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# A Social Problem: Solders' Attitude And Motivational State

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The widespread growth of soldiers becoming more and more exposed to the physical and mental implications of war is escalating at an alarming rate, and one of the major problem/issue that has emerged as a result of this is the lack of close attention being paid to the changes that can occur with soldiers' motivational states and attitude which can have significant effects on their social, occupational, and behavioral functioning. With multiple deployments into different combat zones, many soldiers begin to accept the belief that they may not ever regain the same level of motivation and attitudes, and are unable to think positively about their participation in the army and this starts transform with time. The current literature has not critically analyzed the particular changes that occur with soldiers' motivation and attitude because more attention has typically be given to the more recognized mental disorders and physical injuries that can be serious consequences of their combat exposure. The predominant problem of soldiers experiencing changes in their motivation and attitude which can cause them to be defenseless while engaged in combat can originate from their multiple combat exposure and quick turnaround times for deployments, the inability of mental health providers to properly identify the existence of an issue with their motivation and attitude, the deplorable living condition they are subjected to while deployed, and soldiers' inability to adopt healthy lifestyle behavior that assist them with carrying out their daily tasks that are required during combat. The effects that can be observed from this factors that can cause changes in soldiers' motivational state and attitude is impaired functional ability while in combat and soldiers can become susceptible to enemy fire as a result of not being on guard due to the lack of the initiative to do so. One of the most effective resolutions for this problem is to attempt to decrease the number of deployments for soldiers within a given year as increase the amount of time that soldiers have to recuperate in between their deployments into combat because this serves as a significant contributor to the growing prevalence of the problem. Additionally, mental health providers should be adequately trained to identify this problem in it early phases of development so that appropriate interventions can be implemented. It is important that both health care providers and society take necessary steps to address this growing issue in order to maintain the health and functionality of its soldiers for years to come.

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*Keyword:* Soldiers, Motivation, Attitude, Combat, Deployment, Mental Health, Imbalance, Conflict, Branches, Psychologist, Mental Health Professionals.

**1. INTRODUCTION:** The widespread and increasingly commonplace appearance of the psychological and physical effects of combat on

soldiers returning from the frontlines of combats continues to develop at an alarming rate as the conflicts in both Afghanistan and Iraq continue to

wage on. The campaign and efforts that are directed towards the fight against terrorism have produced numerous mental and psychological health-related issues that stem from combat operations in Iraq and Afghanistan producing about a 17% occurrence rate of mental health problems. (Johnston & Dipp, 2009). As these conflicts continue, soldiers come to accept the fact that they may endure have to numerous combat deployments against their own will, so they begin lack the motivation and similar attitude to return if they are chosen for repeat redeployments. This particular problem primarily stems from the theory that many soldiers become severely desensitized after experiencing multiple and excessive traumatic events, and they find it difficult to undertake the same proactive behaviors and engage in those thinking processes that served as the motivating factor that led to them to enter into combat in the first place. The positive motivational state that pushes soldiers to achieve excellence along with their attitudes, thinking patterns and behaviors tend to slowly disappear as the number of deployments increase (Sweeney, et al., 2009). Soldiers' once intact beliefs and attitudes which motivated them to enter into battle in the first place transforms into an almost numb, uncaring feeling that leaves them completely changed and unprepared for subsequent combat deployments (Vegic, 2007). There is a significant problem with soldiers' experiencing changes in their motivational state and attitude and the focus of this paper will address the causes, effects, and devised a potential resolution with the performance of a critical analysis of the current literature that exists on the topic.

First of all, soldiers' attitudes about their participation in the war can gradually change after the experience their first combat exposure. Soldiers' attitudes tend to significantly change upon comparing pre and post deployment with a pre-deployment stage that can be associated with positive expectations that turns to disillusionment post-deployment (Vegic, 2007). The outcome of this change is there is a noticeable difference in soldiers upon a comparison of their motivational

state and attitude before and after combat exposure (Vegic, 2007). With the passage of time and countless returns to the war zone soldiers' strong feelings of commitment, devotion, their view about their role in the war can start to disintegrate to one that is complete contrast to previous sentiments.

