly wounded, some injured. A 16 year-old Iraqi boy arrived with over 60% burns from an area-denial bomblet he had picked up and which had gone off in his hands. He died overnight.

I sat with most of them and tried to find words when there were no words.

One 22 year-old who had had an arm amputated at the elbow was a weightlifter – as I was. We sat and discussed all the exercises and lifts you could and could not do without a forearm. After that conversation I wept for what he had lost.

I tried and failed to find meaning in any of it. Which is a bit inconvenient when you are expected to find meaning in the bad stuff that happens in order to support others through it.

In the best chaplaincy tradition I actually did some useful things. Most days after I made my morning rounds I would leave the hospital with hundreds of pounds in cash and a long shopping list for the patients who were not allowed out. White tracksuit bottoms, white t-shirts and white trainers were the fashion choice of the young lads. Especially for my fellow Scots. Mostly they had been airlifted from Iraq wearing their combat uniforms and with no personal possessions.

As a non-smoker I used my NAAFI cigarette allowance (sorry!) to keep several of them supplied with 20 Regal King Size. I reckoned if you had taken a bullet or shrapnel for your country you should be allowed to give yourself cancer if you want.

My serious problem that began to emerge was one that I did not even get a name for until many years later: cognitive dissonance. My brain was being slowly scrambled by two constant and contradictory messages. I was highly committed to the pastoral support of those who had been deployed to fight in Iraq. But it was a war I did not believe we should have been fighting based on Prime Minister Blair's justifications.

It's hard to maintain a belief in a just God when you can only see injustice in the harms that had befallen those soldiers who were just doing their duty. A duty that I tacitly endorsed just by being in the military and part of the war. I then had to deny to myself that I was even having these thoughts. I had to. And I managed it for several years. Until I couldn't.

So why is this relevant for other veterans?

Through my local veterans' charity, I eventually managed to see a psychiatrist. He specialised in mental trauma in military personnel and through him I learned – or acknowledged – two important things. First, that my personal combination of high empathy and high squeamishness made me an ideal candidate to be affected by spending prolonged time in a military hospital in wartime. And second, that I would still have gone ahead with my Reaper project even if I had known in advance how it would affect me.

As I reflect on the whole research process one element stands out: research ethics. Before I could proceed with my research my project had to satisfy the Royal Air Force Scientific Assessment Committee and the MOD Research Ethics Committee. Both committees review the safety of both researchers and participants. They checked to make sure suitable support was in place for my research participants to access if needed.

But I must take responsibility for a personal failure regarding my wellbeing during the research. When questioned, I pointed to my previous experience as an RAF chaplain and assured the RAF and MOD committees I was well equipped to deal with any unexpected responses my research might prompt. I assumed I would not be affected and my reasoning was accepted. Why wouldn't it be? The committees asked all the right questions. I just had no idea that my background and experience were the potential problem. So I did not prepare for it.

My experience may or may not be relevant to other researchers. It is impossible to generalise across an entire population from one person's experience. However, I can at least encourage fellow military veterans, serving members of the armed forces, and others who have experienced trauma of one kind or another. Here are some things to consider before embarking on a research project, especially in a military or other potentially traumatising context.

Personal recommendations for prospective researchers

- i. Consider the possibility that you have experienced mental trauma that you have suppressed.
- ii. Honestly assess the likelihood of a research project triggering unexpected reactions. Ask someone close to you for their views on this.
- iii. If you are already aware of previous trauma and personal psychological triggers but still want to research in that field, seek professional advice.
- iv. If the research proceeds, declare potential vulnerabilities to the relevant ethics committee(s) and to any co-investigators in a joint research project.
- v. Include in the research ethics protocol, regular counselling or decompression sessions, either with peers or with a psychologist. Include the cost of the latter in funding calculations or ensure that support can be accessed through your institution's Occupational Health scheme.

I believe passionately that high quality research should take place in hard places and risky contexts. However, those who undertake this work should also take practical steps to ensure both physical safety and personal wellbeing. These factors should be considered from conceptualisation of any project through to the production of the final research outputs. And they are included in my current research project.