Communicating Difficult and Taboo Information: A How-To Guide for Commanders

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ABSTRACT Military commanders frequently mention that communicating difficult or taboo information is especially challenging. In the context of gender-integrated ground combat service there may be additional communication challenges for military commanders who may be unaccustomed to leading both men and women. Often, military commanders must communicate and deliver difficult information, or information that causes a negative emotional response from the communicator or the intended audience. This article is intended to identify some of these challenges and present practical examples and tips for military commanders to effectively communicate difficult or taboo topics and information. In addition, this article is a call for communication experts to reach out to military leaders and offer appropriate assistance in facilitating and delivering difficult communication.

INTRODUCTION

A young combat arms company commander takes his position at the head of the afternoon formation about to address his unit. He surveys his four platoons, neatly assembled and each led by a lieutenant not much younger than him. The commander has been well prepared for a variety of tough situations: he was honor graduate at Airborne and Ranger school, completed two grueling deployments to Afghanistan where he and his soldiers were constantly fighting Taliban insurgents. The young commander has faced numerous life-and-death situations and yet little could prepare him for the challenge that he now faces. With a nervous clearing of his throat, the battle-hardened young man begins to talk quietly to his warriors about a most challenging and difficult topic. The commander’s ever-reliable first sergeant encourages him to “speak a little louder sir.” He had never imagined that he would be in this present situation addressing a topic that he could hardly talk to his wife about. With false courage and a little more volume, the young commander struggles to get the words “managing female hygiene in the field” to a formation that is almost entirely male and just as uncomfortable as their commander. The handful of women in the newly integrated formation listen intently and are more than a little surprised how something so biologically basic could have such a visible impact on their commander and comrades.

Although women have been part of the U.S. military since the Revolutionary War, it has been only very recently that American female service members have entered into military professions that had been restricted exclusively to males. Most of these military occupational specialties (MOSs) were within the U.S. Army and Marine Corps and comprised the bulk of the frontline or “combat arms” units. Gender-restricted MOSs in these units includes rifleman, armor crewman, artilleryman, and Special Operations. Before 2014, these MOSs were restricted to male service members under a policy known as the Direct Combat Exclusion Rule (DCER). The DCER was enacted in 1993 by then-Defense Secretary Les Aspin as a way of opening the majority of billets on combat aircraft and vessels to female service members, while still restricting women from participating in positions with “direct ground combat.” Since then, increasing political pressure and the nonlinear realities of modern combat in the present Global War on Terror have forced the Department of Defense to re-examine the roles of women in frontline combat units. This re-examination prompted then-Defense Secretary Leon Panetta to repeal the DCER in early 2013 and set a deadline for the armed forces to comply with gender integration by January 1, 2016. This deadline has started a lengthy process of review, reflection, and some speculation about the future impact on gender-integrated combat service. Much of the most vocal discussion concerning the integration of female service members into combat arms units has been dominated by strong opponents and proponents outside of the military. While this debate may be healthy exercise in democracy and civil control of the American military, relatively fewer voices have discussed the practical specifics of combat gender integration or the ramifications of gender-integrated combat service from a scientific perspective.

In the Spring of 2014, a diverse group of uniformed and civilian policy makers, researchers, and leaders met at the Defense Health Agency for a 3-day conference to discuss the future of women in combat (WIC). Sponsored by the Consortium for Human Performance at the Uniformed Services University, the conference discussed several significant challenges that still lie ahead for the future of gender-integrated combat service. These challenges include women’s health and readiness, psychological issues specific to WIC, and the role of military leaders in fulfilling the requirement of gender integration by January of 2016. Within the WIC conference’s discussion of leadership behaviors, anecdotes of personal experiences were shared by several present and former female service members about
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Communicating difficult information, especially topics related to women’s health, readiness, and hygiene. Several of the female service members who participated in the conference told stories similar to the one described above: a battle hardened (often male) leader becomes visibly distressed and vexed when having to address challenging subjects like women’s hygiene in the field, sexual and reproductive health, and important life cycle events including pregnancy. In addition, the conference also discussed the importance of all service members to address the significant problem of sexual harassment and assault, and how military leaders will communicate this critical need in the context of gender-integrated service. Since past examples of carrying out potentially challenging policies (e.g., repeal of “Don’t Ask, Don’t Tell”) within the American military highlight the tremendous importance of leader behavior, it is imperative that appropriate subject matter experts (SMEs) offer guidance to military leaders on how to effectively implement gender integration within their ranks.