The review of the literature focusing on the transformation of soldiers' attitudes has not specifically focused on analyzing the initial formation of attitudes and then gradually trending the changes that can occur based on exposures to traumatic events, so current literature does not specifically address this aspect of soldiers' well-being from beginning to end in order to pinpoint where the change actually occurs during phases of deployment (Griffin, 2005). A critical analysis of the cause and effect of this change may help to fill this gap by studying whether soldiers are capable of regaining their attitudes and level of motivation once a solution is implemented that effectively addressed the problem (Weiten, 2007).

Based on the fact that more attention is being placed on this once minimally recognized social issue, one method that can be utilized to effectively study the transformation of soldiers' attitudes after redeployments is to analyze how attitudes are formed in the first place through the process of conditional learning, and by being exposed to traumatic or life altering events how a person can undergoes a change through the use of the dissonance theory. The affective and emotional elements involved in people's attitudes can develop through a subtype of classical conditioning called evaluative conditioning that attempts to transfer an emotion attached to an unconditioned stimulus to a new conditioned stimulus, and for soldiers it might be that their initial war exposure did not elicit a truly catastrophic response, but with subsequent exposure a response can be elicited from the stimulus (Kruglanski & Stroebe, 2005). Furthermore, the changes that occur with soldiers' attitudes can be analyzed through the dissonance theory which theorizes that

inconsistencies between attitudes and beliefs is what leads people to change the direction of their attitudes, so as soldiers start to gradually revert back and forth during their deployments to a point where they reach a stage where they exhibit contradictory cognitions (Weiten, 2007).

The Festinger model (1957) which focuses on cognitive dissonance, when there is an inconsistency in belief, attitudes, and trust level there is a response that creates an uncomfortable state of tension which motivates people to reduce their dissonance so as to correct the apparent inconsistency that can develop (Wieten, 2007). The inconsistency between soldiers' true feelings and attitudes before and after war serves as a significant problem that can be traced to their many deployments into the combat zone from an initial feeling of high expectations to disillusionment (Vegic, 2007). The research focusing on the transformation of soldier's attitudes as a result of combat exposure has not specifically focused on analyzing the initial formation of attitudes and then gradually trending the changes that occur based on exposures to traumatic events, so there was a lack of consistent analysis of the trend from beginning attitude to end, and whether certain personalities and qualities allows some soldiers to remain unchanged, revert back to their old feelings and attitudes prior to combat exposure, or continue harbor their maladaptive attitude after returning from combat. Additionally, trust is an important component because it can be a reflection of soldiers' attitudes and according to Sweeney and colleagues(2009), it can allow for a greater sense of self-efficacy such as increased self-esteem but a flaw of the study was that the two elements of the study were analyzed in the same construct with no variability in the analysis of trust.

The theory of functionalism also asserts that as humans we have an adaptive purpose which enables us to exist in the world but when soldiers are exposed to multiple combat exposures this can disrupt their homeostasis jeopardizing their psychological well-being and functionality (Schultz & Schultz, 2004). In order for soldiers to

survive while in combat their must possess mental clarity in order to undertake the behaviors that are necessary for survival, but with frequent redeployment the initial motivation and attitude to engage in these protective behaviors can begin to disappear.

There have been several studies that have been conducted which primarily focus on the well-being, mental health, and functionality of soldiers and their transformation as a result of multiple combat exposures. A study conducted by Reed & Segal (2000) focused on the analysis of data gathered from a randomized survey administered to 522 individuals in the 10th Mountain Division (Light) by a research team from the University of Maryland, College Park at Fort Drum about two months after the division had returned from their mission in Haiti. The purpose of the study was to determine the impact of increased operational deployments (OPTEMPO) on soldiers' attitudes towards nontraditional or peacekeeping operations. Additionally, an analysis was performed by the study's research team on the effects of increased deployments on soldiers' morale and reenlistment intentions based on the belief that high moral and retention are key factors to maintaining an effective military force (Reed & Segal, 2000). The final results of the survey showed that a large majority of the soldiers indicated that as the number of deployments increased it became increasingly more stressful on the soldiers' morale, performance, and their family life. Soldiers who initially reported high to very high morale indicated a decrease in their morale as the number of deployments increased. Out of 522 soldiers surveyed approximately 26% indicated a decreased morale for one deployment, 23% for two deployments, and 16% for three or more deployment experiences. The contributing factors for low morale during the missions were cited as poor living conditions and food quality, but regardless of the nature of the mission the soldiers were continuously aware of the importance of the mission. Surprisingly, the study did not indicate any significant findings or relationship with the nature of deployments and

soldier's attitudes. Despite all the hardships and inconveniences that soldiers were subjected to during their peacekeeping operations they managed to maintain their will and did not develop unfavorable qualities that would make them vulnerable to enemy attack during the missions. The soldiers rejected the development of any weaknesses that could significantly impair their ability to carry out the mission, and the number of deployments did not significantly change their attitudes about the purpose and role in the mission even though there were minor, short-lived influences on motivation and attitude.

Also, another peer reviewed study that conducted by Kline et al., (2010) sought to perform an assessment of the effects of prior military service in Iraq or Afghanistan on the mental and physical health of 2,543 New Jersey Army National Guard Members preparing for deployment to Iraq in 2008 through the administration of an anonymous, self-administered survey. The mental and physical implications endured by the soldiers deployed to Iraq and Afghanistan have been previously documented with reports of about 4% to 31% of soldiers developing post-traumatic stress disorder (PTSD) and a 19% rate of traumatic brain injury related to combat. These negative implications of war have spurred the attention of the public with greater emphasis being placed on the readiness of military forces to handle rapid and frequent deployments. Since 2003, it has been estimated the about 38% of all soldiers have been deployed more than once with 10% being deployed three times or more. The outcome of the survey found that 25% of the respondents had at least one previous Operation Enduring Freedom(OEF) or Operation Iraqi Freedom(OIF) deployment, and those soldiers that has previous deployments were three times more likely to be diagnosed with post-traumatic stress disorder and major depression, and twice as likely to have chronic pain issues. The study showed that there are significant deficits that exist for soldier who experience previous deployments (OEF and OIF deployments) making soldiers vulnerable to attack and weakening the strength and readiness of the New

Jersey national combat soldiers. Also, repeated deployments were found to negatively impact the physical and mental performance of soldiers who were ordered to return to combat within a short time frame. The mental and physical problems associated with soldiers' previous deployments only serve to further compound the declining attitude and motivational states of soldiers if there are continuously subjected to deployments into combat.

Furthermore, a study conducted by Vegic (2007) used a quantitative survey design for data collection in Slovenian contingents of the Multinational Specialized Unit (MSU) to the Stabilization Force (SFOR) to assess soldiers' motivation and personal morale by comparing the difference between soldiers with first time deployments and soldiers who had previous deployment experience. The survey indicated that soldiers' attitudes significantly changed from the pre-deployment phase when compared to their subsequent deployments. First time soldiers were typically motivated by altruistic reasons while personal gains was noted to be the motivating factor for the soldiers with previous deployments into combat. The high level of trust and high expectations decreased for soldiers with previous deployment experience, and while it was observed that soldiers' beliefs did change as a result of "decreased acknowledgement of the sense and appropriateness of the mission" it remained high for the first time soldiers (Vegic, 2007, pp.300). Also, there was a reduction in the confidence that the soldiers had in their superiors which also lead to a change in attitude and viewpoint about the importance of the mission, but fortunately it was noted that soldiers' motivation did remain high for redeployments as a result of utilitarian factors such as earning money or acquiring an education if they remained in service. For first time soldiers, the expectations about their personal contributions to the mission and potential gains which served as a motivated factor was found to be higher when compared to soldiers who had previous deployments. Previous deployment experience was noted to change soldiers' perceptions about their role in a