This chapter is intended largely as a “how-to” guide for military leaders who may be uncertain, uncomfortable, or unaware of how to communicate difficult information to their subordinates—especially in the context of gender integration. The experience of modern clinical practice, where taboo subjects are discussed between providers and patients on a daily basis, can provide valuable lessons for military leaders who will very likely continue to address uncomfortable topics with their subordinates as the deadline for gender integration draws near (and the process of gender-integrating units has already begun). Although this article may have been inspired partly by the fast-approaching deadline for gender integration within the armed forces, it is important to acknowledge that difficult communication is certainly not limited to ground combat units. Communicating difficult information is an essential leadership competency regardless of MOS, and this article is intended to provide some basic tips and suggestions for leaders who constantly face new communication challenges.

An informal poll of the author’s colleagues to identify topics that could broadly be considered taboo or difficult to discuss yielded a great diversity of responses. These responses included personal hygiene, poor work performance, personal finances, sexual health and behavior, gender inequality, race and ethnicity, religious views, and politics. Any of these topics may be considerably more challenging to discuss and communicate in the context of gender integration in the combat arms. In returning to the example of our young commander in the introduction, not only are a wide range of topics difficult to discuss, the context, social environment, and organizational culture all have important influences in difficult communication is sent and received. How might the commander’s discussion of field hygiene be different if the unit was recently returned from a deployment (or about to deploy), if there were significant disciplinary issues within the unit, or how well the unit trusts their leadership? Although this article focuses on some practical examples for leaders in delivering difficult communication, it is vitally important to appreciate that communication of any kind exists within the wider context of the social, psychological, and physical military environment.

Considering that an informal poll yielded such a wide range of responses, it is clear that the realm of “difficult communication” is broad and almost certainly moderated by the perspectives, biases, communication skills, and beliefs of the individuals communicating. For our purposes as a practical guide for leaders, the definition of difficult communication includes communication of subject matter that elicits a negative emotional response from either the communicator and/or the individual(s) receiving the communication. In addition, the definition of communication in the context of effective military leadership includes sending and receiving information, both verbal and nonverbal. This overarching definition of difficult communication frames the challenges that military leaders face, as well as identifies where communication SMEs may offer valuable assistance to commanders.

COMMUNICATIVE SELF AND CONTEXT
Communicating difficult information is a skill that health care providers must fulfill on a daily basis. Within specialties that commonly treat grave illness, such as oncology, communicating difficult, upsetting, or simply bad news is a necessary clinical skill. Although most providers have relatively little formal training in communicating difficult information, how the difficult information is provided has a marked impact on the patient’s perception and may have important implications for follow-on care. In delivering difficult information to patients, providers must be aware of how they manage their own emotional state, the physical quality of their verbal communication (i.e., tone, sound, pitch, rhythm, etc.) and nonverbal communication (e.g., eye contact, hand movements, posture, etc.). These elements can be roughly described as the providers communicative “self” and may have important long-term impact on a patient’s psychological health, future orientation, and hope.

Leaders must also be aware of their communicative “selves.” Military leaders have long understood the importance of managing the various elements of communication that exist beyond the information content conveyed. Similarly, effective emotional expression and emotional sensitivity (i.e., the ability to recognize and accurately interpret the emotional expression of others) has long been correlated with positive organizational outcomes. The opposite is also true: dysfunctional emotional expression and sensitivity often undermines the productivity and overall climate of an organization. As psychotherapists in training are often reminded to be “self-aware” of how they might be viewed by their patients, so must military leaders be aware of how the many different elements of communication beyond the information conveyed may be viewed by subordinates.

In addition, context must be accounted for when delivering difficult communication. Context in this sense refers to the...
physical, psychological, and social setting where the difficult communication occurs. Important lessons in accounting for context in difficult communication are perhaps best gleaned from health care providers, who may routinely deal with difficult communication. Examples of difficult communication in the clinical setting may include delivering news of a loved one’s death to family members or informing a patient of poor prognosis. Less severe examples in clinical practice may include discussions of sexual health, weight loss, smoking, and alcohol use. In both military and clinical environments, the context may be highly variable and has tremendous impact on how difficult communication is conveyed and the communicative self of the leader. The type of difficult communication expressed by an attending physician to his team during a code within the emergency department is entirely different from the difficult communication between a clinical social worker and a patient being treated for post-traumatic stress disorder. The drill sergeant at Fort Benning barking orders to raw recruits on the basics of drill and ceremony possesses a vastly different communicative self than the wing commander at Minot Air Force Base, North Dakota who is about to address his subordinates about preventing sexual harassment and assault. Leaders, like clinicians, should be sensitive to the context surrounding the difficult communication and appropriately adjust. Health care providers who may routinely deal with difficult communication on a daily basis in a wide variety of contexts are important resources for leaders who may have less comfort and experience with difficult communication.