mission so in organizing future missions different approaches need to be taken to motivate the soldiers (Vegic, 2007). The study proved that first time soldiers were able to maintain a subjective view of the mission and not let their experiences influence their performance (Weiten, 2007). The soldiers were not dominated by their unconscious, rational needs and initial combat exposure did not allow this to change their attitudes as it was the case for those soldiers with previous experiences. The use of the self-report measure such as the survey allows for a series of open-ended questions to be answered about soldiers' attitude towards, opinions, views on deployments, and behaviors that are the result of their exposures to combat (Schneider, Gruman, & Coutts, 2005). The connection between multiple combat exposure and observable changes with soldiers was identified in this study to indicate that this is a problem that requires immediate and focused attention

Lastly, a study conducted by Wynd & Ryan-Wenger (2004) sought to identify health-risk and health promoting behaviors in the military based on the hypothesis that healthy military personnel are able to respond much quicker to missions and are able to carry out the tasks that are required of them while in combat. Previous studies that investigated the health status of army personnel revealed poor health practices that not only affected physical health but also mental health as well. Healthy individuals are thought to experience better performance, enhanced human relation, greater satisfaction, and are better prepared to deal with the physical and mental challenges associated with combat. The presence of self-motivation (internal driving force) and direct social support were recognized as key components to the adoption of healthy, proactive behaviors. Self-motivation was observed to affect the choices of behaviors and social support was associated with the promotion of self-esteem and optimism.

A descriptive correlational/comparative design study was utilized as the research methodology which focused on a comparison of Army Reserve

personnel (n=199), active duty Army (n=218), and civilian employees health status. The outcome of the study was that the active duty Army displayed more healthy behaviors with the advent of social support, self-motivation, and rewards assisting with the promotion of healthy behaviors. The combination of social support and motivation were found to work separately and in combination to produce healthy outcomes for the soldiers. This study takes more of a behavioral perspective because it sought to determine the extent to which three Army groups would engage in healthy behaviors based on the presence of self-motivation and social support as contributing factors. The ability to engage in healthy behaviors was instrumental in maintaining soldiers' motivational levels and preparing them for deployments into combat. Additionally, it also helped to eliminate distracters that might become problems while on their missions.

There are specific critical considerations that can be identified with regards the gradual change that occurs with soldiers' motivational level and attitudes after excessive combat exposures. First of all, social change factors can include how the development of a thorough screening and evaluation process prior to and after deployments can alter the magnitude of the impact that combat exposure has on the attitudes and motivation level of current and future soldiers (Reeve, 2009). A social change needs to occur in order to resolve this problem not only for American soldiers but for soldiers all over the world when it comes to effectively treating these internal changes. The ethical factors that are related to this issue include whether recognition is not being given to changes that do occur in soldier's attitudes and motivational (not being considered as a legitimate problem) that requires proper intervention because of fear that it may decrease the number of soldiers' that will be deployed into combat. There is the persistent issue of whether the well-being of soldiers are being downplayed or even neglected based on the fact that that the military wishes to maintain an adequate number of soldiers in combat zones rather than provide soldiers with an appropriate therapeutic



intervention (Sweeney et al., 2009). When it comes to providing adequate treatment for soldiers not all sectors of the military take the same approach and the diversity of the various branches of the military can influence whether or not this issue is appropriately addressed if a consensus is not reached. While one branch may only provide the bare minimum when it comes to addressing this problem others may employ the use of highly-trained mental care providers or counselors so it is imperative that all branches must work to take the same approach. Also, differences in the soldiers' ranks can potentially influence the level of attention and care that is given to these changes that occur with soldiers' attitudes and motivation but the overall appropriateness of the intervention will determine whether the change is temporary or permanent. The diversity factor will focus on whether lower ranking soldiers may be less likely to get the same level of care to target these changes compared to soldiers that are higher in rank. Lastly, globalism factors can include how the level of care that America provides to soldiers compares to the manner in which soldiers all over the world are treated when it comes to addressing issues with internal changes.

The specific causes or factors that can contribute to the change in motivation and attitude whether soldiers are able to regain their attitudes and motivation states once if they have undergone this dramatic change as a result of the effects is the problem at hand (Weiten,2007). Soldiers' whose attitudes and motivation states are not reverted back to their original condition prior to combat exposure are in serious jeopardy of being defenseless and compromising their safety while in combat zones where their focus, attention, and stability of the mind is critical for optimal survival (Vegic, 2007).

The first observable cause focuses on the repeated exposure to traumatic environmental events can create soldiers whose behaviors are not representative of the same soldier that was seen during this first deployment. Exposure to frequent explosions, gunfire, and witnessing

countless deaths can influence how soldiers choose to behave while in combat (Horowitz, 1992). The fast turnaround time with deployments can ultimately take a toll on soldiers' physical and mental well-being (Johnston & Dipp, 2009). For the most part, soldiers are generally come to realize that they must take on specific behaviors for the purposes of survival but the level of importance given to these behaviors can start to digress after experiencing multiple combat deployments. Soldiers become gradually desensitized with each subsequent deployment and their focus, motivation and d initial positive attitude begins to decline (Vegic, 2007). While physical injuries during combat are associated with a large number of discharges, mental health issues are not too far behind. Soldiers are not being given enough time to adequately recuperate from one deployment to the next, and this can eventually create soldiers that are not adequately prepared to handle the demands of combat once again. The presence of significant mental and physical impairments are immediately identified, but while focus is being placed on these issues the motivation that drives them to perform their duties and their perception about the importance of their participation in combat can start to deteriorate as a result of neglect. The second cause is related to incomplete or lack of a proper screening process to identify initial signs of soldiers experiencing changes in motivation and attitude by mental health providers. While pre and post deployment psychological screenings have grown in importance since Operation Desert Storm and also becoming mandatory in 1997, the utilization of surveys and face-to-face interviews with mental health providers are not extensive enough to adequately capture problems related to soldiers' motivation and attitude which may be too late once to repair once they manifest into destructive behaviors (Warner et al., 2008). The inability to appropriately identify the changes that occur with soldiers' motivation and attitude can lead to impaired performance and thinking when in combat. It is imperative for pre and post-deployment screening to be conducted using standardized screening tools and under conditions

where soldiers are likely to report their entire problem and mental health providers are able to identify these problems. The third causing that can lead to observable changes in soldiers' motivation and attitude can be related to the living and working conditions that they are forced to experience while in combat (Reed & Segal, 2000). Soldiers can endure less than adequate living and working conditions with every deployment begin to lose to drive and initiative when it they must return to combat once again. According to Reed & Segal (2000) soldiers reported that the despicable living conditions lead to lower morale and to question the reason for their continued participation in the military if they are not simple services for their dedication to the mission. The effects that can observed with the deplorable living conditions can be increases in discharges requests or the inability for the military to retain soldiers are a result of the lackluster treatment conditions that they must endure while in combat (Newman, 1998). The last notable cause related to this problem is soldiers' inability to adopt healthy lifestyle behaviors which have been shown to assist soldiers with carrying out tasks required for combat. A high level of a health status has the ability to protect soldiers from environmental illness, increase motivation and confidence, and assist with healing associated injures that accompany conflict situations (Wynd & Ryan-Wenger, 2004). Similar to people in a workplace, soldiers' ability to adopt healthy behaviors which includes avoiding negative behaviors such as tobacco use or consumption of high fat foods can lead to positive outcomes such as better performance, increased retention, and enhancement of human performance to name a few of the benefits. The end result is that with rapid mobilization for deployments becoming the normal pattern for the military soldiers must maintain the physical and mental health and doing so can increase their effectiveness and vitality as well as their motivation to remain in the military despite multiple deployments (Wynd & Ryan-Wenger, 2004).