Being aware of one’s communicative self, the context of difficult communication, and emotional regulation are ongoing processes for both clinicians and leaders. Rapidly changing media and communication technology have also underscored the importance of the less tangible elements (i.e., self-awareness, emotional regulation, etc.) of communicating difficult information. Critical feedback from peers, superiors, and subordinates about a leader’s communicative self and how well the leader adjusts to fit context are essential to developing these central skills to communicate difficult information effectively.

TIPS FOR COMMUNICATING DIFFICULT INFORMATION

The following includes more directive tips and techniques intended for leaders using gender-integrated combat service as the context.

1. Communicate knowledgeably. As policies concerning gender integration within the military are developed, leaders may or may not know the specific details or timeline for implementation. It is essential for military leaders to communicate what they know to be true and nothing further. Avoid speculating and offering personal opinions, as these may be interpreted much differently by the recipient of the communication than intended.

2. Communicate as a team. Virtually every mission, task, and job within the military is a team effort. The Army commander introduced earlier struggling to discuss field hygiene that includes female service members should do so with the assistance and support of his first sergeant, subordinate platoon leaders, etc. Such team effort creates a sense of ownership, responsibility, and has the potential of providing some relief to potential negative reactions through more classic social affiliation.

3. Acknowledge challenges. The integration of female service members into combat arms units may face both obvious and unforeseen challenges. Acknowledging the potential for challenges allows the uniformed leader to appear less self-interested, which has been long known to social psychologists as an effective means to boost credibility. In addition, since the fear of potential negative outcomes tends to be more activating than the desire or drive for positive outcomes, it behooves the leader to address these challenges and fears directly.

4. Have an objective. As with any military task, communicating difficult information should have a desired end-state that supports the unit’s mission. Similarly, the uniformed leader should provide clear expectations of the desired end-state and ensure these are clearly understood. A common way to ensure comprehension is to request subordinate “briefbacks,” where the recipients of communication (subordinates) and communicator (leader) swap roles.

5. Use an appropriate setting. As described above, context has a significant impact on how difficult information is communicated and received. The leader should ensure that the setting (physical, psychological, and social) allows for clear, calm, and correct communication. In the same manner, the setting should be appropriate for questions from the recipients of the communication. Such settings should be relatively quiet, free of distraction, adequately illuminated, and comfortable as possible.

6. Be timely. Difficult communication may certainly be something that even accomplished leaders may wish to avoid. Rapidly changing combat environments mission requirements, and social norms have shown that challenges are best addressed in a direct and timely manner.

7. Foster a positive climate—even if the communication is difficult. Leaders should ensure that the core values of the U.S. military are present when communicating difficult information. Among the ways to ensure a positive communicative climate includes not allowing: fixation on one challenge for too long, a difficult challenge to become a personal attack, crude language or profanity, or a discussion to become toxic. The same techniques also apply to nonverbal elements of communication including appropriate eye contact, facial expression, posture, and hand gestures.
(8) Practice and seek feedback. Communicating difficult information is a skill that may be developed over time. Leaders who practice communicating difficult information and seek critical feedback will be better prepared to meet future challenges. Although the integration of women into combat units may eventually become routine, the very nature of the military’s mission will inevitably require leaders to communicate difficult, challenging, and taboo information.

CONCLUSION

Communicating difficult information is a required skill of nearly every leader in the uniformed service. Integration of female service persons into frontline combat units presents numerous opportunities for SMEs to provide critical guidance, feedback, and recommendations to the commanders. Experts with practical experience (especially clinical) should take initiative and offer their valuable skills before relatively small challenges fester into something far more toxic. In addition, communicating difficult information should be regarded as an essential leadership competency, one that is trained and practiced. Recently, medical students at the Uniformed Services University have started to receive formal didactic and practical instruction on difficult communication. In addition to a formal lecture series on the principles of communication, students work in small groups with preceptors and role-play different scenarios.

The scenarios are primarily clinical and tailored for students working in small groups with preceptors and role-play different scenarios. As with any other medical student, effective and appropriate communication training is critical for desired operational outcomes.

Although numerous challenges implementing gender integration within the military may remain, empowering leaders with the skills to communicate difficult or taboo information in a disciplined and professional manner remains an important and essential task. Beyond the individual leader, the fitness of the unit and the ability of the armed forces to accomplish missions should not be jeopardized by the inability to have certain difficult “talks” within the ranks. Conversely, there is an important opportunity for the military to thrive in a changing environment by training and empowering leaders to effectively communicate difficult information. By engaging SMEs, training basic principles of difficult communication, and effectively communicating difficult information in a timely manner, leaders are able to remain focused on taking care of their subordinates and the mission.

REFERENCES