The pronounced effects of this problem indicate that in order to prevent the changes that can occur with soldiers' motivation and attitude proactive approaches need to be taken to ensure that soldiers are receiving adequate care, screening, and treatment in order to prevent this from ever becoming an initial problem. The causes can lead to changes in soldiers' motivational level and attitude can be prevented if steps are taken to such as increasing the turnaround time for redeployments so soldiers have adequate time away from the environmental stressor of combat. Mental health providers must be trained to notice the subtle as well as significant changes that occur with soldiers' motivation and attitude, and the adoption of health behaviors should always continuously promoted before and after each combat deployment (Griffin, 2005).

For mental health providers to adequately identify this social problem in its early stage it is important that they are become expertly trained when using the appropriate screening tools to identify signs that indicate that there is a problem with a soldier's motivational state and attitude with each subsequent pre and post deployments. An important social change factor that has to be considered if this problem is to ever be resolved is working to develop a comprehensive screening and evaluation process that is employed by all mental healthcare professionals when assessing soldiers pre and post deployment, It is through the use appropriate screenings and proper identification that the influence of combat exposures can have on soldiers' attitudes and motivational states can be brought to light (Reeve, 2009).

Furthermore, a specific class factor that can prove to be pivotal in the amount of attention that is given to this particular problem is the differences in soldiers' rank. Many times special privileges are often afforded to soldiers that are of higher rank. The differences in soldiers' military ranks has the potential to influence the level of care and attention that is provides for the changes that occur with soldiers' attitudes and motivational states. Not all branches of the

military take the same approach when it comes to addressing specific issues with soldiers so it is hoped that all of the different branches can unite to provide the same level of treatment to both higher ranking soldiers and lower ranking soldiers (Sweeney et al., 2009). The diverse rankings among soldiers has the ability to influence the focus that is given to this social problem but ultimately the approach that is taken whether a soldier is of low or high rank will determine whether or not the problem will either be a temporary or permanent one.

In terms of the geopolitical issues related to this social problem, there is the debate as to whether or not the importance of soldiers' overall well-being is being downplayed in order to maintain a large number of soldiers on the combat zones (Sweeney et al., 2009). There might be the fear that if attention is brought to this growing issue it could potentially lead to a reduction in the number of soldiers can be eligible for combat thus weakening military forces. While the military does want to have a stronghold when in any battle it must be recognized that this is at the sacrifice of the welfare of many soldiers who suffer in silence so they can continue to defend their country. The level of importance that the American military decides to place on this social problem has the ability to profoundly influence the approach that other branches of the military all over the world choose to employ when it comes to addressing this issue.

When analyzing this particular issue one of the most important causes that can lead to the development of this problem is the repeated combat exposure with quick turnaround times for deployments which start to take a mental toll on the soldiers. Also, the effect of this problem can also transfer into soldiers' social and occupational lives to produce a negative impact on relationships and work performance (Riggo & Fite, 2006). While living as civilians in between deployments soldiers can develop a feeling of disconnect which can prevent them from relating to family members and their co-workers. While living as civilians in between deployments

soldiers can develop a feeling of disconnect which can prevent them from relating to family members and their co-workers. The influence of multiple combat exposures on soldiers and their civilian life has been an issue that has aroused much concern because soldiers appear to struggle with reestablishing relationships and connections once they return from the warfront (Riggo & Fite, 2006).

It is important for soldiers to have sufficient time in between their deployments so as to properly recuperate from the traumatic events they may experience during combat because the most significant contributing factor to the causes changes in motivation and attitude are the countless combat exposures. The effects that can arise from this problem are that soldiers can become extremely susceptible to enemy attack or backlash if they are not on guard which can be attributed to the loss of the initiative or drive to do so (Reeve, 2009). While the effect of multiple combat exposures may not be instantaneous such as a physical injury, the decline in motivational level and changes in attitude to one of discontent and disdain for the military can gradually build to influence soldiers' performances in combat. In order to prevent these changes that occur with soldiers' motivation and attitude proactive approaches need to be taken to ensure that soldiers are receiving adequate care, screening, and treatment in order to prevent this from ever becoming an initial problem. Also, mental health providers can be instrumental in identifying the subtle cues as well as significant changes that occur with soldiers' motivation and attitude, from combat exposure and the adoption of health behaviors should always continuously promoted before and after each combat deployment experience.

One of the most effective resolutions to address this problem is to reduce the number of combat deployments that soldiers experience within a given year, especially for those individuals who are recognized as being fragile, and to extend the amount of time soldiers are given to recuperate after each deployment (Johnson & Dipp, 2009).



The quick turnaround time for combat deployments is recognized as a significant contributing factor to growing prevalence of this problem so if this strategy is implemented it can potentially bring about a successful and lasting resolution to the problem (Griffin, 2005). The challenge that may arise with implementing this resolution is that there might be concerns that it will negatively impact the size and effectiveness of military forces that are currently engaged in combat if soldiers are given longer time periods in between their combat deployments. Some military proponents may wish to maintain an adequate number of soldiers in the combat zones and not risk jeopardizing this by providing soldiers with proper treatment to address any issues related to their well-being (Sweeney et al., 2009). Also, people who are strong advocates for seeing an end to the conflicts may suggest that this will only extend the time that soldiers will have to be engaged in combat efforts before there is ever a foreseeable end. Unfortunately, when it comes to addressing the issue of rapid and frequent deployments into combat which can prevent soldiers' problems from being appropriately addressed not all sectors of the military are on the same page. The viewpoints on what is considered to be the best approach to address soldiers changes in soldiers' motivation and attitude can greatly differ thus preventing the problem from ever being resolved if a consensus is not reached. Also, a significant barrier to the implementation of this resolution is that the various branches of the military might differ when it comes to the number of combat deployments that soldiers should undergo with some not willing to budge at all when it comes to decreasing the number and length of time in between deployments. It is important for all military branches to understand that as the number of deployments increase, the motivation that pushes soldiers to achieve excellence along with their attitude can be negatively affected and hinder their performance in combat (Sweeney et al., 2009).

The advantage that can be observed with this resolution is that soldiers will be less likely to

report problems related to their motivation and attitude because they are not being continuously exposed to the traumas and horror of war with rapid and frequent combat deployments (Griffin, 2005). Soldiers will have time in between to mentally prepare themselves for entry into combat once again. Also, soldiers' level of functioning can remain stable if no problems with motivation or attitude is identified, and their performance will most likely remain intact if they are not experiencing any deep internal conflicts (Schneider, Gruman, & Coutts, 2005). The ability to strive to actively maintain the integrity of the soldiers' well-being can be instrumental when they are in combat, and this resolution can possibly allow this to happen if it is implemented with current and future soldiers.

The possible disadvantage that may appear with this particular resolution is that the military can witness a significant decrease in its size and its functioning capacity if the time period in between deployments are extended, but in the end this will benefit the military because it will maintain effective, highly-functioning, and dependable soldiers that are ready for combat at any time. The implementation of this resolution has the ability to change the current state of this problem with soldiers' motivation and attitude and with time transform it into an insignificant issue that requires immediate attention.

The process that can be taken to resolve this has the ability to determine the future of how therapeutic interventions that will be provided to soldiers who find themselves suffering from impairments in performance, social, and occupational functioning as a result of the traumas of combat exposure. Psychologists can prove to be instrumental in the movement towards bringing attention to the current status of soldiers' motivational states and attitudes as they can educate mental health providers about the repercussions if steps are not taken to intervene when it is identified that any soldiers develops problems related to his or her motivational state and attitude. In order to resolve this issue from culturally relevant manner psychologists must be

aware of the fact that the various branches of the military may have their own idea or perspectives on how to approach this problem and all of these must be taken into consideration to determine if they have any merit for implementation. For example, the culture of the military is generally recognized as a group of men and women who rarely make it known to others that they might have a problem so it is important for psychologist to takes steps to address change this perception and practice. Additionally, from a contextually relevant viewpoint, psychologists can help to solve or lessen the problem by specifically educating the mental health providers who are the forefront when it comes to identifying any of the internal problems that soldiers may have and from this gradual change can start to occur where more and more soldiers are being recognized as having these problems rather than being ignored time and time again. The desired outcome any of the potential resolutions that are taken to address this issue have the ability to significantly change military's operation when it comes to combat deployments and its effects on soldiers' motivation and attitude. With the conflicts in Iraq and Afghanistan both still being recognized as significant social problems, it is critical for our society to take all the necessary steps and implement appropriate measures to maintain the mental health and functionality of soldiers so they can cope with their combat deployments. Soldiers can be subjected to various traumatic events as a result of their multiple, rapid, and frequent deployments into combat zones and it is only by having a consistent motivational state and positive attitude are they able to successfully make it through their redeployment experiences time and time again without significant mental and/or emotional (Vegic,2007).

The ethical issues that these interventions can posed for psychologists is that they must adhere to ethical standards and practices, notably Standard 3.04 of the American Psychological Associations (APA) Ethical Principles of Psychologists and Code of Conduct (2010) states that reasonable steps must be taken to avoid

harming their client/patients and to attempt to minimize harm if foreseeable and unavoidable. If psychologists do not attempt to implements some of these resolutions (i.e. working to promote the reduction of the number of combat deployments for soldiers, quick turnarounds times for redeployments, and educating mental health providers on how to properly identify this problems) they will be contributing to the growing prevalence of the issues in an indirect manner. The primary role of psychologists is to bring about positive social change through the resolution of a particular problem that affects a large group of people, and to witness its escalation without addressing the issue would be a strict violation of their practice standards. Also, another ethical issue that psychologists might face it deciding between doing what is in the best interest of the military versus the soldiers. It may become a challenge for psychologists to decide whether or not they should resolve the problem with soldiers' motivational states and attitudes because it can potentially weaken the power and reduce the number of active duty soldiers who are able to deploy into combat. Also, psychologists may come under constant pressure from those who are opposed to the implementation of these interventions as they can have a negative effect on the mission of the military, but in the end a decision must be made that they must stand by which is that psychologists must do what is in best interest of their clients above anything else (American Psychological Association, 2010).

The devised methods by which this problem is to be solved will potentially determine the how therapeutic interventions that will be provided to soldiers in the future who find themselves suffering from impairment in performance, social, and occupation functioning as a result of combat exposure with changes in their motivational state and attitude. The outcome of this resolution has the ability to significantly change military's operation when it comes to combat deployments and its effects on soldiers' motivation and attitude and this can be evaluated periodically with assessment being performed on soldiers' level of motivations and the status of

their attitudes to determine whether or not these interventions have allowed for these functioning to remain stable. With the current conflicts in Iraq and Afghanistan, it is vital for our society to take all the necessary steps and implement appropriate measures to maintain the mental health and functionality of soldiers so they can cope with their combat deployments. In general, soldiers can be subjected to many traumatic events as a result of their deployments into combat zones and it is only by having a consistent motivational state and positive attitude are they able to successfully make it through these traumatic experiences time and time again when they enter into combat (Vegic, 2007).

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